



Louisiana Department of Justice

Pre-Employment Application

LIZ MURRILL  
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 9<sup>th</sup> 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.

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## 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, Liz Murrill?       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:**

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**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:** \_