



City of Shreveport Human Resources Department

SUPPLEMENTAL APPLICATION FORM FOR CITY EMPLOYEES

CITY OF SHREVEPORT

Issue Number:	Open/Close Dates:
Title:	Start Rate:

Name: (Last) _____ (First) _____ (MI) _____ Date: _____

Address: _____

Social Security Number: _____ Hours Available to Work: _____

Daytime Telephone: _____ Alternative Number: _____

Instructions:

1. This is an application supplement and will be used to determine your eligibility for this job only. It does not take the place of the regular application, which you must have on file in order to be employed.
2. Please make a response to all items front and back. Do not put "see resume". Incomplete answers will affect your eligibility.
3. Responses found to be inaccurate, misleading or untruthful will disqualify you from eligibility.
4. If you have any difficulties reading or understanding any of these items, please ask for assistance.
5. If you have a resume and want it considered, you must furnish a copy before the close date for this job.
6. If you are offered employment and you accept, a criminal background and traffic violation check will be made. Please list any and all criminal convictions (including pleas of no contest and bond forfeitures) and traffic violations other than parking tickets for the last five years.

Date

Charge and Disposition

7. If you are offered employment and you accept, will you require or desire any special accommodation to perform this job?

☐ Yes ☐ No If yes, please indicate the nature of the accommodation: _____

8. If you are offered employment and you accept, you will be required to take a drug test. Do you understand that your employment can be terminated if the drug test is positive? ☐ Yes ☐ No

9. Your signature indicates you have read and understand these instructions.

Signature

Date

Education:

Date of
Graduation
(mo/yr)

Name of School

Type/Field of Degree

High School/GED

Associates Degree

College/University Degree

Graduate Degree

Specialized Training:

Type: _____ Date: _____
Type: _____ Date: _____
Type: _____ Date: _____

Licenses, Accreditations, Permits:

Type: _____ Date of Expiration: _____
Type: _____ Date of Expiration: _____
Driver's License #: _____ State of Issue: _____ Class: _____ Expires: _____

Experience: (Since your eligibility will be determined according to this supplement, you must put into complete detail all duties related to this job. Please attach an additional sheet if there is any other employment that you may have had which pertains to this position.)

Employer Name & City:	From/To: (Mo/Yr)	Last Salary/Rate:
Title:	# of employees directly supervised	
Duties:		

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EMPLOYMENT ELIGIBILITY NOTICE:

*Under Federal Law, the City of Shreveport requires proof of identity and employment eligibility (ie...social security card, driver's license, Id card) Also, proof of Federal Selective Service Registration is also required at time of application. If you are a **MALE** between the ages of 18 – 25 and have not registered with Selective Service, please let our Human Resources Office know at the time you submit an application for employment with the City of Shreveport or you may register online at www.sss.gov*

DISCLOSURE AUTHORIZATION (Employment Purposes)

21736-City of Shreveport Human Resources

In connection with my application for employment, I understand that a consumer report and/or an investigative consumer report may be requested and obtained for employment purposes on behalf of the City of Shreveport. I also understand that, if I am hired, a consumer report and/or an investigative consumer report may be requested and obtained during the course of my employment.

The report may include information regarding my character, general reputation, personal characteristics, mode of living, and credit standing which may confirm or deny my eligibility for employment with the City of Shreveport. The information contained in the report will be obtained from private and public record sources, including, as may be appropriate, personal interviews with sources such as neighbors, friends and associates.

By providing the information requested below and signing this Disclosure Authorization, I authorize the City of Shreveport to request and obtain a consumer report and/or investigate consumer report regarding me. I also acknowledge that a facsimile or photographic copy of this Disclosure Authorization will be as valid as the original.

Applicant's Full Name (Please Print): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (MM/ DD/ YY): _____ SSN: _____

Driver's License State: _____ Number: _____

Applicant's Signature: _____ Date: ____ / ____ / ____

****The City of Shreveport is required by law to provide the FCRA Summary of Rights with each background investigation. We utilize this investigation primarily for criminal background checks.****

Department/Division:

Department Representative:



CITY OF SHREVEPORT
Personnel Department
2020 FLSA
EXEMPTION / NONEXEMPTION WORKSHEET

INSTRUCTIONS:

This form must be completed on ALL current and new employees. Review the questions below and respond appropriately. Based on the response, employees will be categorized as exempt or nonexempt, which may qualify them for overtime. The form must be fully completed and signed by all interested parties. Employees will be determined exempt or nonexempt based on the responses. If two or more boxes are selected, YES within a category (exempt or nonexempt) the employee will be placed within that category.

NAME: _____

TITLE: _____

DEPT/DIV: _____

WORKWEEK: _____

SOCIAL SECURITY NUMBER: _____

HIGHLY COMPENSATED AND EXECUTIVE EXEMPTION TEST

Please check the appropriate response.

	<u>YES</u>	<u>NO</u>
1. Employee earns more than \$684 per week	<input type="checkbox"/>	<input type="checkbox"/>
2. Primary duty is management of the enterprise in which the employee is employed or of a customarily recognized department or subdivision thereof.	<input type="checkbox"/>	<input type="checkbox"/>
3. Who customarily and regularly directs the work of two or more other employees.	<input type="checkbox"/>	<input type="checkbox"/>
4. Who has the authority to hire or fire other employees or whose suggestions and recommendations as to the hiring, firing, advancement, promotion or any other change to status of other employees are given particular weight.	<input type="checkbox"/>	<input type="checkbox"/>

ADMINISTRATIVE EXEMPTION TEST

Please check the appropriate response.

	<u>YES</u>	<u>NO</u>
1. Employee earns more than \$684 per week	<input type="checkbox"/>	<input type="checkbox"/>
2. Primary duty consist of the performance of office or non-manual work directly related to management or general business operations of the employer or the employer's customers.	<input type="checkbox"/>	<input type="checkbox"/>
3. Whose primary duty includes the exercise of discretion and independent judgment with respect to matters of significance.	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL EXEMPTION TEST

Please check the appropriate response.

	<u>YES</u>	<u>NO</u>
1. Employee earns more than \$684 per week	<input type="checkbox"/>	<input type="checkbox"/>
2. Primary duty is the performance of work requiring knowledge of an advanced type (defined as work which is predominately intellectual in character, and which includes work requiring the consistent exercise of discretion and judgment) in a field of science or learning customarily acquired by a prolonged course of specialized intellectual instruction.	<input type="checkbox"/>	<input type="checkbox"/>

COMPUTER EXEMPTION TEST

Please check the appropriate response.

	<u>YES</u>	<u>NO</u>
1. Employee earns more than \$684 per week	<input type="checkbox"/>	<input type="checkbox"/>
2. Performs application of systems techniques and procedures, including consulting with users to determine software or system functional specifics.	<input type="checkbox"/>	<input type="checkbox"/>
3. Design, develop, document analyze, create, testing or modification of computer systems or programs based on and related to user system design specifications.	<input type="checkbox"/>	<input type="checkbox"/>
4. Design, document, create, test or modify computer programs related to machine operating system.	<input type="checkbox"/>	<input type="checkbox"/>
5. Performs a combination of the above duties, which requires the same level of skill.	<input type="checkbox"/>	<input type="checkbox"/>

REGULAR NON EXEMPTION TEST

Please check the appropriate response.

	<u>YES</u>	<u>NO</u>
1. Employee earns \$684 per week or less	<input type="checkbox"/>	<input type="checkbox"/>
2. Performs routine work	<input type="checkbox"/>	<input type="checkbox"/>
3. Performs line work	<input type="checkbox"/>	<input type="checkbox"/>
4. Functions as a first responder (civil service)	<input type="checkbox"/>	<input type="checkbox"/>

DEPARTMENT/DIVISION

IMPORTANT: Attach a copy of current approved position description with appropriate signatures. Position descriptions are obsolete unless current and signed by all parties.

My signature below certifies that the information above is true and correct.

Employee Date

Div. Head Date

Dpt. Head Date

Timekeeper Initials Date

PERSONNEL DEPARTMENT USE ONLY

Receipt Date: _____ Verified by: _____ Employee Status: _____

CITY OF SHREVEPORT
PUBLIC ASSEMBLY AND RECREATION

PAST EMPLOYMENT INQUIRY CONSENT FORM

I, _____, hereby give the City of Shreveport permission

(Print full name)

to verify employment with all past/current employers.

Signature: _____

Date: _____



CITY OF SHREVEPORT
HUMAN RESOURCES DEPARTMENT

PRE-EMPLOYMENT REFERENCE CHECK

NOTICE: A minimum of three reference checks must be completed on each potential new hire, as a condition of employment.

Applicant's Name: _____ **Phone:** _____ **Address:** _____

Position Applying: _____

Company Name: _____

Person Spoke With _____ **Title** _____

PLEASE READ FIRST: When speaking with employer, introduce yourself by name, title and organization. State, (Name of Applicant) has applied for employment with us and has told us that he/she previously worked for your organization. I would like to verify some information given us. Do you have time to answer a few questions? (If not, get a definite time to recall).

1. Was applicant employed by your organization? _____
2. The applicant states his/her employment was from _____ to _____ is this correct? _____
3. What was applicant's job when starting to work for you? _____
4. What was applicant's job when leaving? _____
5. The applicant state his/her earnings were _____ per _____ ☐yes ☐no
6. What reason did the applicant give for leaving? _____
7. Did the applicant work well with others? _____ if not, why? _____
8. Would you re-employ the applicant? _____ if not, why? _____

PLEASE RATE APPLICANT ON THE FOLLOWING CHARACTERISTICS (CHECK ONE)

	Good	Bad	Explanation
Attendance			
Dependability			
Cooperativeness			

Date: _____ **Hiring Authority/Rep** _____ **Title** _____

Orig 4/85
Rev 5/87
Rev 1/03
Rev 8/16



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