LMD-H Form 10
(R 10/2015)

Military Department
State of Louisiana
Employment Application

PLEASE TYPE OR PRINT CLEARLY

POSITIONAPPLIED FOR:	LOCATION	VACANCY ANNOUNCEMENT NUMBER

NAME – Last First Middle	Social Security Number

Address	Date of Birth (mm/dd/yy)
Email Address:	

Work Telephone No. ( )	Home Telephone No. ( ) Cell Phone:	Sex ☐ Male ☐ Female ☐ Decline to State

The following information is collected to complete Equal Opportunity Reports.
(You are not obligated to provide this information.)

RACIAL/ETHNIC GROUP

White ☐ **Hispanic/Latino** ☐ **American Indian/ Alaskan Native** ☐ **Decline to State** ☐
Black ☐ **Asian/Pacific Islander** ☐

GENERAL

1. What type of employment will you accept? ☐ Permanent ☐ Temporary ☐ Part Time ☐ Intermittent
2. Do you possess a valid Louisiana State Driver's License? ☐ Yes ☐ No Drivers License #: _____
3. Are you a U.S. citizen? ☐ Yes ☐ No
4. If no, are you are lawful permanent resident? ☐ Yes ☐ No Provide Alien #: A_____
5. Are you an alien authorized to work in the U.S.? ☐ Yes ☐ No
   Authorization Expiration Date: _____ Alien or Admission #: _____
6. Are you related to anyone currently employed by the State Military Department? ☐ Yes ☐ No
   If yes, give name(s), position(s) and section(s) employed by:
7. Have you been previously employeed by LMD, if yes give position, location, and dates:

EDUCATION

1. Mark highest level completed. **High School** ☐ **GED** ☐ **Associate** ☐ **Bachelors** ☐ **Masters** ☐
2. Year High School Diploma or GED received and name/location of high school or GED issuer.

_____

COLLEGES AND UNIVERSITIES ATTENDED (Name, City and State)	Dates Attended (Mo/Yr) From To	Major Area of Study	Type of Diploma Earned
	/		
	/		
	/		

Certificates, Licenses, and Special Skills (Name, City and State)	Dates Attended (Mo/Yr) From To	Major Area of Study	Type of Diploma Earned
	/		
	/		
	/		

LAST NAME:

WORK HISTORY: The next section is used to determine whether you qualify for the position for which you have applied. Your education and experience must show that you are qualified for the position. IMPORTANT: List all employment including military service and part-time employment. Begin with your MOST RECENT or PRESENT job in Block A; END with your FIRST job.[If you need more space for Work Experience, make copies of this page and then label each new block in alphabetical order (i.e. E, F, G...) as necessary.]

A	EMPLOYER	KIND OF BUSINESS	
STREET ADDRESS		TELEPHONE NUMBER	
CITY AND STATE		YOUR OFFICIAL JOB TITLE	
DATES OF EMPLOYMENT (MO/YR) FROM / TO /		BEGINNING SALARY	ENDING SALARY
NAME/TITLE OF YOUR SUPERVISOR		REASON FOR LEAVING	
DUTIES:			

B	EMPLOYER	KIND OF BUSINESS	
STREET ADDRESS		TELEPHONE NUMBER	
CITY AND STATE		YOUR OFFICIAL JOB TITLE	
DATES OF EMPLOYMENT (MO/YR) FROM / TO /		BEGINNING SALARY	ENDING SALARY
NAME/TITLE OF YOUR SUPERVISOR		REASON FOR LEAVING	
DUTIES:			

C	EMPLOYER	KIND OF BUSINESS	
STREET ADDRESS		TELEPHONE NUMBER	
CITY AND STATE		YOUR OFFICIAL JOB TITLE	
DATES OF EMPLOYMENT (MO/YR) FROM / TO /		BEGINNING SALARY 0	ENDING SALARY
NAME/TITLE OF YOUR SUPERVISOR		REASON FOR LEAVING	
DUTIES:			

REFERENCES (other than employers)

Name	Address	Telephone No.
1.		
2.		
3.		

LAST NAME: _____

MILITARY INFORMATION

This section applies to members of the Louisiana National Guard and/or those individuals that have had prior military service. If this does not apply to you, leave this section blank.

1. Are you currently a member of the Louisiana Guard? YES ☐ NO ☐ Branch:

2. If you are male aged 18 to 25 have you registered with the Selective Service System: YES ☐ NO ☐ NA ☐

3. If you are male aged 18 to 25 have you registered with the Selective Service System:

4. Are you a Honorable Discharged Veteran? YES ☐ NO ☐ Disabled Veteran ☐

5. Are you the spouse or widower of a Veteran or Louisiana Guardsman: YES ☐ NO ☐ WIDOWER ☐

CURRENT UNIT OF ASSIGMENT		
Grade/Rank	**Unit**	**(MOS) / AFSC**

PRIOR ACTIVE DUTY SERVICE If "NONE Check here ☐

Branch of Service	Date Entered	Date Released	☐ Officer ☐ Enlisted	Attach DD Form 214
Branch of Service	**Date Entered**	**Date Released**	☐ **Officer** ☐ **Enlisted**	**Attach DD Form 214**

PRIOR RESERVE COMPONENT SERVICE If "NONE" Check here ☐

Branch of Service	Date Entered	Date Released	☐ Officer ☐ Enlisted
Branch of Service	**Date Entered**	**Date Released**	☐ **Officer** ☐ **Enlisted**

BACKGROUND INFORMATION (Must be completed by all applicants)

The information solicited in this section shall be used to evaluate your suitability for appointment with this agency.

List previous home addresses for the past ten years (Start w/Present Address). Account for all time.

(Mo/Yr) From	(Mo/Yr) To	ADDRESS

Have you ever resigned or been asked to resign from a position to avoid termination? If "YES," give details.
☐ YES ☐ NO

Have you ever applied for employment with any law enforcement agency? If "YES," give location(s) of department(s) and date(s) of application(s). If rejected, give reason for rejection.
☐ YES ☐ NO

Have there been any judgments against you as a result of an accident? If "YES," give details.
☐ YES ☐ NO

Have you had your driver's license suspended or revoked? If "YES," give details.
☐ YES ☐ NO

Have you ever bought, sold, or used any narcotic drug, excluding that prescribed by a physician? If "YES," explain.
☐ YES ☐ NO

Have you ever been arrested for or convicted of any violation of law? If "YES," give date, location, charge and disposition of all arrests and convictions.
☐ YES ☐ NO

LAST NAME: ____

CIVILIANS ONLY

LOUISIANA STATE GUARD – MEMBERSHIP REQUEST

I understand that unclassified positions in the Military Department, State of Louisiana, require membership in the Louisiana National Guard or Louisiana State Guard.

If not a member of the Louisiana National Guard, I understand that in order to be accepted for an unclassified state position with the Louisiana Military Department, I must voluntarily apply for membership in the Louisiana State Guard. As a result of membership in the Louisiana State Guard I understand that I may be required to be available to perform duty in the event of an emergency or natural disaster. Further I understand that it will be my responsibility to ensure that I have a family plan established to care for my family if called to emergency or natural disaster duty.

If accepted for a Louisiana Military Department, unclassified position, I hereby request approval to become a member of the Louisiana State Guard.

ALL APPLICANTS

AUTHORITY TO RELEASE INFORMATION: We require, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their application. This release and authorization acknowledges that the Louisiana Military Department may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, contact personal references, require that I submit to testing for the presence of drugs or alcohol, check motor vehicle records, and receive any criminal record information pertaining to me which may be in the files of any Federal, State, or Local Law Enforcement agency. I have read and understand this release, and I authorize the verification. I authorize persons, educational institutions, current and former employers, and other organizations and agencies to provide information that may be requested. I hereby release all persons and agencies providing such information from any and all claims and damages connected with their release of information.

I certify that information provided on this application and attachments are true and complete. I understand the information on this application is subject to investigation and verification and any false statements, misrepresentation or material omission may cause my application to be rejected or be cause for termination of employment.

Date of Application	Signature of Applicant
Received at LANG-SMD-H (Date/Signature)	

****Employees in the Military Department, Unclassified, permanent or temporary, are employees "at will" and may be subject to termination or expiration of appointment, with or without cause. Unclassified appointments of the Military Department do not constitute a contract for employment.**

****The Military Department is a Substance Abuse and Drug Free Workplace. All new employees are subject to mandatory drug testing. Thereafter, all employees are subject to random drug testing.**

THE FOLLOWING ADDITIONAL DOCUMENTS ARE REQUIRED WITH THIS APPLICATION

- ☐ COPY OF DRIVER'S LICENSE
- ☐ COPY OF SOCIAL SECURITY CARD
- ☐ COPY OF OFFICIAL BIRTH CERTIFICATE

NOTE: SALARY IS PAID BY ELECTRONIC FUNDS TRANSFER (EFT) / DIRECT DEPOSIT ONLY. A CHECKING OR SAVINGS ACCOUNT IS REQUIRED FOR EMPLOYMENT.