



Department of State Civil Service

Staffing Division

LA Careers Training
Registration Form



Participant Information

Name <input type="text"/>		
Job Title <input type="text"/>		
Dept./Agency <input type="text"/>	Work Phone <input type="text"/>	
Parish of Employment <input type="text"/>	Email <input type="text"/>	
Will you need special accommodations for training?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Accommodations needed		

Class Date/Location Request

Class Start Date	Class Location
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please list, in order of your preference, the starting date and location of the class you would prefer to attend. We will make every effort to schedule you for your first choice.

Level of Use

What is your level of use with LA Careers?		
<input type="checkbox"/> Advanced User	<input type="checkbox"/> Intermediate User	<input type="checkbox"/> New User

Fill out this form completely and e-mail to Aeli Poydras