

### **Table of Contents**

<u>SECTION</u>	<u>TITLE</u>	<u>PAGE</u>
-	Cover Page	1
-	Table of Contents	2
Α	PESONAL INFORMATION	3
В	MARITAL HISTORY	5
С	PREVIOUS RESIDENCES	6
D	VEHICLE INFORMATION	7
E	CIVIL HISTORY	8
F	CRIMINAL HISTORY	9
G	DRIVING HISTORY	15
Н	MILITARY HISTORY	19
I	FINANCIAL HISTORY	22
J	EDUCATIONAL/TRAINING HISTORY	25
K	SKILLS	28
L	LAW ENFORCEMENT HISTORY	30
M	GENERAL INFORMATION	35
N	EMPLOYMENT HISTORY	38
0	REFERENCES	44
Р	ESSAY	47
Q	RELATIVES/REFERENCES EMPLOYED BY CITY	48
R	EMERGENCY CONTACTS	49
S	CERTIFICATION AND SIGNATURE	50
Т	HANDWRITING SPECIMEN	51
_	CONSENT FORMS	52

( )-Regular

Check area of interest:

	(	)-Reserve				
INST	RUCTIONS:					
Failu the pinforr comr sepa	NOT SEPARATE THIS Pre to provide detailed or processing of your approaction. You may use to ment, or explain your arrate sheets should be ideciated with the original que	providing incom lication. Fill in he rear of each nswer. Respor entified by the estion.	iplete infor in the app h page to nses which page numl	mation ma propriate s complete n appear o ber, sectio	y result in a paces with your respon	delay in detailed se, add ages or nd letter
Α.	PERSONAL INFORMA					
1.	Name:	MIDDLE	LAST		MAIDEN	JR/SR
2.	Residence address:					317/310
			STREET ADD	DRESS		
	CITY	PARISH/COUNTY	,		STATE	ZIP
2a.	Mailing address (if differ					
	· · ·	•	STI	REET ADDRES	S	
	CITY	PARISH/COUNTY	,		STATE	ZIP
3.	Telephone numbers:		Home: _			
	Work:		Cell:			
	If another method of pho	one contact is a	vailable de	scribe the	type of syste	m and
	list the number:		:			
4.	Date of Birth/	/	Height: _		Weight:	
	Eye color:	_ Hair color		Sex:	Race: _	
5.	Social Security Number	:				
6.	Place of Birth:					
7					STATE	ZIP
7.	Are you a native born U					
8.	If not what is the country					
9.	If naturalized list date a					
10.	Driver's license number					
11.	State or country issuing	driver's license	•			

#### **Continuation of Section A. Personal Information**

12.	If you have ever used a formal name other than the one above, list the name and					
	the dates you used that name:					
12a.	If you have had your name legally changed, indicate why:					
13.	If you have a "nickname" or moniker by which you are known including any form of your formal name, initials, or abbreviations thereof list them here:					
14.	Have you ever used a different Social Security Number?					
14a.	If so, list the number:					
15.	Have you used or do you now use an alias?					
15a.	If so, provide the name or any other information you have or are using:					
16.	Do you have any scars or tattoos?					
16a.	If so, list their location and description:					
17.	Who may we contact to verify your present address of residence?					

<u>В.</u>	MARITAL HISTORY:	Single-( )		Married	-( )	
	Divorced-( )	Separated-(	)	Widowe	ed-( )	
1.	Spouse's :					
	NAME					AGE
1a.	RESIDENCE ADDRESS		CITY	STATE	ZIP	
1b.	REGIDENCE ADDICECT		OTT	01/112	211	
	AREA CODE AND HOME PHONE		AREA COD	E AND WORK PHO	NE	
1c.						
_	AREA CODE AND CELLULARR PHO			E AND ANOTHER P	-	
2.	Spouse's occupation:					
2a.	Spouse's employer:					
2b.	Spouse's employer's add	ress:				
2c.	Spouse's immediate supe	ervisor:				
	NOTE: You are required	to fill out a R	elative li	nformation F	orm in add	lition to
	these questions.	to illi out a r	iolativo ii		orm m aac	
3.	Children:					
	a				EOIDEO MITU	
	NAME h			GE R	ESIDES WITH	
	b				EOIDEO MITH	
	NAME			GE R	ESIDES WITH	
	C					
	NAME			GE R	ESIDES WITH	
	d					
	NAME		A	GE R	ESIDES WITH	

#### C. PREVIOUS RESIDENCES:

List all former addresses from most recent in reverse chronological order until birth indicating month and year of residence there. Include any out-of-state and foreign addresses, including military posts and indicate the country if not USA.

1.		to				
	MM/YY	to _	MM/YY		ADDRESS	
CITY				STATE	ZIP CODE	COUNTRY
2.		to				
	MM/YY	to	MM/YY		ADDRESS	
CITY				STATE	ZIP CODE	COUNTRY
3		_ to _	MM/YY			
	MM/YY	to	MM/YY		ADDRESS	
CITY				STATE	ZIP CODE	COUNTRY
4		_ to _	MM/YY			
	MM/YY	to	MM/YY		ADDRESS	
CITY				STATE	ZIP CODE	COUNTRY
5.		to	MM/YY			
	MM/YY	to	MM/YY		ADDRESS	
CITY				STATE	ZIP CODE	COUNTRY
6		_ to _	MM/YY			
	MM/YY	to	MM/YY		ADDRESS	
CITY				STATE	ZIP CODE	COUNTRY
7.		to				
	MM/YY	to	MM/YY		ADDRESS	
CITY				STATE	ZIP CODE	COUNTRY
8.		to				
	MM/YY	to	MM/YY		ADDRESS	
CITY				STATE	ZIP CODE	COUNTRY
9		to				
o	MM/YY	to _	MM/YY		ADDRESS	
CITY				STATE	ZIP CODE	COUNTRY
10		to				
_	MM/YY	to	MM/YY		ADDRESS	
CITY				STATE	ZIP CODE	COUNTRY

#### D. <u>VEHICLE INFORMATION:</u>

Provide the following information on each vehicle that you own or drive. If the vehicles are not registered at the address of the owner, or there is any unusual circumstances surrounding the vehicle, explain the reason:

а				
a YEAR	MAKE	MODEL		BODY STYLE
COLOR	LICENSE PLATE / STATE	REGISTRERED OWNER'S NAME		
OWNER'S ADDRESS		CITY	STATE	ZIP CODE
b. <sub>YEAR</sub>				
YEAR	MAKE	MODEL		BODY STYLE
COLOR	LICENSE PLATE / STATE	REGISTRERED OWNER'S NAME		
OWNER'S ADDRESS		CITY	STATE	ZIP CODE
CYEAR				
YEAR	MAKE	MODEL		BODY STYLE
COLOR	LICENSE PLATE / STATE	REGISTRERED OWNER'S NAME		
OWNER'S ADDRESS		CITY	STATE	ZIP CODE
d. <sub>YEAR</sub>				
YEAR	MAKE	MODEL		BODY STYLE
COLOR	LICENSE PLATE / STATE	REGISTRERED OWNER'S NAME		
OWNER'S ADDRESS		CITY	STATE	ZIP CODE
e				
YEAR	MAKE	MODEL		BODY STYLE
COLOR	LICENSE PLATE / STATE	REGISTRERED OWNER'S NAME		
OWNER'S ADDRESS		CITY	STATE	ZIP CODE

#### E. <u>CIVIL HISTORY INFORMATION:</u>

List any civil action you have been or are currently a party to include details such as your part in the suit (plaintiff or defendant), other party name, date filed, court in which filed, date filed, case number, type of matter (accident, personal injury, name change, separation or divorce), outcome of the suit and any other details or circumstances pertinent to that matter.

or circumstances pertinent to that matter.  Are you currently a party to any pending civil matters?
If so, list details:
Have you ever been a party in a civil suit?
If so, list details:
Have you ever been sued for Civil Rights Violation(s)?
If so, list details:
Have you ever been charged or fined for a civil violation by any federal, state parish/county, municipal or local agency or court?
If so, list them and give details:
Have you ever testified before any professional board (including but not exclusive to), Civil Service Boards, Employee Misconduct Boards, Employment/Laborate
Boards/Commissions or any other agencies, boards, or commissions regardless of their actual title or name?
If so, list details:

#### F. CRIMINAL HISTORY INFORMATION:

Your answers must be detailed and complete. List any charges you have filed or that have been filed against you. Include the location and date of occurrence, police item/incident number assigned to the matter, charge or statute cited, if the matter involved summons or arrest, the court in which the charges were filed, whether you appeared in court, what testimony you offered, final disposition, or manner in which the court disposed of the case (plea of defendant, dismissed, refused, no contest, found guilty, etc.)

1.	Have you ever been imprisoned while awaiting trial or as a result of a crimina conviction?				
1a.	If so, list details:				
2.	Have you ever been detained by a law enforcement agency in connection with a criminal investigation?				
2a.	If so, list details:				
3.	Have you ever been detained, arrested or imprisoned in a foreign country?				
3a.	If so, list details:				
4.	Have you ever given a statement to a law enforcement official for any reason?				
4a.	If so, list details:				
5.	Have you ever filed a police report on a crime as a victim, complainant, o witness?				
5a.	If so, list details:				

Have you ever been the victim of a criminal act(s)?  If so, list details:
If you answered "yes" to question 6, did you report the incident(s) to the la enforcement agency which had jurisdiction?
Have you ever been arrested or taken in to custody for any length of time by any law enforcement agency (civilian, military, local, parish/county, state or federal)?
If so, was the arrest(s) as an adult-( ) or juvenile-( ), list details:
Have you ever been placed in your parent's custody in lieu of physical arrest as the result of a juvenile related charge?  If so, list details:
Have you ever been issued a Misdemeanor Summons to appear in court in lieu of physical arrest (do not include traffic citations)?
Have you ever been indicted on any charge?

	Have you ever been charged otherwise with any criminal charge, or status offense, either as an adult or juvenile?
۱.	If so, list details:
۱.	Have you ever been subpoenaed to appear in any criminal proceeding as a defendant or witness?  If so, list details:
	Have you ever been detained, arrested or otherwise charged with failure to appear in court regarding any charge including but not exclusive to traffic related offenses?
•	Have you ever been the subject of a criminal investigation as a suspect or possible suspect?  If so, list details:
	Have you ever been the subject of a Criminal Civil Right case?  If so, list details:
	Do you have a criminal record that was expunged?  If so, list details:

18.	Do you associate with anyone with felony convictions?				
18a	If so, list details (include the persons name, address, age, relationship and regularity or schedule of association):				
19.	Do you associate with anyone: under indictment, against whom criminal charges				
19a.	are pending, or who has a criminal history?  If so, list details (include the persons name, address, age, relationship and regularity or schedule of association):				
20.	Have you ever signed, or put up a bond or surety for the release of anyone from jail?				
20a.	If so, list details (include the persons name, address, age, relationship and location of incarceration and charges):				
21. 21a.	Have you ever testified in a criminal trial?  If so, list details (include the name of the defendant, trial court, charges, and				
	dates:				
22.	Have you ever been charged with or investigated for perjury or providing false o inaccurate information to any government agency?				
22a.	If so, list details:				
23.	Have you ever plead guilty to a criminal charge, including traffic charges, o charges where you did not appear in court but forfeited a bond?				

23a.	If so, list details:				
24. 24a.	Have you ever been placed on probation by any court?  If so, list details (include offense, length of probation, name of probation officer):				
25. 25a.	Have you ever taken part in an undetected crime? YES NO  If so, list details:				
26. 26a.	Have you ever been confined to your residence by order of a court?  If so, list details:				
27.	Have you ever been confined to a youth care, detention or correctional facility?				
27a.	If so, list details:				
28.	Have you ever been arrested for or charged with any alcohol related offense (DWI, OMVWI, DUI, OUI, drunk in public, intoxication, etc.) or have any of the arrests you listed above involved your being under the influence of any drug of alcohol?				
28a.	If so, list details:				

29.	Have you ever been the subject of a Grand Jury proceeding or hearing?
29a.	If so, list details (include court, type, dates, outcomes:
30.	Do you currently have any pending criminal matters in which you are a witness other than as a law enforcement official?
30a.	If so, list details:
31.	Do you currently have any pending criminal matters in which you are a defendant?
31a.	If so, list details:

DRIVING HISTORY:
Do you currently have a valid driver's license?
Classification:
Issuing state:
If you have ever held a license or identification from Louisiana with a different
number, or from a state other than Louisiana, list details include state, number
and dates held:
Restrictions:
Has your driver's license ever been suspended in any state?
If so, list details (include state, dates involved and reason):
Has your driver's license ever been revoked (permanently taken away) in any state?  If so, list details (see 5a above):
Ti so, list details (see sa above).
Have you ever been issued a citation for a moving violation (speeding, improper
turn, reckless operation, careless operation, red light, etc.)?
If so, list details:
Have you ever been issued a citation for a compliance violation (expired vehicle
inspection, improper equipment, expired license plate, registration not in vehicle
not wearing motorcycle helmet, expired driver's license, etc.)?

**Continuation of Section G. Driving History** 

gency and item/incident number:
volved in a traffic accident?  ude your position in the vehicle/pedestrian, date, time, agency and item/incident number:  sued a traffic citation as a result of your involvement in a
ude your position in the vehicle/pedestrian, date, time, agency and item/incident number:superior superior at a superior contact of your involvement in a
sued a traffic citation as a result of your involvement in a
volved in an unreported traffic accident?
volved in a fatal (death) accident?
volved in a hit and run accident?

### **Continuation of Section G. Driving History**

15.	Have you ever been involved in an unreported hit and run or hit and run fatality accident?		
15a.	If so, list details:		
16.	Have you ever been issued a traffic citation (moving, compliance or parking) from a state other that Louisiana?		
16a.	If so, list details:		
17. 17a.	Has any law enforcement agency ever requested that you submit to a test of you blood, breath, urine or other bodily fluids?  If so, list details:		
18. 18a.	Have you ever refused to take any test administered by law enforcement for field sobriety, breath, blood, urine or any other bodily fluids?		
19. 19a. 19a.	Have you ever been involved in a traffic accident in Louisiana?  Have you ever been involved in a traffic accident in any state other than Louisiana?  If so, list details:		
20. 20a.	Have you ever been issued a military license?		

### **Continuation of Section G. Driving History**

Have you ever been involved in a traffic accident in another country?				
If so, list details:				
Have you ever been charged with a traffic offense in another country?  If so, list details:				
Have you ever plead guilty to or been convicted of any traffic offense?  If so, list details (include charge and fine):				
Do you currently have any outstanding traffic citations?  If so, list details:				
Do you currently have any outstanding parking violations on any vehicle registered in your name?				

н.	MILITARY HISTORY:	NO MILITARY SERVICE-( )
1.	You may skip this section if you were not in area-( ) above.  Branch or the military in which you served? _	
2.	Dates of service?	to
3.	Location of duty stations:	
4.	Reserve service?	
4a.	National Guard service?	
5.	Dates or Reserve/National Guard service? _	to
6.	Were you ever court-martialed?	_
6a.	If so, list details:	
7. 7a.	Were you ever absent without leave (AWOL)  If so, list details:	
8.	Were you ever arrested by military police military?	or civilian authorities while in the
8a.	If so, list details:	
9.	Were you ever the subject of any non-discipline while in the military (Article 15, Cap	
9a.	If so, list details:	

### **Continuation of Section H. Military History**

10.	Are you currently a member of any national reserve military unit?				
10a.	If so, list details (include branch, duty station, unit, shop, supervisor):				
11.	Are you currently a member of any reserve military unit?				
11a.	If so, list details (include branch, duty station, unit, shop, supervisor):				
12.	Do you have any Reserve/National Guard military obligations?				
12a.	If so, list details (include length of obligation):				
13.	Have you retired from military service?				
13a.	If so, list details branch and dates (include a copy of DD214):				
14.	While in the military did you serve in law enforcement, security, investigations o				
	intelligence related fields?				
14a.	If so, list units, duty stations, immediate supervisors and dates served:				
15.	Have you ever been granted a security clearance while in the military?				
15a.	Security clearance classification:				

### **Continuation of Section H. Military History**

16.	Have you ever been denied a security clearance or had your clearance revoked
	for any reason?
16a	If so, list details:
17.	What was your M.O.S.?
17a.	List details of your duties and assignments:
18.	Have you ever been the subject of any investigation by any of the military security, investigative, or intelligence services?
18a.	If so, list details:
19	Discharge date: type:

W	/hat are your monthly earnings, including salary, tips?
Α	re you required to pay or receiving any monthly alimony?
If	so, list details (to/from whom, amount):
_ A	re you required to pay or receiving any child support payments?
lf —	so, list details (to/from whom, amount):
	o you operate, hold part ownership or have any interest in any business
	so, list details:
— Н	ave you ever filed for bankruptcy?
lf	so, list details (when and where):
_ Н	ave you ever closed an account because of late payments?
If _	so, list details:
	ave you ever made or lost a substantial amount of income to gambling?so, list details:

### **Continuation of Section I. Financial History**

8. 8a.	Have you ever had any earnings from illegal activity?  If so, list details:		
9.	Have you ever been forced to close an account?		
9a.	If so, list details:		
40			
10.	Have you ever been taken to court for refusing or failing to pay off a loan or fo any other financial reason?		
10a.	If so, list details (include date, court and amount):		
11.	Have you ever been contacted by any law enforcement agency concerning		
	financial matters under investigation involving you or any business venture in which you were involved?		
11a.	If so, list details:		
12.	Have you ever agreed to make payment on an account or make restitution in lieu		
	of further criminal proceedings?		
12a.	If so, list details:		

#### **Continuation of Section I. Financial History**

13.	List information on the following account	counts	(include mailing addresses and/or		
4.0	phone numbers for contact):				
13a.	Credit Cards/Store Accounts:				
	Company Account Number		es Holders Name		
	1				
	2				
	3				
	4	-			
13b.	Checking/Savings Accounts:				
	Financial Institution Type of Acc	<u>count</u>	Account Number		
	1		· - <u></u>		
	2				
	3				
	4				
13c.	Loans/Mortgages/Rentals:				
	Financial Institution Type of Acc	<u>count</u>	Account Number		
	1				
	2				
	3				
	4				
13d.	List any other debts, charges, IOUs currently or prospectively are or may be				
15.	. What are the monthly payments on	each o	f these accounts?		
14a.	What are your total monthly alimony/ch				

#### J. EDUCATIONAL/TRAINING HISTORY:

1.

1a.

2.

3.

4.

5.

5a.

5b.

6.

6a.

7.

7a.

7b.

7c.

Include name of school, mailing address (with numerical, street, city, state and zip code) parish/county, country if outside of the United States of America, and phone numbers with area codes of all schools you have attended in chronological order. Also, indicate dates enrolled. What grammar schools have you attended? \_\_\_\_\_ What middle or junior high schools did you attend? What high schools did you attend? Did you graduate from high school? \_\_\_\_\_ What was your graduation date? \_\_\_\_\_ Did you obtain a G.E.D.? On what date did you receive the G.E.D.? \_\_\_\_\_ What state and school district issued the G.E.D.? If you did not complete high school on what date did you withdraw? \_\_\_\_\_\_ If so, list details (highest grade completed, reason for withdrawal, etc.): What grades did you receive in high school? MOSTLY: A's B's C's D's F's What was your grade point average? \_\_\_\_\_ Did you complete any honors or college credit course work? If so, list details:

### **Continuation of Section J. Educational/Training History**

8.	Do/Did you attend a college/university?			
8a.	What is the name of the college/university?			
9.	What is/was your major/minor course of study?			
9a.	Did you obtain a degree?			
9b	If not, how many hours are remaining for completion?			
9c.	If not, how many hours have you completed?			
10.	What is the level of the degree?			
10a.	In what area is the degree?			
11.	What is/was your grade point average?			
12.	Did you receive any honors at college?			
12a.	If so, list details:			
13.	Were you ever suspended or expelled from any school you attended?			
13a.	If so, list details (grade and reason):			
13b.	Did you ever receive any other form of discipline in lieu of suspension or expulsion from school?			
13c.	If so, list details (grade and reason):			

**Continuation of Section J. Educational/Training History** 

#### 14. Other courses:

List all other civilian courses or training you have attended either in school, or inservice civilian workplace training. Include all courses including those you did not complete or completed but for which you did not receive certificates or diplomas. List them in chronological order with name of institution, course name/area studied, dates, and whether a certificate or diploma was issued to you. Include copies of any documentation you have indicating attendance and or completion/graduation.

<u>Institution</u>	<u>Course</u>	<u>Dates</u>	<u>Certificate</u>
a			
b			
C			
d			
e			
f			
g			
h			

SKILLS:
Can you type/keyboard?
Words per minute?
Can you operate any other type of office machines?
If so, list them and your proficiency or experience level?
Do you have a license/certification to operate any type of machinery?
If so, list them and your proficiency or experience level?
Do you have any special skills or trade experience (computer technician, network administrator, electronics, drafting, engineering, printing, carpentry, plumbing, electrician, welder, equipment operator)?
If so, list them and your proficiency or experience level?
Can you speak/write another language?
How many?
What are they?

#### **Continuation of Section K. Skills**

6.	Are you interested in hunting?
6a.	What type(s) of hunting?
6b.	With what weapons are you familiar?
6c. 6d.	Are you proficient with firearms?  List the levels of proficiency you have attained with each weapon and dates
<b>.</b>	received:

L.	LAW ENFORCEMENT HISTORY: NO LAW ENFORCEMENT-( )						
	You may skip this section if you were never in law enforcement by placing an "X"						
	in the area-( ) above. Include name of school/academy, mailing address (with numerical, street, city, state and zip code) parish/county, country if outside of the						
	United States of America, and phone numbers with area codes of all						
	schools/academies you have attended in chronological order. Also, indicate						
	dates enrolled.						
1.	Have you received any law enforcement training?						
1a.	If so, list details:						
2.	Have you attended any Basic Police Recruit Academy?						
 2a.	If so, list details:						
2b.	How many hours of training did you receive?						
2c.	Did you graduate?						
2d.	On what date?						
2e.	What agency sponsored your attendance?						
2f.	Did you qualify with any firearms?						
2g.	List the firearms and to what level/score you qualified:						

_	so, list details:
е	lave you ever been denied access to such information from any length of the such information from a such information f
	Vith what agency(s) were you employed (list them chronologically with dates a our employment status at each – full time, part time, reserve or auxiliar
	Vhat was the nature of your duties with each agency?
	lave you ever, or do you currently, hold any honorary or "special" nforcement credential?
C	so by what agency or authority was it issued?lave you ever, or do you now, hold a "Concealed Weapon Permit" or ot
Н	ermit to carry or possess firearms in any state/country?

7.	Have you ever held a Civil Defense commission?
7a.	If so what agency issued it and during what dates was it active?
0	Did you ever have arrest powers in connection with your association with any law
8.	enforcement agency?
8a.	Were you commissioned to carry a firearm in connection with your association with any law enforcement agency?
8b.	If so, list details:
9.	Have you ever worked in an undercover capacity for any law enforcement agency?
9a.	If so, list details:
10.	Did you ever discharge your firearm in the line of duty or to protect yourself of others from death or great bodily harm?
10a.	If so, list details:

	Have you ever been involved in a shooting incident resulting in injury or o				
ć	a suspect or any other person?				
I	If so, list details:				
-					
-					
-					
_					
_					
ł	Have you ever accidentally discharged a weapon?				
I	If so, list details:				
_					
١	Were you ever involved in a police vehicle accident?				
	If so, list details:				
-					
-					
-					
١	Were you ever suspended from duty?				
	If so, list details:				
•	ii so, not dotails.				
-					
-					
١	Were you ever demoted in rank, grade, or had your pay reduced?				
	If so, list details:				
•	ii 30, iist detaiis.				
-					
-					

If so, list details:			
Did you ever receive any oth	ner form of discip	oline not listed	above from
enforcement agency?			
f so, list details:			
When was the last time you q	qualified with a we	eapon?	
ist the weapon(s) with which	you qualified?		
(-)	,		
ist your score/the maximum	nossible score/t	he percentage	rating/type
-	-	he percentage	rating/type
-	-	he percentage	rating/type
-	-	he percentage	rating/type
expert, sharpshooter, marksi	man, etc):	TYPE OF AWARD	
expert, sharpshooter, marksi SCORE/MAXIMUM SCORE	man, etc):  PERCENTAGE	TYPE OF AWARD	
expert, sharpshooter, marksi SCORE/MAXIMUM SCORE	man, etc):  PERCENTAGE %	TYPE OF AWARD	
expert, sharpshooter, marksi SCORE/MAXIMUM SCORE	man, etc):	TYPE OF AWARD	
expert, sharpshooter, marksi SCORE/MAXIMUM SCORE	man, etc):	TYPE OF AWARD	
expert, sharpshooter, marksi  SCORE/MAXIMUM SCORE  //  //  //	man, etc):	TYPE OF AWARD	
expert, sharpshooter, marksi  SCORE/MAXIMUM SCORE  //  //  //	man, etc):  PERCENTAGE%%%%%	TYPE OF AWARD	
expert, sharpshooter, marksi  SCORE/MAXIMUM SCORE  //  //  //	man, etc):  PERCENTAGE % % % % %	TYPE OF AWARD	
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	man, etc):  PERCENTAGE % % % % % % % % %	TYPE OF AWARD	

#### M. **GENERAL INFORMATION:**

1.	Have you ever been commissioned to carry a firearm in connection with you employment or for reasons other than as a law enforcement official?
1a.	If so, list the agency or authority which commissioned you and the dates involved:
2.	Do you now or have you in the past advocated, or belonged to any organization or association which advocates, the overthrow of the United States governmen or any of its political subdivisions or agencies?
2a.	If so, list those organizations or associations, dates of your membership, and the level of your activity with a reason for your actions:
3.	Do you now or have you in the past advocated, or belonged to any organization or association which advocates, or practices the denial of Constitutional Rights or equal application of laws to any individual or group of individuals based upon their, sex, race, creed, religion, or any other factor?
3a.	If so, list those organizations or associations, dates of your membership, and the level of your activity with a reason for your actions:
4.	Have you ever been bonded by a private company or corporation?
4a.	If so list the employer, dates and reason bonded:
5.	Do you have any restrictions placed on travel by you to any place, either by foreign or domestic governments or any agency thereof?
5a.	If so, list details:

#### **Continuation of Section M. General Information**

Have you ever applied to the Westwego Police Department for any position other than the one for which you are now being considered?
Have you ever applied to the City of Westwego for any position other than the
one for which you are now being considered?
If so, list details:
List any other law enforcement agency you have applied to (list in chronological
order, address, application dates, and disposition of the application)?
List any and all organizations/associations to which you currently or have in the past belonged (include name or group, address, membership dates, type of organization- fraternal, social, political, educational, labor, religious, professional,
titles held):
What types of hobbies or recreational activities do you enjoy?
With what regularity do you participate in these activities?

### **Continuation of Section M. General Information**

10.	Do you now or have you in the past participated, advocated, or belonged to any		
	organization that advocates or practices vigilantism in any form?		
10a.	If so, list details:		
11.	Have you been the recipient of any honors or special awards for any civic		
	business, social or private agency?		
11a.	If so, list details:		

#### N. <u>EMPLOYMENT HISTORY:</u>

۱.	Have you ever been fired, been asked to leave, retired, resigned or quit from
	employment to avoid discipline or from any previous employer?
la.	If so, list details:

YOU MAY PROVIDE ANY INFORMATION ON A TERMINATION OR REASON FOR LEAVING AN EMPLOYER IN DETAIL ON THE SHEETS IN PACKET, ON THE REAR OF THESE SHEETS, OR ON LOOSE PAGES YOU ATTACH TO THIS PACKET.

<u>PLEASE PRINT LEGIBLY.</u> ALL employment for the past ten (10) year MUST be <u>listed</u>. Employment from more than ten years ago which is related to the position for which you are applying should be listed. You are encouraged to provide all employment history, even that from over ten years ago. You may be required to provide information on an employment which occurred over ten years in the past.

If you need more copies of the sheets that follow make an adequate number of copies before you fill them. Check the area - ( ) at the top and assign each page a separate page number at the top (32a, 32b, 32c, etc.). Put a single line through the page number at the bottom of the page.

If you provide the information on something other than copies of the sheets that follow ensure that all the same information is included in the same format or location on the page.

Start with your current or most recent position and continue to list them in reverse chronological order. Fill in all boxes or provide an explanation for any empty boxes. Your answers must be complete and as detailed as possible. Continue any responses on the backs of the form or on an additional page. Any continuations of responses must be properly noted as to the location from which they were continued.

Volunteer work or experience shall be listed, just write "volunteer" in the Position title, salary and describe your duties boxes. Include any period for which you received unemployment benefits or for which you were unemployed for more than ninety (90) days.

Name and complete mailing address of employer with telephone number			Type of Business
		İ	Position/Title
Immediate Supervisor		Full Time or Part Time	Average weekly hours
People whom you supervised		Beginning salary	Current/Ending salary
Beginning date	Ending date	Length of Service	Are you still an employee?
Describe Your duties			
May we contact this employer at this time?		If not now, when may we contact them?	
What are your reasons for leaving or wanting to leave?			
Name and complete mailing address of employer with telephone number			Type of Business
			Position/Title
Immediate Supervisor		Full Time or Part Time	Average weekly hours
People whom you supervised		Beginning salary	Current/Ending salary
Beginning date	Ending date	Length of Service	Are you still an employee?
Describe Your duties			
May we contact this employer at this time?		If not now, when may we contact them?	
What are your reasons for leaving or wanting to leave?			

Name and complete mailing address of employer with telephone number			Type of Business
			Position/Title
Immediate Supervisor		Full Time or Part Time	Average weekly hours
People whom you supervised		Beginning salary	Current/Ending salary
Beginning date	Ending date	Length of Service	Are you still an employee?
Describe Your duties			
May we contact this employer at this time?		If not now, when may we contact them?	
What are your reasons for leaving or wanting to leave?			
Name and complete mailing address of employer with telephone number			Type of Business
		†	
			Position/Title
Immediate Supervisor		Full Time or Part Time	Position/Title Average weekly hours
Immediate Supervisor People whom you supervised		Full Time or Part Time  Beginning salary	
	Ending date	Beginning salary	Average weekly hours  Current/Ending salary
People whom you supervised	Ending date	Beginning salary	Average weekly hours
People whom you supervised  Beginning date	Ending date	Beginning salary	Average weekly hours  Current/Ending salary

Name and complete mailing address of employer with telephone number			Type of Business
			Position/Title
Immediate Supervisor		Full Time or Part Time	Average weekly hours
People whom you supervised		Beginning salary	Current/Ending salary
Beginning date	Ending date	Length of Service	Are you still an employee?
Describe Your duties			
May we contact this employer at this time?		If not now, when may we contact them?	
What are your reasons for leaving or wanting to leave?			
Name and complete mailing address of employer with telephone number			Type of Business
		†	
			Position/Title
Immediate Supervisor		Full Time or Part Time	Position/Title  Average weekly hours
Immediate Supervisor People whom you supervised		Full Time or Part Time  Beginning salary	
	Ending date	Beginning salary	Average weekly hours  Current/Ending salary
People whom you supervised	Ending date	Beginning salary	Average weekly hours
People whom you supervised  Beginning date	Ending date	Beginning salary	Average weekly hours  Current/Ending salary

Name and complete mailing address of employer with telephone number			Type of Business
		İ	Position/Title
Immediate Supervisor		Full Time or Part Time	Average weekly hours
People whom you supervised		Beginning salary	Current/Ending salary
Beginning date	Ending date	Length of Service	Are you still an employee?
Describe Your duties			
May we contact this employer at this time?		If not now, when may we contact them?	
What are your reasons for leaving or wanting to leave?			
Name and complete mailing address of employer with telephone number			Type of Business
			Position/Title
Immediate Supervisor		Full Time or Part Time	Average weekly hours
People whom you supervised		Beginning salary	Current/Ending salary
Beginning date	Ending date	Length of Service	Are you still an employee?
Describe Your duties			
May we contact this employer at this time?		If not now, when may we contact them?	
What are your reasons for leaving or wanting to leave?			

Name and complete mailing address of employer with telephone number			Type of Business
			Position/Title
Immediate Supervisor		Full Time or Part Time	Average weekly hours
People whom you supervised		Beginning salary	Current/Ending salary
Beginning date	Ending date	Length of Service	Are you still an employee?
Describe Your duties			
May we contact this employer at this time?		If not now, when may we contact them?	
What are your reasons for leaving or wanting to leave?			
Name and complete mailing address of employer with telephone number			Type of Business
		†	
			Position/Title
Immediate Supervisor		Full Time or Part Time	Position/Title  Average weekly hours
Immediate Supervisor People whom you supervised		Full Time or Part Time  Beginning salary	
	Ending date	Beginning salary	Average weekly hours  Current/Ending salary
People whom you supervised	Ending date	Beginning salary	Average weekly hours
People whom you supervised  Beginning date	Ending date	Beginning salary	Average weekly hours  Current/Ending salary

#### O. REFERENCES:

1.

List individuals, other than relatives, who will be able to provide information on your character and work habits.

Personal Reference: Persons other than neighbors who know your character and

work abilities. You may include professional references and co-workers. Separate sections are provided for neighbors and other close acquaintances. 1a. Name Phone number \_\_\_\_\_ Occupation \_\_\_\_ Physical Address City \_\_\_\_\_\_ State \_\_\_\_ Zip code Relationship \_\_\_\_\_Length of acquaintance \_\_\_\_\_ 1b. Phone number Occupation Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_ Relationship Length of acquaintance 1c. Phone number \_\_\_\_\_ Occupation \_\_\_\_ Physical Address Relationship \_\_\_\_\_ Length of acquaintance \_\_\_\_\_ 1d. Phone number \_\_\_\_\_Occupation \_\_\_\_\_ Physical Address \_\_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_ Relationship \_\_\_\_\_ Length of acquaintance \_\_\_\_ 1e. Phone number \_\_\_\_\_\_Occupation \_\_\_\_\_ Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

### **Continuation of Section O. References**

2. Neighbors: People who lived in property next to across			erty next to across from or on the	sam
	block on which you resi	de or resided.		
2a.	Name			
	Phone number		Occupation	
	Physical Address			
	City	State	Zip code	
	Relationship		Length of acquaintance	
2b.	Name			
	Phone number		Occupation	
	Physical Address			
			Zip code	
	Relationship		Length of acquaintance	
2c.	Name			
	Phone number		Occupation	
	Physical Address			
	City	State	Zip code	
	Relationship		Length of acquaintance	
2d.	Name			
	Phone number		Occupation	
	Physical Address			
	City	State	Zip code	
	Relationship		Length of acquaintance	
2e.	Name			
	Phone number		Occupation	
	Physical Address			
	City	State	Zip code	
	Relationship		Length of acquaintance	

#### **Continuation of Section O. References**

3.	Close Acquaintances: People who are your closest friends, include roommates or			
	others who know you ex	xtremely well.		
3a.	Name			
			Occupation	
	Physical Address			
	City	State	Zip code	
	Relationship		Length of acquaintance	
3b.	Name			
	Phone number		Occupation	
	Physical Address			
	City	State	Zip code	
	Relationship		Length of acquaintance	
3c.	Name			
	Phone number		Occupation	
	Physical Address			
	City	State	Zip code	
	Relationship		Length of acquaintance	
3d.	Name			
	Phone number		Occupation	
	Physical Address			
			Zip code	
	Relationship		Length of acquaintance	
3e.	Name			
	Phone number		Occupation	
	Physical Address			
	City	State	Zip code	
	Relationship		Length of acquaintance	

#### P. <u>ESSAY:</u>

## "WHY ARE YOU APPLYING FOR A POSITION WITH THE WESTWEGO POLICE DEPARTMENT?"

MINIMUM FIFTY (50) WORDS. Use this portion of the application to indicate
your reason for wanting to become a member of the Westwego Police
Department. Include your specific reasons for applying and the type of position
you wish to receive (full time, reserve, secretary. You may also list any
qualifications you have not already covered or on which you wish to give more
details.

#### Q. RELATIVES/REFERENCES EMPLOYED BY CITY/DEPARTMENT

1.	List any relatives, by blood or marria	ge, employed by the	City of Westwego or
	Westwego Police Department:		
	<u>NAME</u>	<u>DEPARTMENT</u>	RELATIONSHIP
	a		· ·
	b	_	
	C		·
	d	_	·
2.	List anyone you know employed by t	the City of Westwego	or Westwego Police
	Department who can provide informat	ion on your characte	r or who can serve as
	a reference:		
	<u>NAME</u>	<u>DEPARTMENT</u>	RELATIONSHIP
	a		
	b		
	C		
	d	_	

### R. <u>EMERGENCY CONTACTS:</u>

1.	List three (3) individuals who should be contacted on your behalf in the event of			
	an emergency.			
	a. Name			
	Home phone	Work phone		
	Cellular phone	Relationship		
	Physical Address			
	City	State	Zip code	
	b. Name			
	Cellular phone	Relationship		
	Physical Address			
	City	State	Zip code	
	c. Name			
	Cellular phone	Relationship		
	Physical Address			
	City			

#### S. CERTIFICATION AND SIGNATURE:

I certify that the answers I have given to all questions in this application/ questionnaire are true to the best of my knowledge. I realize that all information is subject to verification and that a background investigation will be conducted. I realize that I may be employed pending the outcome of that investigation. I know that any misrepresentation herein may cause my application to be rejected and my name to be removed from eligibility or subject me to dismissal from employment.

PRINT NAME	
APPLICANT'S LEGAL SIGNATURE	DATE SIGNED
RECEIVED BY (PRINT TITLE/RANK AND NAME)	
RECEIVING PERSONS SIGNATURE	DATE RECEIVED

### T. **HANDWRITING SPECIMEN:**

IN YOUR OWN HANDWRITING, **DO NOT PRINT UNLESS THAT IS THE WAY YOU NORMALLY WRITE.** Provide the information requested in boxes one (1) through eleven (11). In all other boxes copy what is printed in that box, in the space provided. Follow capitalization and lower case as it appears.

1. Full Name	Item # A-12345-67
2. Street Adress	Arthur Bob Charles
3. Home City, State Zip code	Don Edward Frank
Race/Sex Date of Birth Age Place of birth	George Henry Imig
5. Height Weight Build	John Kenneth Lamb
6. Eye color Hair color Left or Right Handed	Mary Nan Olsen
7. Current or most recent employer	Paul Quentin Robert
8. Occupation or trade	Samuel Tom Umphery
9. Name of nearest relative Relationship	Vernon Will Xavier
10. Their Mailing Address	Yolanda Ziffman
A B C D E F G H I J K L M	1234 N. East Ave., S. W.
N O P Q R S T U V W X Y Z	5678 S. West Blvd., N. W.
abcdefghljklm	9012 E. North Pl., S. E.
nopqrstuv w x y z	3456 W. South St., N. E.
1 2 3 4 5 6 7 8 9 0	11. Legal Signature

·	being considered for employment by the City of Westwego Police understand and consent to	
thorough background invest understand that this investig employers, co-workers, cremental health care profession who may possess any inforthe investigation shall also juvenile records, credit his traffic citation and driving health and consent to	igation of me by any member of the Westwego Police Department. gation includes contacting and interviewing my former and present editors, family members, acquaintances, neighbors, medical and onals, physicians, nurses, psychologists, counselors, and any other mation concerning any aspect of my background. I understand that include a check for any arrest or criminal information, including tory, medical and mental health history, substance abuse history istory information, and educational history.	Int des at general desired des
that I may be required to texamination.	take part in a physical exercise and a polygraph or "lie detection"	**
member of the Westwego P designated by the Westw examination, or procedure. Westwego Police Department am employed by the City of	s of any interview, test, examination, or procedure utilized by any colice Department conducting this investigation, or by any individual ego Police Department to administer any such interview, test, shall become a permanent part of any file maintained by the ent pertaining to my application for employment, and in the event west Westwego Police Department, shall become a permanent part of any wego Police Department pertaining to my employment.	al t, e I
officers, from any liability	on or organization identified above, their employees, agents, and for damages of any kind or nature which may accrue to me at any acce, or any attempt to comply, with this authorization.	
Signature	Date	
Print: Full Name		
Address		
Date of Birth	Social Security Number	
Witness:	Cianatura	
	Signature	
Investigator: Name	Signature	
- '		

In acknowledgment of my Department, I	being considered for employment by the City of Westwego Po understand and consent to	
	stigation of me by any member of the Westwego Police Departmen	
understand that this invest employers, co-workers, co- mental health care profess who may possess any info the investigation shall als juvenile records, credit h traffic citation and driving	reditors, family members, acquaintances, neighbors, medical sionals, physicians, nurses, psychologists, counselors, and any other mation concerning any aspect of my background. I understand to include a check for any arrest or criminal information, includitatory, medical and mental health history, substance abuse history information, and educational history.	sent and hers that ding ory,
	to a physical examination, psychological examination and underst take part in a physical exercise and a polygraph or "lie detecti	
member of the Westwego designated by the Westve examination, or procedur Westwego Police Departm am employed by the City of	Its of any interview, test, examination, or procedure utilized by Police Department conducting this investigation, or by any individuage Police Department to administer any such interview, the, shall become a permanent part of any file maintained by tent pertaining to my application for employment, and in the even of Westwego Police Department, shall become a permanent part of twego Police Department pertaining to my employment.	dual test, the ent I
officers, from any liability	on or organization identified above, their employees, agents, for damages of any kind or nature which may accrue to me at nce, or any attempt to comply, with this authorization.	
·	Date	
Print: Full Name		
Address		
Date of Birth	Social Security Number	
Witness:		
Name	Signature	
Investigator:		
Name	Signature	

_	y being considered for employment by the City of Westwego Police understand and consent to a
thorough background inv understand that this inve employers, co-workers, mental health care profe who may possess any int the investigation shall all juvenile records, credit traffic citation and driving	estigation of me by any member of the Westwego Police Department. Stigation includes contacting and interviewing my former and present creditors, family members, acquaintances, neighbors, medical and sionals, physicians, nurses, psychologists, counselors, and any others cormation concerning any aspect of my background. I understand that so include a check for any arrest or criminal information, including history, medical and mental health history, substance abuse history history information, and educational history.
	to a physical examination, psychological examination and understand take part in a physical exercise and a polygraph or "lie detection"
member of the Westwego designated by the Wes examination, or procedu Westwego Police Depart am employed by the City	Police Department conducting this investigation, or by any individual wego Police Department to administer any such interview, test re, shall become a permanent part of any file maintained by the ment pertaining to my application for employment, and in the event of Westwego Police Department, shall become a permanent part of any stwego Police Department pertaining to my employment.
officers, from any liabili	son or organization identified above, their employees, agents, and y for damages of any kind or nature which may accrue to me at any ance, or any attempt to comply, with this authorization.
Signature	Date
Print:	
Address	
Date of Birth	Social Security Number
Witness:	
Name	Signature
Investigator:	Signature
1 141110	5151141416

· ·	being considered for employment by the City of Westwego Police understand and consent to	
thorough background invest understand that this investig employers, co-workers, cremental health care profession who may possess any inforthe investigation shall also juvenile records, credit his traffic citation and driving health and consent to	igation of me by any member of the Westwego Police Department. gation includes contacting and interviewing my former and present editors, family members, acquaintances, neighbors, medical and onals, physicians, nurses, psychologists, counselors, and any other mation concerning any aspect of my background. I understand that include a check for any arrest or criminal information, including tory, medical and mental health history, substance abuse history istory information, and educational history.	Int des at general desired des
that I may be required to texamination.	take part in a physical exercise and a polygraph or "lie detection"	**
member of the Westwego P designated by the Westw examination, or procedure. Westwego Police Department am employed by the City of	s of any interview, test, examination, or procedure utilized by any colice Department conducting this investigation, or by any individual ego Police Department to administer any such interview, test, shall become a permanent part of any file maintained by the ent pertaining to my application for employment, and in the event west Westwego Police Department, shall become a permanent part of any wego Police Department pertaining to my employment.	al t, e I
officers, from any liability	on or organization identified above, their employees, agents, and for damages of any kind or nature which may accrue to me at any acce, or any attempt to comply, with this authorization.	
Signature	Date	
Print: Full Name		
Address		
Date of Birth	Social Security Number	
Witness:	Cianatura	
	Signature	
Investigator: Name	Signature	
- '		

In acknowledgment of my being considered for employment by the City of Westwego Police Department, I understand and consent to a
thorough background investigation of me by any member of the Westwego Police Department. I understand that this investigation includes contacting and interviewing my former and present employers, co-workers, creditors, family members, acquaintances, neighbors, medical and mental health care professionals, physicians, nurses, psychologists, counselors, and any others who may possess any information concerning any aspect of my background. I understand that the investigation shall also include a check for any arrest or criminal information, including juvenile records, credit history, medical and mental health history, substance abuse history, traffic citation and driving history information, and educational history.  I understand and consent to a physical examination, psychological examination and understand that I may be required to take part in a physical exercise and a polygraph or "lie detection"
examination.
I understand that the results of any interview, test, examination, or procedure utilized by any member of the Westwego Police Department conducting this investigation, or by any individual designated by the Westwego Police Department to administer any such interview, test, examination, or procedure, shall become a permanent part of any file maintained by the Westwego Police Department pertaining to my application for employment, and in the event I am employed by the City of Westwego Police Department, shall become a permanent part of any file maintained by the Westwego Police Department pertaining to my employment.
I hereby release the person or organization identified above, their employees, agents, and officers, from any liability for damages of any kind or nature which may accrue to me at any time, as a result of compliance, or any attempt to comply, with this authorization.
Signature Date
Print:
Full Name
Address
Date of Birth Social Security Number
Witness:
NameSignature
Investigator:
Name Signature