Louisiana Department of Justice



Student Pre-Employment Application

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	ss:		
	ess:		
		Home Phone:	
Emaii Address:	:	Are you 18 or older? YES NO	
	Area of Interest:	Student Worker	
	Other:		

Last Name, First Name:

Educational History

Beginning with the 9^{th} grade, please identify all schools that you have attended including colleges and universities, business schools, trade schools, and military service schools.

<u>High School</u> Name:		
Dates Attended:		
Highest Grade Completed	l: Graduation Date:	GED Date:
Awards, Honors, and Spe	cial Achievements:	
College or University Name:		
Dates Attended:		
Major(s) or Principal Fiel	d of Study:	
Credit Hours:	Degree and Date Awarded:	
Awards, Honors, and Spe	cial Achievements:	
Graduate School Name:		
Address:		
Dates Attended:		
Major(s) or Principal Fiel	d of Study:	
Credit Hours:	Degree and Date Awarded:	
Awards, Honors, and Spe-	cial Achievements:	
Other School		
Dates Attended:		
Major(s) or Principal Fiel	d of Study:	
Credit Hours:	Degree and Date Awarded:	
Awards, Honors, and Spe	cial Achievements:	

Page 2 of

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:	ontact 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	or:				
May we contact your employer and imr	mediate supervisor? YES NO				
Employer Name:					
Address:					
Contact Number:					
Avg. Hours Worked Per Week:	Starting Salary:	Ending Salary:			
Position Title:	Duties and Responsibilities:				
	Reason for Leaving:				
Name and Title of Immediate Supervisor	or:				
May we contact your employer and imr	mediate supervisor? YES NO				
Employer Name:					
Address:					
Contact Number:					
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					

Page 3 of

Certification

Do you have any financial, professional, or personal relationships that might conflict with the Louisiana Department of Justice or Attorney General Liz Murrill? Would you be unable to provide proof or authorization to work in the United States within three days of an offer of employment? If you answered YES to any of the above questions, explain the circumstances:	☐ YES ☐ NO ☐ YES ☐ NO
To the best of my knowledge and belief – my statements on this form and any attachments to it a correct, and made in good faith. I understand that intentional misrepresentations or failure to c information in the application process may cause my application to be rejected, or my employ Louisiana Department of Justice to be terminated. I understand that a criminal background performed on all applicants prior to employment. Upon request, I agree to provide supporting d any statement made in my application. If I am appointed, I agree to promptly notify the proper any change in my status as a student – including any reduction in courses taken, termination of scholastic probation.	disclose relevant yment with the check will be locumentation for agency official of

Page 4 of Last Name, First Name

Student Information

Student Workers and Law Clerks

Name:	
Address:	
Are you currently a full-time student? \square YES \square 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 □ □ My school is accredited. □ □ My school is approved by the State in which it is located. Current Grade/ Classification: Name of Institution: Address:	
Name of School Official: Title:	
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.

Last Name, First Name: ______