#### Louisiana Department of Justice



Student Pre-Employment Application

ATTORNEY GENERAL

The Louisiana Department of Justice is an Equal Opportunity Employer. All appointments are based on merit qualifications – 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 Addres	s:	
Physical Addres	ss:	
Cell Phone:		Home Phone:
Email Address:		 Are you 18 or older? D YES D NO
	Area of Interest: Other:	Student Worker D Volunteer

### **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:		
Dates Attended:		
Highest Grade Completed:	Graduation Date:	GED Date:
Awards, Honors, and Specia	al Achievements:	
College or University Name:		
Address:		
Dates Attended:		
Major(s) or Principal Field	of Study:	
Credit Hours:	Degree and Date Awarded:	
Awards, Honors, and Specia	al Achievements:	
Graduate School Name:		
Address:		
Dates Attended:		
Major(s) or Principal Field	of Study:	
Credit Hours:	Degree and Date Awarded:	
Awards, Honors, and Specia	al Achievements:	
Other School Name:		
Dates Attended:		
Major(s) or Principal Field	of Study:	
Credit Hours:	Degree and Date Awarded:	
Awards, Honors, and Specia	al Achievements:	

Last Name, First Name: \_\_\_\_\_

#### **Employment History**

Beginning with your current or most recent – please describe your employment history including military, parttime, 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:						
Name and Title of Immediate Supervisor:							
May we contact your employer and imme	ediate supervisor?  YES NO						
Employer Name:							
Address:							
Contact Number:							
Avg. Hours Worked Per Week:	Starting Salary:	Ending Salary:					
Position Title:	Position Title: Duties and Responsibilities:						
	Reason for Leaving:						
Name and Title of Immediate Supervisor:							
May we contact your employer and imme	ediate supervisor? D YES D NO						
Employer Name:							
Address:							
Contact Number:	Dates of Employment:						
Avg. Hours Worked Per Week:	Starting Salary:	Ending Salary:					
Position Title:	osition Title: Duties and Responsibilities:						
	_ Reason for Leaving:						
Name and Title of Immediate Supervisor:							
May we contact your employer and immediate supervisor? D YES D NO							
Page <b>3</b> of	Last Name, First Name:						

#### 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:

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. If I am appointed, I agree to promptly notify the proper agency official of any change in my status as a student – including any reduction in courses taken, termination of student status, or scholastic probation.

Signature: \_\_\_\_\_

Date:

Last Name, First Name: \_\_\_\_\_

# Student Information Student Workers and Law Clerks

Name:
Address:
Are you currently a full-time student? D YES D NO School, College, or University you are now attending or last attended:
Current Grade/ Classification:        High School      College      Graduate School
If you are not presently attending school:
Where were you last registered?
When do you plan to return to school?
REPORT OF SCHOOL OFFICIAL         YES       NO         □       □       Above is classified as a full-time student of this school under its criteria.         □       □       Above has completed his/ her course and achieved a diploma or certificate.         □       □       Above has applied for enrollment in this school effective         □       □       Above has applied for enrollment in this school effective         □       □       My school is accredited.         □       □       My school is approved by the State in which it is located.         Current Grade/ Classification:
Address:
Name of School Official:      Signature:    Date:

NOTE: This document must be stamped with an official school, college, or university seal and must be returned to the Human Resources Section of the Louisiana Department of Justice, Office of the Attorney General along with the student pre-employment application to be considered for employment as a Student Worker or a Law Clerk.