



Louisiana Department of Justice

Pre-Employment Application

Jeff Landry
Attorney General

The Louisiana Department of Justice is an Equal Opportunity Employer. All appointments are based on merit qualifications and without regard to race, color, creed, religion, sex, national origin, sexual orientation, age, marital or veteran status, or the presence of a non-job-related medical condition or disability. If you are disabled and need an accommodation in the employment process, please contact our office at:

Louisiana Department of Justice
Human Resources Section
P.O. Box 94005
Baton Rouge, LA 70804
Phone: 225.326.6725
Fax: 225.326.6795

Applicant Information

Please type or print your responses to all questions on this application. If no response is necessary or applicable, please indicate "none" or "n/a." Use any additional space as necessary for responses. Although it is not required, a resume may be attached to this form.

Full Name: _____

Mailing Address: _____

Physical Address: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____ Are you 18 or older? YES NO

Area of Interest:

- | | | |
|--|---|---|
| <input type="checkbox"/> Accounting and Finance | <input type="checkbox"/> Collections | <input type="checkbox"/> IT and Computers |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Communications | <input type="checkbox"/> Investigative → Are you POST Certified? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Executive Management | <input type="checkbox"/> Paralegal |
| <input type="checkbox"/> Clerical and Data Entry | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Purchasing |

Other: _____

Educational History

Beginning with the 9th grade, please identify all schools that you have attended including colleges and universities, business schools, trade schools, and military service schools.

High School

Name: _____

Address: _____

Dates Attended: _____

Highest Grade Completed: _____ Graduation Date: _____ GED Date: _____

Awards, Honors, and Special Achievements: _____

College or University

Name: _____

Address: _____

Dates Attended: _____

Major(s) or Principal Field of Study: _____

Credit Hours: _____ Degree and Date Awarded: _____

Awards, Honors, and Special Achievements: _____

Graduate School

Name: _____

Address: _____

Dates Attended: _____

Major(s) or Principal Field of Study: _____

Credit Hours: _____ Degree and Date Awarded: _____

Awards, Honors, and Special Achievements: _____

Other School

Name: _____

Address: _____

Dates Attended: _____

Major(s) or Principal Field of Study: _____

Credit Hours: _____ Degree and Date Awarded: _____

Awards, Honors, and Special Achievements: _____

Employment History

Beginning with your current or most recent, please describe your employment history including military, part-time, temporary, and volunteer positions. If you have held more than one position with the same employer, please list each position separately.

Employer Name: _____

Address: _____

Contact Number: _____ Dates of Employment: _____

Avg. Hours Worked Per Week: _____ Starting Salary: _____ Ending Salary: _____

Position Title: _____ Duties and Responsibilities: _____

Reason for Leaving: _____

Name and Title of Immediate Supervisor: _____

May we contact your employer and immediate supervisor? YES NO

Employer Name: _____

Address: _____

Contact Number: _____ Dates of Employment: _____

Avg. Hours Worked Per Week: _____ Starting Salary: _____ Ending Salary: _____

Position Title: _____ Duties and Responsibilities: _____

Reason for Leaving: _____

Name and Title of Immediate Supervisor: _____

May we contact your employer and immediate supervisor? YES NO

Employer Name: _____

Address: _____

Contact Number: _____ Dates of Employment: _____

Avg. Hours Worked Per Week: _____ Starting Salary: _____ Ending Salary: _____

Position Title: _____ Duties and Responsibilities: _____

_____ Reason for Leaving: _____

Name and Title of Immediate Supervisor: _____

May we contact your employer and immediate supervisor? YES NO

Employer Name: _____

Address: _____

Contact Number: _____ Dates of Employment: _____

Avg. Hours Worked Per Week: _____ Starting Salary: _____ Ending Salary: _____

Position Title: _____ Duties and Responsibilities: _____

_____ Reason for Leaving: _____

Name and Title of Immediate Supervisor: _____

May we contact your employer and immediate supervisor? YES NO

Employer Name: _____

Address: _____

Contact Number: _____ Dates of Employment: _____

Avg. Hours Worked Per Week: _____ Starting Salary: _____ Ending Salary: _____

Position Title: _____ Duties and Responsibilities: _____

_____ Reason for Leaving: _____

Name and Title of Immediate Supervisor: _____

May we contact your employer and immediate supervisor? YES NO

Other Qualifications and Skills

Please list any qualifications and skills that you wish to be considered in your application. Such qualifications and skills include, but are not limited to: licenses, certifications, ability to type and use office equipment, proficiency in computer software and hardware, membership in professional or honorary organizations, foreign language skills, publications, leadership activities, and performance awards and recognitions.

References

Please list three persons that may be contacted regarding your character and qualifications for employment. Do not list former immediate supervisors or anyone related to you.

Name: _____

Address: _____

Occupation: _____

Contact Number: _____ Years Acquainted: _____

Name: _____

Address: _____

Occupation: _____

Contact Number: _____ Years Acquainted: _____

Name: _____

Address: _____

Occupation: _____

Contact Number: _____ Years Acquainted: _____

Certification

- Have you ever been expelled, suspended, disciplined, or cited for an honor violation from any school? ___ YES ___ NO
- Have you ever been terminated, suspended, or disciplined from any place of employment? ___ YES ___ NO
- Have you ever resigned to avoid termination, suspension, or discipline from any place of employment? ___ YES ___ NO
- Have you ever been disciplined or sanctioned for any ethical or professional violation? ___ YES ___ NO
- Have you ever been the driver of a vehicle involved in a motor vehicle accident? ___ YES ___ NO
- Do you have any relatives or close personal friends that are employed by the Louisiana Department of Justice? ___ YES ___ NO
- Have you ever been a candidate for an elected or appointed political office? ___ YES ___ NO
- Do you have any financial, professional, or personal relationships that might conflict with the Louisiana Department of Justice or Attorney General, Jeff Landry? ___ YES ___ NO
- Would you be unable to provide proof or authorization to work in the United States within three days of an offer of employment? ___ YES ___ NO

If you answered YES to any of the above questions, explain the circumstances:

To the best of my knowledge and belief, my statements on this form and any attachments to it are true, complete, correct, and made in good faith. I understand that intentional misrepresentations or failure to disclose relevant information in the application process may cause my application to be rejected, or my employment with the Louisiana Department of Justice to be terminated. I understand that a criminal background check will be performed on all applicants prior to employment. Upon request, I agree to provide supporting documentation for any statement made in my application.

Signature: _____ **Date:** _____