Notice: Resumes will not be accepted in lieu of this completed form.

Date/Time Received



CITY OF ABBEVILLE

Municipal Employees Civil Service 101 North State Street Abbeville, Louisiana 70511-1170 (337) 893-8550 https://cityofabbeville.net

APPLICATION FOR EMPLOYMENT

It is the City of Abbeville's policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability and/or other protected classifications. Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

Position Applied for:			
Personal Information			
Name (First, MI, Last)	Social Security Number		
Mailing Address			
City, State, and Zip Code			
Phone Number	Date of Birth		
Alternative Number			
Additional 1	Information		
Do you have a valid driver's license? Yes No Issued in which state?	Driver's license number		
Are you a registered voter of the City or Parish in which you reside? Yes No You must present your voter's registration card prior to taking the exam.	Are you a citizen of the United States? YesNo If not a citizen of the United States, are you a registered alien with government permission to work in this country? YesNo		

Additional Information				
Have you in 'the past worked, full-time or part- time for City of Abbeville? Vermilion Parish Police Jury? Any City, Parish, or State Government? If yes, please check the appropriate agency and write the name of department below.	List any licenses, certifications and professional organization you are a		er.	
Do you currently work for a city municipality or parish? Yes No	Clerical Positions Are you trained or experienced in t			
If yes, which position/department and location?	Machines/Programs/Software/ Computers/Technology Calculator Accounting Microsoft Suite Other	Yes	No	
Within the past 7 years have you been discharged from a position because your work or conduct was unsatisfactory?	Maintenance Positions Are you trained or experienced in the following?			
YesNo If yes, explain below.	Machines/Vehicles/Repairs Driving Trucks Driving Forklifts, Tractors, Dump Trucks Repairing Small Motors/Pumps Other	Yes	No	
Have you ever been CONVICTED, PLACED ON PROBATION, OR ON A SUSPENDED SENTENCE, for an offense other than minor traffic violations? (Convictions are not necessarily a bar to employment). YesNo If yes, explain below.	If you have a disability and require assistance, (ex. enlarged print, etc.) separate sheet of paper and advise a Service Director before the test.	explair	n on a	
Discharged from a position and/or criminal record ex	planation			

Education			
High School	Location	Grade Level Completed	Degree or Diploma Year Completed
		Circle last grade completed. 9 10 11 12	
College or Business /Trade School	Location	Major	Degree or Diploma Year Completed

Military Experience			
Are you claiming Veteran's Preference?			
If yes, then complete the info	rmation chart below.		
Branch of Service	Rank at time of separation	Date Entered Active Duty	
(Navy, Army, etc.)			
Separated From Active Duty	Military Occupation Specialty	Was service performed on	
		active full-time basis with full	
RetiredYesNo		time pay and allowance?	
		Yes No	
The chart must above must be completed and you must present your DD214 prior to testing to receive			
the additional points possible.			

Work Experience for the Previous Years			
Company	Name of Last Supervisor	Hours/Week	
Address	Start Date	Starting Salary	
City, State, Zip Code	End Date	Final Salary	
Phone Number	Your Last Job Title	May we contact this employer? Yes No	
Reason for Leaving (Be Specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Work Experience for the Previous Years			
Company	Name of Last Supervisor	Hours/Week	
Address	Start Date	Starting Salary	
City, State, Zip Code	End Date	Final Salary	
Phone Number	Your Last Job Title	May we contact this employer? Yes No	
Reason for Leaving (Be Specific)			
List the jobs you held, duties perf worked at this company.	ormed, skills used or learned, advan	cements or promotions while you	

Work Experience for the Previous Years				
Company	Name of Last Superv	visor Hou	urs/Week	
Address	Start Date	Star	rting Salary	
City, State, Zip Code	End Date	Fin	al Salary	
Phone Number	Your Last Job Title		y we contact this employer? Yes No	
Reason for Leaving (Be	Reason for Leaving (Be Specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				
	Reference	ees		
List three persons (do not list relatives or people who have worked for you) who have definite knowledge of your qualifications and fitness for the position for which you are applying.				
Name	Address	Business	Phone Number	
1.				
2.				
3.				
I certify that all statements made in this application are true, complete and correct to the best of my knowledge. I realize that any misrepresentation herein may cause my application to be rejected, my name removed from the employment list, or I may be subject to dismissal from the employment of the City of Abbeville.				
Signature Date				
How did you hear about this position? Circle one: Friend, FACEBOOK, Newspaper, Website Other				