

**City of Shreveport
Personnel Department
Supplement Application**

ISSUE NO.	Open/Close Dates:
Title:	Start Rate:

The City of Shreveport does not discriminate in employment on the basis of race, sex, disability, age, religion, color of skin, or national origins.

Name: _____ Date: _____
Last First MI

Address: _____

Social Security Number: _____ Date of Birth: _____

Daytime Telephone: _____ Alternative Number: _____

Instructions:

1. This is an application supplement and will be used to determine your eligibility for this job only. It does not take the place of the regular application, which you must have on file in order to be employed.
2. Please make a response to all items. **Do Not Put "See Resume"**. Incomplete answers will affect your eligibility.
3. Responses found to be inaccurate, misleading or untruthful will disqualify you from eligibility.
4. If you have any difficulties reading or understanding any of these items, please ask for assistance.
5. If you have a resume and want it considered, you must furnish a copy before the close date for this job.
6. If you are offered employment and you accept, a criminal background and traffic violation check will be made. Please list any and all criminal convictions (including pleas of no contest and bond forfeitures) and traffic violations other than parking tickets for the last five years.

Date	Charge and Disposition
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7. If you are offered employment and you accept, will you require or desire any special accommodation to perform this job? Yes No If "yes", please indicate the nature of the accommodation:

8. If you are offered employment and you accept, you will be required to take a drug test. Do you understand that your employment can be terminated if the drug test is positive? Yes No

9. Your signature indicates you have read and understand these instructions.

Signature	Date
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<u>Education:</u>	Date of Graduation	Name of School	Type of Degree
<input type="checkbox"/> High School/GED	_____ (mo/yr)	_____	_____
<input type="checkbox"/> Associates Degree	_____	_____	_____
<input type="checkbox"/> College/University Degree	_____	_____	_____
<input type="checkbox"/> Graduate Degree	_____	_____	_____

Specialized Training

Type: _____ Date: _____
Type: _____ Date: _____
Type: _____ Date: _____

Licenses, Accreditations, Permits:

Type: _____ Date of Expiration: _____
Type: _____ Date of Expiration: _____

Driver's License # _____ State of Issue: _____ Class: _____ Expires: _____

Experience: (Since your eligibility will be determined according to this supplement, you **must** completely detail all duties related to **this** job. Please attach an additional sheet if there is any other employment that you may have had which pertains to this position.)

Employer Name & City:	From/To:	Last Salary/Rate:
Title:	# of employees directly supervised:	
Duties:		

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