

Application for Employment

Jefferson Parish Forensic Center

2018 8th Street Harvey, LA 70058 (504) 365-9100 • (504) 365-1750 Fax

Gerry Cvitanovich, M.D. Coroner



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Application for Employment

The Jefferson Parish Forensic Center requires that you complete this form completely and accurately. Among other things, this form is used to fulfill our obligations to the citizens of Jefferson Parish by selecting only those individuals who meet the legal qualifications for the job that they are applying for.

Deliberate misstatements or omissions will disqualify the application. Remember, it is your responsibility to ensure the accuracy of the application. Applications not containing complete addresses including zip codes will be considered incomplete and therefore will not be processed.

Upon completion of the application, you must make a copy of the following documents:

- 1) Birth certificate
- 2) Naturalization Certificate for naturalized citizens
- 3) High School Diploma or G.E.D. and high school transcripts
- 4) College Diploma and transcripts plus any educational certificates
- 5) Form DD214 for each period of military service and discharge certificate
- 6) Valid Louisiana driver's license or identification card with proper address
- 7) Social Security Card

If there is not enough room on the application for you to provide a complete answer to any of the questions, use an additional piece of paper to do so.

Gerry Cvitanovich, M.D. Coroner

Revised 1/09



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Use back page if more room is needed.

	APPLICATION FOR EMPLOYMENT						
	Last Name	First	Middle	Date			
P E R S O N A L	Street Address			Home Telephone ()			
	City, State, Zip			Business or Cell Telephone			
	Have you ever applied fo ☐ Yes ☐ No If "Yes,"	r employment with us? Month and Year	Location	Social Security #			
	Position Desired						
				Have you ever been bonded? Yes No If "Yes," with what employers?			
	Other special training or	skills (languages, machine oper	ation, etc.)				

	School	Name and location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate		·			
	College					
C A T	Business/Trade/ Technical					
0 1/1	High School					
	Elementary					



Use back page if more room is needed.

	ment records. Start with your present or most recent o
Company Name	Telephone
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

_ Reason _

Employer Number(s)____

not want us to contact



	Jefferson Parish Fe	orensic Center
		Use back page if more room is needed.
MILITARY	Did you serve in the U.S. Armed Forces? Yes \(\sum \) No	If "Yes," what branch?
Describe any training received rele	vant to the position for which you are	e applying:
	CHARACTER RE	EFERENCES
Please list thro	ee people who will provide a character	r reference for you (no relatives or employers)
Name	Address	City, State Zip Code Telephone
	ADDITIONAL IN	FORMATION
Membership i	n professional & civic organizations, s ose which may disclose your race, colo	special accomplishments, awards, etc. (Exclude or, religion, age or national origin.)



APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected, or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and with any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resumé or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement, If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such an officer.

I understand	l and accept all te	rms and conditio	ons in the above	statement	
Date		Signature			



FOR EMPLOYER'S USE ONLY

D val	Employer	Person Contacted	Results
H 77 H	1		
R E N C	2	·	
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Tests Administered	Analysis & Comments
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	interviewer Name & Comments	
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ADDITIONAL INFORMATION
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Gerry Cvitanovich Coroner

Dear Sir:		
	has applied for employment with J	Jefferson Parish Forensic
Center as	and stated that he (she) was emplo	yed by you in the capacity
of	from to	Your response to the
questions below, which i	nay be returned in the enclosed envelope, will be	e greatly appreciated.
	Sincerely,	
	De L	
	g Cof	
	Gerry Cvitanovich, M.	
·	$ ho_{ ext{Coroner}}$ of Jefferson	Parin
1) Are the dates of emr	loyment substantially correct?	
	re correct date.	
	id applicant perform?	
	ave your service?	
4) Would you employ a	oplicant in a suitable vacancy?	
	fly on applicant's work habits, attendance and a	
Signature:	Title:	Date:
	To be Completed by Applicant	
Department information	ny previous employers to furnish the Jefferson Pa n concerning my employment history. I hereby to consibility for damage on account of furnishing s	release the atoresaid
Social Security Number	r: Signed:	