

## Alexandria Police and Fire Civil Service Board REQUIREMENTS FOR COMPLETING APPLICATIONS TO COMPETITIVE EXAMINATIONS

- 1. Note the deadline for receipt of applications, you must return the completed form with all required documents before the deadline to attend the next Alexandria Police Academy.
- 2. You must provide copies of the following items when you submit your application form. The civil service office cannot make copies for you.
  - A. If you are claiming to be POST certified, a copy of your POST certification.
  - B. A copy of your birth certificate
  - C. High school diploma or GED certificate, College Diploma or College Transcript
  - D. A copy of your Valid driver's license
  - E. If you are claiming veteran's preference, a DD214 showing honorable discharge. We must see your discharge form DD 214 in order for 5 points to be added to your test score. The 5 points are added only if you pass the test. Ninety consecutive days of active duty and an honorable discharge are prerequisite to receive veteran's preference.

## Failure to submit any of these documents will result in your ineligibility to take the exam.

Applicants must pass the Civil Service Examination with at least a 75% to be placed on the hiring eligibility list before he or she may be considered for employment.

For questions regarding the upcoming exams in the state, call the State Civil Service Recorded Information Line at (225)925-4567 or their website <a href="www.ose.la.us">www.ose.la.us</a>.

Submit this application by email to <a href="mailto:apd-recruiting@cityofalex.com">apd-recruiting@cityofalex.com</a> or mail or hand deliver to Recruiting, 1000 Bolton Ave, Alexandria, LA 71301.

## FIRE AND POLICE CIVIL SERVICE BOARD APPLICATION FOR COMPETITIVE EXAMINATION

PLEASE PRINT OR TYPE. FAILURE TO ANSWER ALL THE QUESTIONS IN THIS APPLICATION AND FAILURE TO ATTACH ALL REQUIRED DOCUMENTATION TO THIS APPLICATION MAY CAUSE YOUR APPLICATION TO BE REJECTED.

NAME: FIRST	Γ		MIDDLE		LAST				
STREET ADDRESS/P.O. E	BOX NO.		CITY/TOWN	N	STATE/ZI	Р			
HOME TELEPHONE NUM	BER (WITH A	REA CODE)		OFFICE TELEP	HONE NUMBER (WITH AREA CO	DDE)			
EMAIL ADDRESS		H: MONTH/DATE/YEAR:							
SOCIAL SECURITY NUME	ARE YOU A CITIZEN OF THE UNITED STATES?   YES   NO				DRIVER'S LICENSE NO:  EXPIRATION DATE:				
EXAMINATION FOR	WHICH YOU	J ARE APPLYING (FI	LE A SEPARA	ATE APPLICAT	TION FOR EACH EXAMINA	TION)			
			RACE/SEX IN	NFORMATION					
The Federal governme section is voluntary, ar	-	-	-		tion for statistical reporting p	urposes. Completion of this			
□ Male □ Female	□ White □ Other:		□ Hispa	nic 🗆	Am. Indian	Asian			
		SPECIAL INSTRUCTION	ONS FOR DO	CUMENTATION	YOU MUST ATTACH				
civil service board in each documentation to verify th -Proof that you are a citiz -Proof that you meet the a -Proof that you meet a va	In accordance with civil service law you must be a citizen of the United States, and of legal age. In addition to these requirements, the local municipal fire and police civil service board in each jurisdiction has adopted its own qualification requirements for each of its competitive classes. Therefore, you must attach the necessary documentation to verify that you meet all the requirements of the civil service board to which you are applying. You must attach a copy of the following documents:  -Proof that you are a citizen of the United States (Original Birth Certificate, Voter's Registration Card, US Passport, or Certificate of Naturalization)  -Proof that you meet the age requirement of the civil service board (Birth Certificate, Driver's License, Selective Service Card)  -Proof that you meet the education requirement as posted by the civil service board to be admitted to the exam  -Proof that you meet all other requirements as posted by the civil service board to be admitted to the exam								
		AUTHORIT	Y FOR RELE	ASE OF INFO	ORMATION				
INVESTIGATION PRESCR EDUCATIONAL INSTITUT SERVICE BOARD MEMBE I CERTIFY THAT THE ANS	RIBED BY LAW IONS, LAW EI ERS AND OTH SWERS I HAV EREIN MAY C	V, AND I CONSENT TO T NFORCEMENT AGENCIE IER AUTHORIZED EMPLO E GIVEN TO ALL QUESTI	THE RELEASE O S, AND OTHER DYEES OF THE ONS IN THIS AF	F INFORMATION INDIVIDUALS AN GOVERNMENT I PPLICATION ARE	ANY OR ALL ITEMS CONTAINED I CONCERNING MY CAPACITY A ND AGENCIES, TO DULY ACCRE FOR THAT PURPOSE. TRUE TO THE BEST OF MY KN MOVED FROM THE ELIGIBLE LIS	AND FITNESS BY EMPLOYERS, EDITED INVESTIGATORS, CIVIL OWLEDGE. I KNOW THAT ANY			
DATE	SIGNATURE OF	- APPLICANT							
FOR USE C	OF CIVIL SEI	RVICE BOARD ONLY:	VERIFICATION	N THAT APPLIC	CANT MEETS THE BOARD'S	REQUIREMENTS			
□ U.S. Citizen	□ Age		□ Educat	tion	□ Driver's License (if a requirement)	□ Veteran Pref.			
1. Chairman	2. Vio	ce chairman	3.		4.	5.			

BACKGROUND INFORMATION						
1. WITHIN THE PAST 5 YEARS, HAVE YOU BEEN TERMINATED, OR RESIGNED IN LIEU OF TERMINATION, FROM ANY POSITION FOR REASONS OTHER THAN A REDUCTION IN FORCE?						
□ YES □ NO						
2. HAVE YOU EVER BEEN CONVICTED OF A FELONY?						
□ YES □ NO						
3. HAVE YOU BEEN CONVICTED OF A MISDEMEANOR DURING THE LAST 3 YEARS?						
□ YES □ NO						
NOTE: IF YOU ANSWERED "YES" TO EITHER OF THE ABOVE QUESTIONS, PLEASE PROVIDE AN EXPLANATION IN THE EXPLANATION BLOCK BELOW. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM THE JOB FOR WHICH YOU ARE APPLYING. A CONVICTION WILL BE JUDGED ON ITS OWN MERITS WITH RESPECT TO TIME, CIRCUMSTANCES, AND SERIOUSNESS.						
EXPLANATION. PLEASE USE THE SPACE PROVIDED BELOW TO EXPLAIN ANY "YES" ANSWERS TO THE ABOVE THREE QUESTIONS. ATTACH ADDITIONAL PAGES IF NECESSARY.						

TRAINING/EDUCATION							
A. HIGH SCHOOL	NAME AND ADDRESS OF HIGH SCHOOL ISSUING DIPLOMA OR OF STATE DEPARTMENT OF EDUCATION ISSUING GED OR EQUIVALENCY CERTIFICATE:						
☐ DIPLOMA OR EQUIVALENCY CERTIFICATE							
DATE RECEIVED:							
B. COLLEGE	YEARS ATTENDED	CREDIT HOURS EARNED	DEGREE(S) RECEIVED	DATE OF DEGREE	MAJOR		

C. OTHER FORMAL TRAINING		LOCATION	DATES ATTENDED	DID YOU	NO. OF HOURS PER WEEK		
(BUSINESS, TRADE, MILITARY, ETC., CLASSES	S OR SEMINARS)		ATTENDED	GRADUATE?	PER WEEK		
TITLE OF INSTRUCTION OR CLASS (ATTAC	CH ADDITIONAL PAGES IF NECESSARY)						
				☐ YES			
				□ NO			
				☐ YES ☐ NO			
				☐ YES			
				□ №			
				☐ YES			
				□ NO			
SPECIAL QUALIFYING EXPERIEN	ICE, CERTIFICATIONS, OR LIC	ENSES					
PLEASE LIST BELOW ANY PROFESSION	AL LICENSES OR CERTIFICATIONS TI	HAT ARE RELEVANT TO THE JO	OB FOR WHIC	H YOU ARE APPI	YING.		
(ATTACH ADDITIONAL PAGES IF NECESSARY)	NO. 1	NO. 2	NO. 3				
NAME OF LICENSE OF TYPE OF CERTIFICATION							
NAME AND COMPLETE ADDRESS OF AGENCY OR INSTITUTION ISSUING LICENSE OR CERTIFICATION							
DATE LICENSE OR CERTIFICATION ACQUIRED							
EXPIRATION DATE, IF APPLICABLE							
RESTRICTIONS, IF APPLICABLE							
LIST ANY SPECIAL COURSE WORK, TRAINING, OR EXPERIENCE WHICH MAY BE BENEFICIAL IN THE JOB FOR WHICH YOU ARE APPLYING, OR WHICH MAY SATISFY ANY SPECIAL QUALIFICATION REQUIREMENTS							
IF YOU HAVE COMPUTER EXPERIENCE,	PLEASE LIST ANY COMPUTER PROC	GRAMS (SOFTWARE) WITH WHI	CH YOU HAVE	E A WORKING KN	OWLEDGE:		
TYPING ABILITY:WPM							
	VETERAN'S P	REFERENCE					
Five-point veteran's preference is granted to veterans who receive passing scores for an entrance class and who were discharged under honorable conditions from active duty in the U.S. Armed Forces during a war, or in a peacetime campaign or expedition for which a campaign badge has been authorized, including the following wartime periods: 06/27/50 - 01/31/55 (Korean Conflict); during the period of more than 180 consecutive days, any part of which occurred between 01/31/55 and 10/15/76 (including the Vietnam era), not including active duty for training in Reserves or National Guard; and from 08/02/90 - 01/02/92 (Gulf War). If your service began after October 15, 1976, you must have received a Campaign Badge, or Expeditionary Medal. Campaigns or expeditions for which such medals have been authorized include El Salvador, Lebanon, Granada, Panama, Southwest Asia, Somalia, Haiti, Kosovo, Bosnia and Herzegovina. Medal holders and Gulf War veterans who originally enlisted after September 7, 1980, (or began active duty on or after October 14, 1982, and have not previously completed 24 months of continuous active duty) must have served continuously for 24 months or the full period called or ordered to active duty. Note: If your DD-214							

I QUALIFY FOR THE FIVE-POINT VETERAN'S PREFERENCE AS IDENTIFIED ABOVE, AND HAVE ATTACHED A COPY OF MY DD-214 OR
 OTHER DOCUMENTATION TO THIS APPLICATION FOR VERIFICATION PURPOSES

does not provide proof of entitlement for preference, you must obtain an amended DD-214 or other written documentation showing award of Armed Forces Expeditionary Medal. Should you wish to receive the veteran's preference points, check the space provided and attach a copy of

your DD-214 which verifies your qualification to receive preference.

REQUEST FOR TESTING ACCOMMODATIONS UNDER THE AMERICANS WITH DISABILITIES ACT										
If you require any special testing accommodations because of a disability which limits a major life activity, you <u>must</u> complete this section in order for your request to be considered.  □ I am requesting testing accommodations under the Americans With Disabilities Act for the following disability (check box and specify disability):										
REQUIRED DOCUMENTATION TO ATTACH TO YOUR APPLICATION: in order for this civil service board to process your ADA request, you must attach written documentation of your disability, including an assessment of accommodations which might be appropriate to compensate for your disability in a testing environment, prepared by a doctor, psychologist, rehabilitation counselor, occupational or physical therapist, or other professional with knowledge of your functional limitations.  What accommodations are you requesting?  □ Extra Time □ Reader □ Private Room □ Scribe □ Other:										
						WOI	RK EXPERIEN	ICE		
INSTRUCTIONS FOR COMPLETING SECTION ON WORK EXPERIENCE  Start with your present or most recent position and work back, including any military experience. Use separate blocks if you were promoted or your duties changed materially while working for the same employer. Treat each change as a separate position. For volunteer experience, use work experience blocks and disregard reference to salary. It is to your advantage to completely describe your duties in each position, placing particular emphasis on duties, tasks performed, and responsibility. Attach additional pages, if necessary.										
NAME AN	ND CO	MPLETI	E ADDRE	ESS OF	EMPLO	YER		TYPE BUSINESS		
								TITLE OF YOUR POSITION		
DATES OF FROM: MO.										
NAME AND	TITLE	DF IMME	I DIATE SUF	ERVISOF	<u> </u>	☐ YES NUMBER/T	□ NO ITLE(S) OF EMPLO	l Dyees you supervised		<u> </u>
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)										

NAME AND COMPLETE ADDRESS OF EMPLO	TYPE BUSINESS			
		TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT FROM: TO:	WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
MO. DAY YR. MO. DAY YR.	☐ YES ☐ NO			
NAME AND TITLE OF IMMEDIATE SUPERVISOR	NUMBER/TITLE(S) OF EMPLOYE	ES YOU SUPERVISED		
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, I	F NECESSARY)			
NAME AND COMPLETE ADDRESS OF EMPLO	OYER	TYPE BUSINESS		
NAME AND COMPLETE ADDRESS OF EMPLO	DYER	TYPE BUSINESS  TITLE OF YOUR POSITION		
NAME AND COMPLETE ADDRESS OF EMPLO  DATES OF EMPLOYMENT FROM: TO:	WAS THIS FULL-TIME EMPLOYMENT?	TITLE OF YOUR POSITION  AVERAGE NUMBER OF HOURS WORKED PER	BEGINNING SALARY	ENDING SALARY
DATES OF EMPLOYMENT	WAS THIS FULL-TIME EMPLOYMENT?	TITLE OF YOUR POSITION  AVERAGE NUMBER OF	BEGINNING	
DATES OF EMPLOYMENT FROM: TO:	WAS THIS	TITLE OF YOUR POSITION  AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING	
DATES OF EMPLOYMENT FROM: TO:  MO. DAY YR. MO. DAY YR.	WAS THIS FULL-TIME EMPLOYMENT?  YES NO NUMBER/TITLE(S) OF EMPLOYE	TITLE OF YOUR POSITION  AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING	
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NAME AND COMPLETE ADDRESS OF EMPLOYER					EMPLO	TYPE BUSINESS				
						TITLE OF YOUR POSITION				
DATES OF EMPLOYMENT FROM: TO:						WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY	
MO.	DAY	YR.	MO.	DAY	YR.	☐ YES ☐ NO				
NAME AND TITLE OF IMMEDIATE SUPERVISOR NUMBER/TITLE(S) OF EMPLO					:	NUMBER/TITLE(S) OF EMPLOYE	EES YOU SUPERVISED			
DESCRIBE '	YOUR DUT	TIES IN DE	ETAIL (USE S	SEPARATE	SHEET, I	IF NECESSARY)				
NAME AND COMPLETE ADDRESS OF EMPLOYER				SS OF	EMPL	DYER	TYPE BUSINESS			
							TITLE OF YOUR POSITION			
DATES OF FROM:	EMPLOY	/MENT	TO:			WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY	
MO.	DAY	YR.	мо.	DAY	YR.	☐ YES ☐ NO				
NAME ANI	D TITLE (	OF IMME	DIATE SUP	PERVISOF	<u> </u>	NUMBER/TITLE(S) OF EMPLOYE	ES YOU SUPERVISED			
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DESCRIBE '	YOUR DUT	TIES IN DE	ETAIL (USE S	SEPARATE	SHEET, I	IF NECESSARY)				