



Military Department State of Louisiana Employment Application



PLEASE TYPE OR PRINT CLEARLY

POSITION APPLIED 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. () ()		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State
		Cell Phone:		
<p>The following information is collected to complete Equal Opportunity Reports. (You are not obligated to provide this information.)</p> <p><u>RACIAL/ETHNIC GROUP</u></p> <p>White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Decline to State <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/></p>				

GENERAL

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

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	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 ASSIGNMENT		
Grade/Rank	Unit	(MOS) / AFSC

PRIOR ACTIVE DUTY SERVICE		If "NONE" Check here <input type="checkbox"/>		
Branch of Service	Date Entered	Date Released	<input type="checkbox"/> Officer <input type="checkbox"/> Enlisted	Attach DD Form 214
Branch of Service	Date Entered	Date Released	<input type="checkbox"/> Officer <input type="checkbox"/> Enlisted	Attach DD Form 214

PRIOR RESERVE COMPONENT SERVICE		If "NONE" Check here <input type="checkbox"/>		
Branch of Service	Date Entered	Date Released	<input type="checkbox"/> Officer <input type="checkbox"/> Enlisted	
Branch of Service	Date Entered	Date Released	<input type="checkbox"/> Officer <input type="checkbox"/> 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)	(Mo/Yr)	ADDRESS
From	To	
Have you ever resigned or been asked to resign from a position to avoid termination? If "YES," give details. <input type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have there been any judgments against you as a result of an accident? If "YES," give details. <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you had your driver's license suspended or revoked? If "YES," give details. <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever bought, sold, or used any narcotic drug, excluding that prescribed by a physician? If "YES," explain. <input type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> 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.