

# City of Slidell

2021 First St. ♦ P.O. Box 828 ♦ Slidell, LA 70458  
(985) 646-4377 Fax (985) 646-6109 ♦ personnel@cityofslidell.org

Civil Service Personnel Department  
D. René Johnson, SPHR, Personnel Director

Civil Service Board

## CONSENT TO THE RELEASE OF CONFIDENTIAL INFORMATION

I understand that a thorough investigation will be conducted to determine my qualifications and suitability for employment with the City of Slidell. **This investigation will include confidential interviews with prior employers and/or references as well as a criminal background investigation.** I understand that information obtained shall remain confidential, except as set forth herein, and the City of Slidell will not reveal the reason for rejection for those applicants who are not accepted.

I, \_\_\_\_\_, hereby waive any and all claims of  
(Print name)

confidentiality against anyone who may have knowledge of my fitness for employment with the City of Slidell. I understand that the purpose of this examination is to determine my suitability for employment, and that the City of Slidell will not rely upon the results of this investigation for the purpose of discrimination based upon illegal criteria.

For and in consideration of the City of Slidell's receipt and processing of my application for employment, I agree to hold harmless the City of Slidell from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me. **I understand that should information of a serious nature surface as a result of this investigation; such information may be turned over to the proper authorities.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number and State of Issue

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date of Birth (Used For Identification Verification Only)

# City of Slidell

## Civil Service Personnel

2021 First Street, P.O. Box 828, Slidell, LA 70459

Phone (985) 646-4377 Fax (985) 646-6109

[Personnel@cityofslidell.org](mailto:Personnel@cityofslidell.org)

## Application for Employment

Position Applied For: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State ZIP Code

Telephone: \_\_\_\_\_ Alt. Telephone: \_\_\_\_\_

Social Security: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

(State of Issuance & Expiration Date)

Commercial Driver's License?  Yes  No (Class A ; Class B )

### AUTHORIZATION

I certify that all information I have provided in order to apply for and secure work with the City is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the City's employment, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law or by Civil Service Rules. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the Mayor or his Chief of Staff.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Signed: \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit?  Yes  No  
 If no, please explain \_\_\_\_\_

Have you filed an application with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed by us before?  Yes  No  
 If Yes, give dates and positions \_\_\_\_\_

Do you have immediate family members currently employed by the City of Slidell?  Yes  No  
 Please list name(s) and relationship: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Later  Yes  No

On what date would you be available for work? \_\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary  Seasonal  Student

Are you able to meet the attendance requirements of the position?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

Have you ever been convicted of a felony?  Yes  No  
 If Yes, give full details, including: Nature of charge; date and location; law enforcement authority involved; disposition:  
 \_\_\_\_\_

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate or Professional				
Other (Specify)				

Certifications Earned		
Certificate	Awarded By	Date Earned

Describe any specialized training, apprenticeship, skills and extra-curricular activities or Military service (include copy of DD 214).

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Are you requesting veteran's preference?  Yes  No  
 (If yes, please include copy of DD 214)

Other Qualifications - Summarize special job-related skills and qualifications acquired from employment or other experience.

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Personal References - List 3 References

Name	Telephone Number	Number of Years Known

Specialized Skills - Check Skills/Equipment Operated

- PC     Typewriter \_\_\_\_\_wpm     Calculator     Spreadsheets     Powerpoint  
 Word     Access     Outlook     Excel     Fax  
 Other software programs or operating systems (list) : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any plumbing experience? \_\_\_\_\_

Do you have any safety training? \_\_\_\_\_

Please list small engine equipment you can operate (such as pumps, power saws, weed eaters, etc.): \_\_\_\_\_  
 \_\_\_\_\_

Please list Heavy Equipment you can operate (such as backhoes, track hoes, front-end loaders, etc.): \_\_\_\_\_  
 \_\_\_\_\_

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Include military service - attach copy of DD 214.

Employer	Dates Employed	Work Performed
Address	From:	
Telephone Number(s)	To:	
Job Title	Hourly Rate	
Immediate Supervisor	Starting Pay:	
Reason for Leaving	Final Pay:	

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Immediate Supervisor	Starting Pay:	
Reason for Leaving	Final Pay:	

If you need additional space, please continue on a separate sheet of paper.

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Job Title	Hourly Rate	
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Immediate Supervisor	Starting Pay:	
Reason for Leaving	Final Pay:	

# City of Slidell

## Voluntary Affirmative Action Data

**PLEASE NOTE: COMPLETION OF THIS FORM IS VOLUNTARY**

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

TO BE COMPLETED BY APPLICANT ON A VOLUNTARY BASIS, NOT FOR INTERVIEW PURPOSES, FILE SEPARATELY FROM APPLICATION.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, which may apply, we request you complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any employment decision. This information will be used and kept confidential in accordance with applicable laws and regulations.

### Applicant Information

Position(s) Applied For: \_\_\_\_\_

**Referral Source:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Governmental Employment Agency | <input type="checkbox"/> Private Employment Agency         | <input type="checkbox"/> Current Employee |
| <input type="checkbox"/> Walk-In                        | <input type="checkbox"/> School                            | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Relative                       | <input type="checkbox"/> Advertisement - Located In: _____ |   |

Person who referred you, if applicable: \_\_\_\_\_

**Please select one of the following Equal Employment Opportunity Identifiers:**

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> White Male   | <input type="checkbox"/> Hispanic Male                         | <input type="checkbox"/> Asian or Pacific Islander Male   |
| <input type="checkbox"/> White Female | <input type="checkbox"/> Hispanic Female                       | <input type="checkbox"/> Asian or Pacific Islander Female |
| <input type="checkbox"/> Black Male   | <input type="checkbox"/> Native American/Alaskan Native Male   |   |
| <input type="checkbox"/> Black Female | <input type="checkbox"/> Native American/Alaskan Native Female |   |

Are you Handicapped? (Impairment which substantially limits one or more of a *person's life activities.*)  Yes  No

Are you a Disabled Veteran? (30% VA Compensation or discharged because of disability *incurred in line of duty.*)  Yes  No

Are you a Vietnam Era Veteran? (180 days Active Duty between 8/15/64 and 5/7/75.)  Yes  No

### For Administrative Use

Position(s) Applied For:  Current Opening  No Current Opening

Month/Year \_\_\_\_\_