

PORT ALLEN POLICE DEPARTMENT

Esdron Brown
Chief of Police

APPLICANT NAME (PRINT CLEARLY)

EMPLOYMENT APPLICATION PACKET

MISSION STATEMENT

TO PROVIDE OUTSTANDING POLICE SERVICES, IN PARTNERSHIP WITH THE COMMUNITY, IN ORDER TO MAINTAIN A SAFE ENVIROMENT THAT CONTRIBUTES TO THE QUALITY OF LIFE FOR ALL CITIZENS IN THE PORT ALLEN AREA.

A MESSAGE FROM THE CHIEF

THE PORT ALLEN POLICE DEPARTMENT IS A CUSTOMER SERVICE-OREINTED AGENCY DEDICATED TO SERVING AND PROTECTING ALL CITIZENS OF PORT ALLEN, LOUISIANA. I WOULD LIKE TO THANK YOU FOR APPLYING TO OUR DEPARTMENT. WE ARE LOOKING FOR SELF-MOTIVATED INDIVIDUALS WHO ARE READY TO ASSIST US IN MAKING A DIFFERENCE IN OUR COMMUNITY.

EMPLOYMENT APPLICATION INSTRUCTIONS

The Port Allen Police Department (PAPD) is an equal opportunity employer and does not discriminate on the basis of age, citizenship, color, disability, marital status, national origin, race, religion, or sex. These factors are NOT used as selection criteria, except in rare instances where such factors are bona fide occupational qualifications. This information may be used for identification purposes in conducting a background investigation. The information supplied is for official use only. It will be used to evaluate your suitability for employment with this Office. It is considered confidential and will not be disclosed to unauthorized persons, except to the extent mandated by the Louisiana Public Record Law. However, the guarantee of confidentiality and privacy is void if investigation reveals criminal acts or participation by you in unlawful activities.

In accordance with the Americans with Disabilities Act of 1990, the PAPD will reasonably accommodate qualified individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment test, interview and actual employment. If you are disabled and require an accommodation, you may request it and the PAPD will make every reasonable effort to provide it to you. Some types of accommodations may require some preparation before they can be provided. Therefore, we suggest that you make such requests in writing as early as possible by contacting the Human Resources Office.

INSTRUCTIONS:

Please use black ink and print clearly or type. Do not leave any areas blank – enter NA if the question does not apply. Resumes may not substitute for any information request on this application. Incomplete applications will not be processed. You are responsible for obtaining correct phone numbers for all employers and references. If there is insufficient space on the form to provide all of the required information, attach an extra sheet(s) to the application. Be sure to label the information on the extra sheet with the relevant application section/question number. An accurate and complete form will help expedite your application. Submit completed applications with all required attachments included to the PAPD, return it to 375 Court Street Port Allen, Louisiana 70767, Monday through Friday, between 8:00 AM to 4:00 PM 225-343-5525.

Copies of the following documents must be attached. Do not attach originals. All attachments must be standard size paper(8 ½” X 11”).

- a) State-certified birth certificate (not hospital)
- b) High school diploma or GED certificate
- c) Driver's license (must have current address)
- d) Social Security card signed
- e) DD 214 (with an Honorable discharge status) (if applicable)
- f) College transcript (if applicable)
- g) Court disposition and/or expungement documents for any arrests or misdemeanor summons (if applicable)
- h) Basic Law Enforcement or Basic Corrections P.O.S.T. Certificate (if applicable)

By signing this document, I certify that all of the information on this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation, including a polygraph examination, and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration or dismissal from service.

I acknowledge that if hired, I will be an at-will employee. I understand that my employment will start off in a six (6) month probationary period. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I also understand that this means I am free to quit my employment at any time, for any reason, without notice. I understand that no representative of the PAPD, other than the Chief, has the authority to change the terms of the at-will relationship and that any such change can only occur in a written employment contract.

Applicant's signature



Date

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

How did you receive this application? _____

How did you hear about this career opportunity? _____

IDENTIFYING DATA:

Today's Date _____

1. Name _____

Last

First

Middle

2. Other names used (maiden, etc.) _____

3. Home/Street Address _____

P. O. Box Address _____

City, State & Zip _____

4. Home phone # _____ Cell # _____

Work # _____

5. E-mail Address _____

6. Date of birth ____/____/____ Social Security # ____/____/____

7. Birth place (city, state) _____

8. Driver's License Number _____ State _____

9. Are you a U. S. citizen? Yes No By Birth By Naturalization Date _____

10. Place of employment _____

11. Military Service: None U. S. Army U. S. Navy U.S.M.C. U. S. Air Force

U. S. Coast Guard U. S. National Guard

Type of discharge: Honorable Dishonorable Honorable General

Other

FAMILY HISTORY:

12. Spouse or Co-habitant's full name (include former name) _____

13. List all relatives who are currently or were previously employed by this Office or any other governmental agency.

14. Are you currently receiving state supplemental law enforcement officer's pay? Yes No

15. Are you currently Basic or Basic Corrections Certified with P.O.S.T.? _____

If yes, please attach a copy of Certificate to application.

EDUCATION:

16. High School

Name Address Year Completed Diploma or G.E.D.

17. Colleges/Universities

Name Address Graduate Y/N Degree Total Hours

18. Graduate/Professional Schools

Name Address Graduate Y/N Degree/Certificate Total Hours

19. Professional licenses, registration, or certifications (engineering, medical, ministerial, pharmaceutical, etc.)

Licensing/Certifying Agency Name Address Date Licensed Expiration Date License Type

20. Other schools attended (business, vocational, etc.): _____

Subjects studied: _____

21. Business machines you can operate (computer, copy machine, typewriter, etc.)

22. List computer programs you are proficient with:

EMPLOYMENT HISTORY:

23. List all your jobs since high school. **Begin with your present or last job and work backwards.** Explain all periods of unemployment (school, military service, etc.). Use additional sheets if necessary.

1) Name of Employer, Address and Phone Number

Dates of Employment: From ____/____/____ To ____/____/____
Average number of hours worked per week ____ Full time? ____ Part time? ____
Beginning salary ____ Ending salary ____
Name of your immediate supervisor ____
Number/job titles of employees you supervised ____
Indicate specific area or place of employment ____
Describe your duties in detail ____

Reason for leaving: _____

Inquiry may ____ may not ____ be made of my current employer about my character, qualification etc.

(Note: if you currently work for any law enforcement agency, we must contact them for a reference.)

2) Name of Employer, Address and Phone Number

Dates of Employment: From ____/____/____ To ____/____/____
Average number of hours worked per week ____ Full time? ____ Part time? ____
Beginning salary ____ Ending salary ____
Name of your immediate supervisor ____
Number/job titles of employees you supervised ____
Indicate specific area or place of employment ____
Describe your duties in detail ____

Reason for leaving: _____

Inquiry may ____ may not ____ be made of my current employer about my character, qualification etc.

(Note: if you currently work for any law enforcement agency, we must contact them for a reference.)

3) Name of Employer, Address and Phone Number

Dates of Employment: From ____/____/____ To ____/____/____

Average number of hours worked per week ____ Full time? ____ Part time? ____

Beginning salary _____ Ending salary _____

Name of your immediate supervisor _____

Number/job titles of employees you supervised _____

Indicate specific area or place of employment _____

Describe your duties in detail _____

Reason for leaving: _____

Inquiry may ____ may not ____ be made of my current employer about my character, qualification etc.

(Note: if you currently work for any law enforcement agency, we must contact them for a reference.)

4) Name of Employer, Address and Phone Number

Dates of Employment: From ____/____/____ To ____/____/____

Average number of hours worked per week ____ Full time? ____ Part time? ____

Beginning salary _____ Ending salary _____

Name of your immediate supervisor _____

Number/job titles of employees you supervised _____

Indicate specific area or place of employment _____

Describe your duties in detail _____

Reason for leaving: _____

Inquiry may ____ may not ____ be made of my current employer about my character, qualification etc.

(Note: if you currently work for any law enforcement agency, we must contact them for a reference.)

5) Name of Employer, Address and Phone Number

Dates of Employment: From ____/____/____ To ____/____/____

Average number of hours worked per week ____ Full time? ____ Part time? ____

Beginning salary _____ Ending salary _____

Name of your immediate supervisor _____

Number/job titles of employees you supervised _____

Indicate specific area or place of employment _____

Describe your duties in detail _____

Reason for leaving: _____

Inquiry may ____ may not ____ be made of my current employer about my character, qualification etc.

(Note: if you currently work for any law enforcement agency, we must contact them for a reference.)

6) Name of Employer, Address and Phone Number

Dates of Employment: From ____/____/____ To ____/____/____

Average number of hours worked per week ____ Full time? ____ Part time? ____

Beginning salary _____ Ending salary _____

Name of your immediate supervisor _____

Number/job titles of employees you supervised _____

Indicate specific area or place of employment _____

Describe your duties in detail _____

Reason for leaving: _____

Inquiry may ____ may not ____ be made of my current employer about my character, qualification etc.

(Note: if you currently work for any law enforcement agency, we must contact them for a reference.)

24. Have you ever applied for employment with any law enforcement agency?

Yes No

If yes, list below the dates of application, name of agency, and the surrounding circumstances (reason for you rejection, declination, etc.)

25. If you are a former employee who was separated from this Office for any reason (resigned, suspended, terminated, etc.), or have been affiliated with this Office in a Reserve or Reserve Cadet capacity, give all pertinent information regarding this prior employment. Also list dates of appointment, separation, any disciplinary action, reason for termination of employment, unit of assignment, name of immediate supervisor at time of separation, etc.).

26. Have you ever been polygraphed? Yes ___ No ___

If yes, explain where, why, when: _____

MILITARY SERVICE:

27. Have you ever served in the Armed Forces of the United States? _____

If yes, complete the following: Branch _____ Serial # _____

Dates of service _____ Highest rank attained _____

28. Have you ever received an Article 15 or other disciplinary action while in the military service?

Yes ___ No ___

If yes, explain circumstances in detail below. List dates, nature of offense, type of punishment, and disposition of charges. Show any and all fines, restrictions, and confinement in detail.

29. Are you currently a member of the Armed Forces Reserves? _____ If yes, list the

Branch _____ Beginning service date _____ Rank _____

AUTOMOBILE & DRIVER'S LICENSE:

30. If you own a vehicle, or have regular use of a vehicle, complete the following:

Make _____ Model _____ Year _____ Color _____ License _____

Make _____ Model _____ Year _____ Color _____ License _____

31. Have you ever been licensed to drive in another state? _____ If yes, provide driver's license number, state and expiration date:

32. List any traffic accidents in which you were involved. Also, list any tickets you have received.

Date /City & State/ Offense/ Disposition .

LIFESTYLE:

It is important to remember that you will be disqualified if you have used illegal drugs within two years from the date on this application..

33. Indicate if you have ever tried or used any of the following:

Marijuana Yes ___ No ___ Heroin Yes ___ No ___

Cocaine Yes ___ No ___ Inhalants Yes ___ No ___

Any other illegal drugs Yes ___ No ___ Name of Drug: _____

34. Have you ever tried or used, other than in accordance with a physician’s prescription or order, any of the following:

Amphetamines Yes ___ No ___ Barbiturates Yes ___ No ___

Other prescription drugs Yes ___ No ___ Name of Drug: _____

35. Have you ever been involved in the illegal purchase, manufacture, trafficking, production, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis? _____

If yes, give details: _____

36. Are you now or have you ever been a member of or supported any subversive, revolutionary, or terrorist group? _____ If yes, please give details: _____

37. Have you ever been **arrested for any law violation** including juvenile arrests and/or contacts, been issued a misdemeanor summons, or booked with a misdemeanor or felony? _____

38. Have you ever been **convicted for any violation** other than traffic violations? _____

39. If your answer is “yes” to either of the two questions above, list details, including date, location, agency, charge, disposition, etc. It is also required that an Expungement for each arrest be attached to the application.

RESIDENCE RECORD: List the addresses you have resided at in the past ten years:

- 1) Address _____ from _____ to _____
- 2) Address _____ from _____ to _____
- 3) Address _____ from _____ to _____
- 4) Address _____ from _____ to _____
- 5) Address _____ from _____ to _____

ABILITIES:

40. Special abilities: Firearms _____ Legal _____ Automotive _____ Accounting _____ Artwork _____
 Karate _____ Construction _____ Aviation _____ Photography _____ Identification _____
 Foreign language _____ Computer skills _____ Business Machines _____ Typewriter _____
 Other _____

REFERENCES: List below four of your close friends and associates. All information must be included.

Known Name/Employment/Home Address/ Phone #/ How Long You Have Known Them

- 1. _____

- 2. _____

- 3. _____

- 4. _____

I CERTIFY THAT THE STATEMENTS ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ALL STATEMENTS WILL BE INVESTIGATED FOR ACCURACY AND BASED ON THE FACTS RECORDED. I REALIZE THAT ANY MISSTATEMENT ON MY PART MAY BE CAUSE FOR MY REJECTION OR DISMISSAL.

(Applicant's signature)

(Date)

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I have applied for employment with the Port Allen Police Department and affirm that all of the statements of fact contained in my application are true and correct to the best of my knowledge, information and belief.

I authorize and request any person having information necessary to this application to release said information to the Port Allen Police Department. This release includes, but is not limited to, private and governmental physicians and hospitals; local state and federal law enforcement and prosecuting officers; local state and federal court personnel; any employer, private company or governmental agency which has provided, is providing, or may provide, medical or monetary benefits.

I specifically authorize the Port Allen Police Department to obtain a copy of my credit report for review and consideration as part of the applicant selection process. By virtue of this document, I expressly waive and release any person including any professional with whom I may have a confidential relationship, and authorize them to release and provide any information such as that person might have relative to this application.

I hereby release and hold harmless the Port Allen Police Department and its agents from any and all liability whatsoever arising as a consequence of my participation in any of the pre-employment and post-employment hiring process of the Port Allen Police Department including, but not limited to, my participation in a physical assessment.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature _____ Date _____

Address: _____

Social Security Number _____/_____/_____

EQUAL EMPLOYMENT OPPORTUNITY AND RECRUITING SURVEY

The information requested in this survey will be used to comply with federal equal opportunity requirements and is neither a part of your application nor has any bearing on your consideration for employment. This page will be removed by the Human Resources Office.

Today's Date: _____

Position Applied For: _____

Date of Birth: _____

Other Languages Spoken: _____

Sex: Male

Female

Race/Ethnic Category:
(Check only 1 category.)

Hispanic or Latino

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

Completed applications can be hand delivered to the police department, emailed to javants@portallenpolice.org or faxed in at 225-267-4921 attention Jennifer. (Note: When emailing completed applications, supporting documents will be required to interview I.E. Drivers License, SS Card etc. They are not required for application submittal.)