

**LAFAYETTE CITY - PARISH CONSOLIDATED GOVERNMENT
CIVIL SERVICE SYSTEM
291-8330**

TO FILE AN APPLICATION

Only U.S. citizens and non-citizens authorized to work in the United States by the U.S. Citizenship and Immigration Service are eligible for employment by the Lafayette Consolidated Government.

In order for an application to be accepted, the following items are required at the time the application is turned in.

1. Proof that the applicant is 18 years of age or older and has permission to work in the United States issued by the Department of State if not a citizen, and has submitted to the Civil Service Office the prescribed completed employment forms of the aforementioned, prior to the deadline for applications.
2. Proof of a social security number. If you do not have your SS card, an official document with your number **printed** on it will be accepted. (Ex: W-2, pay stub, etc.)

The following item may be turned in at any time **before** the test is given.

3. Proof of honorable discharge: DD214. You must show proof of having served 90 consecutive days of active duty and show proof that you were honorably discharged. Anyone showing proof will be awarded five points to a passing score.
4. Deadlines are strictly enforced, your application form with items 1 and 2 listed above must be submitted to the Civil Service Office before both date / time and maximum number of applications stated on the ad or announcement of the vacancy.

- ! After the Civil Service test the top five scoring applicants plus ties will be certified as eligible for hire.
- ! Any offer of employment is subject to your passing the physical examination, the drug test and retaining or achieving any qualifications or licenses or certifications required by the job.
- ! Any employee hired into the LCG Civil Service system is subject to a 6 month probationary period, if unwilling or unable to perform satisfactorily during that time, the new employee may be dismissed without right of appeal.
- ! Continued employment is subject to the Conditions of Employment Policy (from Human Resources Office)

EDUCATION

17. Circle the last grade of school you completed:

Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 GED

List your education since high school including colleges, business, trade, correspondence, and military service schools.

Colleges, Universities and Junior Colleges Attended

NAME AND LOCATION	Date Attended		Credit Hours	Major	Degree and Year
	From	To			

Business or Trade Schools Attended

NAME AND LOCATION	Date Attended		Courses Completed	Date of Diploma or Certificate
	From	To		

Correspondence or Military Courses Completed

NAME AND LOCATION	Length of Course	Courses Completed	Date Completed

MILITARY SERVICE

18. Are you claiming Veteran's Preference? _____ If yes, then complete the following and present your DD214 before taking test.
 Branch of Service Rank at time of Separation
 (Army, Navy, etc.)

Date Entered Active Duty Date	Separated From Active Duty Retired Yes <input type="checkbox"/> No <input type="checkbox"/>	Military Occupation Specialty
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Was Service Performed on active Full Time Basis With Full Time Pay and Allowance Yes No

19. Experience: Begin with your present or latest position and work backwards. Account for all periods of employment or unemployment. GIVE YOUR DUTIES AND RESPONSIBILITIES IN SUCH DETAIL AS TO MAKE YOUR QUALIFICATIONS CLEAR.

STUDY THE FOLLOWING EXAMPLE:

From: Oct. 19 64 to July 19 69
 Month Yr. Month Yr.

Name of Employer:
Commonwealth of Kentucky
 Address
Finance Bldg. Auditor's Office
 Phone#
233-3333

Kind of Business or Organization
Public Service
 Was this a Supervisory Position?
Yes

Name and Title of Your Immediate Supervisor
A.C. Cole - Asst. State Auditor
 Reason for Leaving
To Enter Army

Exact Title of Your Position: _____ Senior Auditor

Salary: Starting \$ _____ 910.00 per _____ month, Final \$ _____ 1,099.00

DUTIES AND RESPONSIBILITIES: Made field audits of accounts of state departments or political subdivisions or of persons and business firms subject to taxation or regulation by the State. Made assignments and reviewed the work of assistants; prepared reports in connection with audits made; gave instructions and direction to public officials in connection with approved methods of accounting for public funds. Occasionally testified in courts on matters involving audits completed.

1) PRESENT OR LAST POSITION

From _____, _____ to _____, _____
Month Yr. Month Yr.

Name of Employer: _____

Address: _____

Phone # _____

Kind of Business or Organization: _____

Was this a Supervisory Position? _____

Name and Title of Your Immediate Supervisor: _____

Reason for Leaving: _____

Exact Title of Your Position: _____

Salary: Starting \$ _____ per _____, Final \$ _____

Duties and Responsibilities: _____

2) NEXT PREVIOUS POSITION

From _____, _____ to _____, _____
Month Yr. Month Yr.

Name of Employer: _____

Address: _____

Phone # _____

Kind of Business or Organization: _____

Was this a Supervisory Position? _____

Name and Title of Your Immediate Supervisor: _____

Reason for Leaving: _____

Exact Title of Your Position: _____

Salary: Starting \$ _____ per _____, Final \$ _____

Duties and Responsibilities: _____

3) NEXT PREVIOUS POSITION

From _____, _____ to _____, _____
Month Yr. Month Yr.

Name of Employer: _____

Address: _____

Phone # _____

Kind of Business or Organization: _____

Was this a Supervisory Position? _____

Name and Title of Your Immediate Supervisor: _____

Reason for Leaving: _____

Exact Title of Your Position: _____

Salary: Starting \$ _____ per _____, Final \$ _____

Duties and Responsibilities: _____

20. List volunteer experience here:

4) NEXT PREVIOUS POSITION

From _____ , _____ to _____ , _____
Month Yr. Month Yr.

Exact Title of Your Position: _____

Salary: Starting \$ _____ per _____ , Final \$ _____

Name of Employer: _____

Duties and Responsibilities: _____

Address: _____

Phone # _____

Kind of Business or Organization: _____

Was this a Supervisory Position? _____

Name and Title of Your Immediate Supervisor: _____

Reason for Leaving: _____

REFERENCES

21. List three persons (do not list relatives or people who have worked for you) who have definite knowledge of your qualifications and fitness for the position for which you are applying.

FULL NAME	ADDRESS (Complete)	PHONE NO.	BUSINESS or OCCUPATION

REMARKS

22.

23.

24.

YOU MUST SIGN APPLICATION

I certify that all statements made in this application are true, complete and correct to the best of my knowledge. I realize that any misrepresentation herein may cause my application to be rejected, my name removed from the employment list, or I may be subject to dismissal from the employment of the Lafayette Consolidated Government.

Signature

Date

RECRUITING INFORMATION

The following information does not become part of your application for employment. Your answers will neither help nor hinder your chance for employment with the Lafayette Consolidated Government. They do, however, help us to assess our recruiting efforts, as well as to monitor the progress of our Equal Employment Opportunity Program. Therefore, we ask your cooperation in providing the following information. Thank you.

1. DATE OF APPLICATION: _____
month day year

2. NAME: _____
last first middle initial

3. SOCIAL SECURITY NO: _____

4. BIRTH DATE _____
month day year

5. JOB APPLIED FOR: _____

6. SEX (Please Check): _____ Male
_____ Female

**7. HOW DO YOU DESCRIBE YOURSELF IN TERMS OF THE FOLLOWING GROUP?
PLEASE CHECK.**

- _____ A. American Indian (including Aleuts and Eskimos)
_____ B. Black/African-American/African
_____ C. White/Caucasian/European/Middle Eastern
_____ D. Hispanic/Chicano/Puerto Rican/Mexican American/Latin American
_____ E. Oriental/Asian American/Pacific Islander
_____ F. Disabled as defined by the Americans with Disabilities Act

8. HOW DID YOU HEAR ABOUT THE JOB FOR WHICH YOU APPLIED? PLEASE CHECK.

- _____ A. Lafayette Daily Advertiser
_____ B. Out-of-town newspaper
_____ C. Professional journal
_____ D. Radio
_____ E. Civil Service bulletin board
_____ F. Present city-parish employee
_____ G. University Placement Office
_____ H. Louisiana State Employment Office
_____ I. Other

GROUP INSURANCE SUPERVISOR

PURPOSE AND NATURE OF WORK

Position is responsible for supervising, documenting, processing, re-pricing, and reporting City-Parish group insurance claims and premiums according to applicable health, life, accidental death and dismemberment, stop loss, prescription drug, cafeteria, childcare, reasonable and customary, and flexible spending policies. A majority of time is devoted to the group health plan. In addition, the incumbent in this position is responsible for updating and applying health plan guidelines and amendments with regards to changes and/or deletions, per applicable federal, state, and/or local laws, rules, and regulations. Work is performed with relative independence under the general direction of the Risk and Insurance Manager and supervision is exercised over four Group Insurance Specialists.

ILLUSTRATIVE EXAMPLES OF WORK (Note: These examples are intended only to illustrate the various types of work performed by incumbents in this class. All of the duties performed by any one incumbent may not be listed, nor does any incumbent necessarily perform all of these duties.)

Processes the most difficult, unusual, and/or complex claims, reviews claims data, and prepares reports. For these complex claims, determines what is/is not covered under the health care plan, checks for errors in Current Procedural Terminology (CPT) codes, resolves billing errors. Generates reports such as monthly Pharmacy Benefit Manager (PBM) and ensures that appropriate funds are applied and transferred, retiree and employees on LWOP reports and follows-up to ensure those plan participants are aware of their payment obligations, and reports on those individuals eligible for COBRA coverage. Produces reports on plan performance, critically analyzes the information, and reports/recommends actions to maintain the vitality of the health plan.

Keeps abreast and has an in-depth working knowledge of all applicable rules, regulations, laws, and guidelines pertaining to the health plan and enforces all such policies to ensure full compliance. Personally handles appeals of coverage denials and explains the reasons for the denial.

Supervises and trains employees engaged in the processing of group insurance claims, addresses questions or concerns, supervises the enrollment and termination of participants from the plan.

Enforces health plan obligations. Contacts healthcare providers on behalf of the participant if discrepancies exist between what the participant is billed and the explanation of benefit (E.O.B) and resolves such discrepancies. Reviews any proposed amendments to the plan to ensure such an amendment does not compromise the plan integrity nor unintentionally conflict with other plan components.

Serve as the point of contact with LCGs stop loss insurer. Ensures claims are reported in the required timeframe, participates in the yearly bidding process with stop loss insurers by investigating/mitigating (if possible) any concerns regarding stop loss liability.

Reviews medical claims of the group insurance fund; presents interpretations and explanations. Develops, monitors, and reports on important financial indicators and medical cost trends.

Coordinates and facilitates communication between the Registered Nurse and group insurance divisions to ensure the appropriate exchange of information is being made in order to maintain the vitality of the health plan.

Performs related work as required.

NECESSARY KNOWLEDGES, ABILITIES, AND SKILLS

Thorough knowledge of laws, rules, and regulations related to the Lafayette Consolidated Government's group health plan.

Ability to apply and enforce all provisions of the group health plan.

Ability to independently analyze information related to claims settlement, identify potential problems, and recommend solutions consistent with the management of the group health plan.

Ability to evaluate difficult and unusual health insurance claims.

Considerable knowledge of health insurance claim processing principles and practices.

Ability to apply accounting, bookkeeping and record keeping principles to the maintenance of fiscal and insurance records.

Ability to supervise subordinate specialists in the processing of claims and address questions, complaints, or concerns regarding claim processing.

Ability to address concerns regarding group health plan provisions with healthcare providers and resolve discrepancies.

Ability to clearly and concisely express ideas orally and in writing to groups and individuals.

Ability to foster intra-department communication related to group health claims .

Ability to establish and maintain effective working relationships with superiors, employees, health professionals, and others.

DESIRABLE TRAINING AND EXPERIENCE

Bachelor's degree in Insurance and Risk Management, Business Administration, Health Information Management, or a related field , and considerable experience in accounting or bookkeeping and group health insurance claims processing and administration, including supervisory experience; or any equivalent combination of training and experience.

LAFAYETTE CONSOLIDATED GOVERNMENT

NOTICE TO APPLICANTS

PRE-EMPLOYMENT DRUG TESTING

The LAFAYETTE CONSOLIDATED GOVERNMENT has a policy prohibiting the possession, distribution, use, consumption, or being under the influence of, alcohol or illegal or unauthorized, controlled substances, in order to provide a safe and healthful environment for employees, visitors, and members of the general public. Therefore, those applicants selected for employment with the LAFAYETTE CONSOLIDATED GOVERNMENT will be required to submit to a urine drug screen test and shall be dropped from consideration of employment if the testing results indicate a detectable amount of illegal or unauthorized substances.

Individuals who have been disqualified due to positive test results shall be ineligible to reapply for work with the LAFAYETTE CONSOLIDATED GOVERNMENT for a period of seven years after having been dropped from consideration. Upon reapplication, those applicants must show proof of their completion of a reasonable drug and alcohol treatment or counseling program.