



## **APPLICANT'S PERSONAL HISTORY PACKET**

For Office Use Only:

Applicant's Name: \_\_\_\_\_

Date Rec.: \_\_\_\_\_

Gretna Police Department  
200 Fifth Street  
Gretna, Louisiana 70053  
504-366-4374

**To:** All Applicants for the Gretna Police Department

The following are the answers to some commonly asked questions concerning the background investigation and applicant selection process for positions with the Gretna Police Department.

1. There are eight (8) major steps in the application investigation process in which you will be required to participate.
  - Completion of the Personal History background questionnaire.
  - Physical assessment for Police Officers.
  - An interview by the applicant investigator. During this process you will be photographed and fingerprinted.
  - Job skill survey “entrance” examination and personality profile written examination.
  - Interview by Department Psychologist
  - Staff interview
  - Successful candidates will be required to undergo a physical examination and drug screen.

Part of the selection process for the applicants for Police Officer, EMT, Civilian, or reserve positions with the Gretna Police Department is an extensive background investigation. You will be provided with, and must fill out completely and accurately, an “Applicant’s Personal History Background Questionnaire”, various “Authority Release Information Forms”, and other documents relating to your background investigation. You may also be scheduled for other interviews to clarify certain aspects of your background or investigative findings.

You must successfully complete each step in the process. Failure to do so will result in your name being submitted to the Operations Division with a recommendation for rejection of your application.

2. When submitting you completed Applicant’s Personal History Packet, you must also include copies of the following:
  - Birth Certificate
  - Driver's License
  - Passport Photo
  - Social Security Card
  - High School Diploma/GED/ College Diploma
  - Police Academy Certificate
  - P.O.S.T. Qualification Certificate
  - Voters Registration Card
  - Military Form DD214 or Selective Service Registration

**This packet will be considered incomplete without these documents.**

Once completed and returned to the Gretna Police Department, all applications will be held for six (6) months. After six (6) months you must re-apply.

3. The Gretna Police Department will not release any information to the applicant concerning the status of an application or investigation during the selection process. You will be notified either by telephone or by letter of the next step in the selection process. No information will be supplied to an applicant who calls the Gretna Police Department requesting information on the results of an interview/examination or information on the next procedure in the process.
4. The results of any aspect of the background investigation, including findings of any psychological, physical, or other type of examination or applicant or others will not be released by the Gretna Police Department to any applicant.
5. You may be contacted at anytime during the selection process and scheduled for an interview or testing. You will usually be notified in advance of the scheduled date by letter or by telephone. If you are unable to attend the scheduled procedure, you should notify the Operations Division prior to the scheduled appointment and request an alternate date. You may, in emergency situations, make such notifications by telephone; however, you will be required to submit a written request for an alternate date.

You should notify the Operations Division of change of address and telephone number. This should be addressed to the Operations Division, in writing , as soon as possible to avoid any delay on your application being processed.

Gretna Police Department Applicant Personal History Information	Please Check Accordingly: Regular Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Communications Ofc. <input type="checkbox"/> EMT <input type="checkbox"/> Civilian <input type="checkbox"/> Other <input type="checkbox"/>
	DO NOT MARK THIS SPACE:

POST CERTIFIED: Yes No

**INSTRUCTIONS:**

Answer all the questions. Failure to provide detailed information or incomplete information may result in a delay in the processing of your application or rejection of your application. Fill in the appropriate spaces where detailed information is required. You may use the rear of each page for additional comments or explanation to any answer. Use corresponding letter and number to identify your responses on separate sheet.

DO NOT SEPARATE THIS FORM. PRINT CLEARLY. **USE BLUE INK.**

**SECTION I**

**A. PERSONAL INFORMATION:**

1. Name:

\_\_\_\_\_  
First Middle Last Maiden JR/SR

2. Residence Address:

\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Parish/County

Mailing Address (if different from above):

\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip

3. Telephone Numbers:

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work Cell

4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_





**D. VEHICLE INFORMATION:**

1. Do you own any vehicle(s)?       Yes       No
2. Do you drive any vehicle(s)?       Yes       No
3. In what state are they registered? \_\_\_\_\_
4. Provide the following information on each vehicle:  
Make/Model      Type      Year      Color      License/State      Owner Name  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION II**

**E. CIVIL HISTORY INFORMATION**

1. Do you currently have any pending civil matters in which you are a party?  Yes  No  
If so, list them below:  
\_\_\_\_\_
2. Have you ever been a party to a civil suit either as a plaintiff or defendant?  Yes  No  
If so, list them below:  
\_\_\_\_\_
3. Have you ever been sued for Civil Rights Violation?       Yes       No  
If so, list them below and explain on the this sheet the circumstances surrounding suit:  
\_\_\_\_\_

List any civil action to which you are a party either as a defendant or plaintiff, including law suits, separation or divorce, or name change. List any previous civil action to which you were a party also:

Other Party	Date Filed	Type Matter	Where Filed	Outcome

4. Have you ever been charged or fined for a civil violation by a local parish/county, state, or federal agency or court?       Yes       No  
If yes, provide details below or on rear of this sheet:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever testified before any professional board, Civil Service Board, Employee Misconduct Board, Employment/Labor Board or Commission, or any committee, board, or agency? Yes No

If yes, provide details on the type of incident you testified in and the agency/board which heard testimony:

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**F. CRIMINAL HISTORY INFORMATION**

Your answers must be complete. Use the rear of these sheets of this form, or attach sheets detailing any information or any charges or arrests, whether those charges were eventually dismissed, refused or otherwise disposed or in any manner, or whether you went to court or not.

1. Have you ever been imprisoned awaiting trial or as a result of any criminal conviction? Yes No

If yes, explain:

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2. Have you ever been detained by law enforcement agency in connection with a criminal investigation? Yes No

If yes, explain:

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3. Have you ever been arrested, detained, or imprisoned in a foreign country? Yes No

If yes, explain:

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4. Have you ever given a statement to a law enforcement official for any reason? Yes No

If yes, explain:

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5. Have you ever filed a police report of a crime either as a victim or witness? Yes No

If yes, explain, providing the location and dates:

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6. Have you ever been the victim of a violent criminal act?  
 Yes  No  
 If yes, explain, providing the location, type of incident, and the dates: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. If you answered yes to the above question, did you report this incident to the police?  
 Yes  No  
 If yes, list agency reported to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Have you ever been physically arrested or taken into custody for any length of time by any law enforcement agency (whether civilian, military, local, state, or federal)?  
 As an Adult: \_\_\_\_\_ As a Juvenile: \_\_\_\_\_
9. Have you ever been placed in your parents' custody in lieu or physical arrest as the result of a juvenile related charge?  Yes  No  
*If yes, provide details in the below section.*
10. Have you ever been issued a Misdemeanor Summons to appear in court in lieu of physical arrest (not including traffic citations)?  Yes  No  
*If yes, provide details in the below section.*
11. Have you ever been indicted on a charge?  Yes  No  
*If yes, provide details in the below section.*
12. Have you ever been charged otherwise with any criminal charge, or status offense, either as a juvenile or adult?  Yes  No  
*If yes, provide details in the below section.*
13. Have you ever been subpoenaed to appear in any criminal proceeding as a defendant or witness?  Yes  No  
*If yes, you were subpoenaed, as a defendant, provide details in the below section.*
14. Have you ever been arrested, detained, or otherwise charged with failing to appear in court for any charges, whether traffic related or otherwise?  Yes  No  
*If yes, provide details in the below section.*

**ARREST/ CHARGE INFORMATION**

Date of Arrest/Charge	Location (City, State, Parish/County)	Charges	Arresting Agency
1. _____			
Explanation: _____			

2.			
Explanation:	_____		
3.			
Explanation:	_____		
4.			
Explanation:	_____		
5.			
Explanation:	_____		

*You may use the rear of this sheet or additional sheets for any detailed explanation of any charge or arrest, or any other information asked in this section.*

15. Have you ever been the subject of a criminal investigation as a suspect or possible suspect?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
16. Have you ever been the subject of a Civil Rights criminal investigation?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
17. Do you have a criminal record that was expunged?  Yes  No
18. Do you associate with anyone with a felony conviction?  Yes  No  
 If yes, provide the individual's name, your relationship, and how often you associate with the individual. \_\_\_\_\_  
 \_\_\_\_\_
19. Do you associate with anyone under indictment, or whom criminal charges are pending, or who has a criminal history?  Yes  No  
 If yes, provide the individual's name, your relationship, and how often you associate with the individual. \_\_\_\_\_  
 \_\_\_\_\_
20. Have you ever signed for or put up a bond or surety for the release of anyone from jail?  Yes  No  
 If yes, provide the individual's name, your relationship, the location he/she was incarcerated, and for what reason. \_\_\_\_\_  
 \_\_\_\_\_
21. Have you ever testified in a criminal trial?  Yes  No  
 If yes, provide the name of the defendant, type of case, location, and the date: \_\_\_\_\_  
 \_\_\_\_\_

22. Have you ever been charged with or under investigation for perjury or providing false or inaccurate information to any government agency? Yes No  
If yes, provide details on the rear of this sheet.

23. Have you ever pled guilty to a criminal charge, including traffic charges, or charges where you did not appear in court but forfeited a bond? Yes No  
If yes, provide the dates and the charges you pled guilty to: \_\_\_\_\_  
\_\_\_\_\_

24. Have you ever been placed on probation by any court? Yes No  
If yes, provide details on the offense, the length and years or probation, and the name of your probation agent: \_\_\_\_\_  
\_\_\_\_\_

25. Have you ever taken part in an undetected crime? Yes No

26. Have you ever been confined to a youth correctional center or youth detention facility?  
Yes No  
If yes, provide information on the length and reason for your stay at such a center:  
\_\_\_\_\_

27. Have you ever been arrested for or charged with an alcohol related offense (DWI/DUI, drunk in public, intoxication, etc.), or have any of the arrests or charges you listed in any way involve your consumption of alcohol or drugs? Yes No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

28. Have you ever been the subject of a Grand Jury proceeding or hearing?  
Yes No  
If yes, provide information on the date of the hearing, type of hearing, and the outcome:  
\_\_\_\_\_

29. Do you currently have any pending criminal matters in which you are a witness, other than as a law enforcement official? Yes No

30. Do you currently have any pending criminal matters in which you are a defendant?  
Yes No

**G. DRIVING HISTORY**

1. Do you currently have a valid driver's license? Yes No

2. State: \_\_\_\_\_ Class: \_\_\_\_\_

3. Do any restrictions apply? Yes No  
If yes, explain: \_\_\_\_\_

4. Have you ever held a license in a state other than Louisiana? Yes No  
If yes, list the state and the year(s) the license was valid:

State	License Number	Years Valid
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Has your driver's license ever been suspended in any state? Yes No If yes, list the state, the year, the length of suspension, and the reason for suspension: \_\_\_\_\_

6. Has your driver's license ever been revoked (permanently taken away) in any state?  
Yes No  
If yes, list the state, the year, and the reason: \_\_\_\_\_

7. Have you ever been issued a traffic citation for a moving violation (speeding, improper turns, reckless operation, careless operation, disregarding a red light, etc.)?  
Yes No  
If yes, how many? \_\_\_\_\_

8. Have you ever been issued a citation for a compliance violation (expired brake tag, improper equipment, expired license plate, registration not in vehicle, not wearing a motorcycle helmet, expired driver's license, etc.)? Yes No  
If yes, how many: \_\_\_\_\_

9. Have you ever been issued a traffic citation for a parking violation? Yes No  
If yes, how many: \_\_\_\_\_

10. Have you ever been involved in a traffic accident either as a pedestrian or the driver of a vehicle? Yes No  
If yes, how many: \_\_\_\_\_

11. Have you ever been issued a traffic citation as a result of your involvement in a traffic accident? Yes No

12. Have you ever been involved in an unreported traffic accident? Yes No

13. Have you ever been involved in a traffic accident where a fatality (death) has occurred?  
Yes No

14. Have you ever been involved in a hit and run accident? Yes No

15. Have you ever been involved in an unreported hit and run accident?  
 Yes       No
16. Have you ever been issued a traffic citation (either moving violation, compliance violation, or parking violation) from a state other than Louisiana?  Yes       No  
 If yes, what state: \_\_\_\_\_
17. Have you ever been requested to take a breath or blood test for alcohol by any police agency?     Yes       No
18. Have you ever refused to take an alcohol test administered by a police agency?  
 Yes       No
19. Have you ever been involved in a traffic accident in a state other than Louisiana?  
 Yes       No  
 If yes, what state: \_\_\_\_\_
20. Have you ever been issued a military license?  Yes       No
21. Have you ever been involved in a traffic accident in another country?  
 Yes       No  
 If yes, what country: \_\_\_\_\_
22. Have you ever been issued or charged with a traffic offense in another country?  
 Yes       No
23. Have you ever pled guilty to or been convicted of any traffic offense?  
 Yes       No  
 If yes, list the charges and the fine paid if any: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
24. Do you currently have any outstanding traffic or parking citations on your owned vehicle(s)?  Yes       No  
 If yes, list the charges and the disposition: \_\_\_\_\_  
 \_\_\_\_\_

**SECTION III**

**H. MILITARY HISTORY**

(You may skip this section by placing an **X** in the box)       No Military Service

1. What branch of military did you serve in? \_\_\_\_\_
2. Where was your time served? \_\_\_\_\_

3. Dates of active Service: \_\_\_\_\_ TO \_\_\_\_\_
4. Reserve Service? \_\_\_\_\_ National Guard Service? \_\_\_\_\_
5. Reserve/ National Guard dates: \_\_\_\_\_ TO \_\_\_\_\_
6. Were you ever Court Martialed? Yes No  
If yes, what for: \_\_\_\_\_
7. Were you ever Away Without Leave (AWOL)? Yes No
8. Were you ever arrested by military or civilian authorities while in the military?  
Yes No
9. Were you ever the subject of any non-judicial punishment or discipline while in the military (Article 15, Captain's Mast)? Yes No  
If yes, indicate on the rear of this sheet the details of the offense and punishment.
10. Are you currently a member of any National Guard Unit? Yes No  
 Air Force  Army
11. Are you currently a member of any military Reserve Unit? Yes No
12. Do you have any Reserve/National Guard military obligation? Yes No  
Indicate the length of your Reserve obligation term: \_\_\_\_\_
13. Have you retired from military? Yes No  
If yes, what branch: \_\_\_\_\_
14. While in the military, did you ever serve in law enforcement, military, security investigations or intelligence related field? Yes No
15. Have you ever been granted a security clearance, or had clearance while in the military? Yes No  
Classification held: \_\_\_\_\_
16. Have you ever been denied a security clearance, or had clearance revoked for any reason? Yes No
17. List your "M.O.S." and describe the nature of your duties and assignment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Have you ever been the subject of an investigation by any of the armed forces, security services, or Criminal Investigations? Yes No

19. Discharge Date: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

#### SCECTION IV

##### **I. FINANCIAL HISTORY**

1. What are your monthly earnings, including salary, tips, and otherwise? \_\_\_\_\_

2. Do you have monthly alimony payments? Yes No  
If yes, How much: \_\_\_\_\_

3. Do you have any child support payments? Yes No  
If yes, how much: \_\_\_\_\_

4. Do you operate any business, are you part owner of any cooperation, partnership, or do you have an interest in a business? Yes No  
If yes, list the business: \_\_\_\_\_

5. Have you ever filed bankruptcy? Yes No  
When: \_\_\_\_\_ Where: \_\_\_\_\_

6. Have you ever closed an account because of late payments? Yes No  
If yes, list the account(s): \_\_\_\_\_

7. Have you ever made or lost a substantial amount of income to gambling?  
Yes No  
If yes, how much: \_\_\_\_\_

8. Have you ever had earning from illegal activities? Yes No  
If yes, list the years, the type of activities and how much income: \_\_\_\_\_  
\_\_\_\_\_

9. Have you ever been forced to close an account? Yes No

10. Have you ever been taken to court for refusing or failing to pay off a loan for any other financial reason? Yes No  
If yes, list what year, the court, and the amount: \_\_\_\_\_  
\_\_\_\_\_

11. Have you ever been contacted by a law enforcement agency concerning a financial matter under investigation involving you or any business venture you may have?  
Yes No  
If yes, list the reason: \_\_\_\_\_

12. Have you ever agreed to make payments on an account or make restitution in lieu of a criminal proceeding? Yes No  
If yes, list the party to whom the payment was made: \_\_\_\_\_

13. List information on the following accounts:

A. Credit Card/Store Accounts

	Account Number	Card Name
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

B. Savings Accounts/Checking Accounts

	Financial Institution	Location	Account #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

C. Loans/Mortgage/Rental

	Institution	Account #	Type/Description
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

14. What are the total monthly payments on these accounts? \_\_\_\_\_

**SECTION V**

**J. EDUCATION/TRAINING HISTORY**

1. What grammar school(s) did you attend? (Include the name, number, city, state, and parish/county of all schools, listing the last attended last)  
\_\_\_\_\_  
\_\_\_\_\_

2. What high school(s) did you attend? (Include the name, number, city, state, and parish/county of all schools, listing the last attended last)  
\_\_\_\_\_  
\_\_\_\_\_



3. Did you graduate from high school? Yes No  
If yes, list the name, number, city, state and parish/county of the school:  
\_\_\_\_\_

4. What year did you graduate? \_\_\_\_\_

5. Did you obtain a GED? Yes No  
If yes, what year: \_\_\_\_\_ What state issued diploma? \_\_\_\_\_

6. If you did not complete high school, what year did you leave? \_\_\_\_\_

7. What type of grades did you get in high school? Mostly:  
A's \_\_\_\_\_ B's \_\_\_\_\_ C's \_\_\_\_\_ D's \_\_\_\_\_ F's \_\_\_\_\_

8. Do/did you attend college? Yes No  
If yes, what college? list the name, city, state, and parish/county: \_\_\_\_\_  
\_\_\_\_\_

9. Did you obtain a degree? Yes No  
What is/was your Major? \_\_\_\_\_

10. List the type of degree you obtained/are seeking: \_\_\_\_\_

11. If you did not obtain a degree, list the number of credit hours or semesters you attended? \_\_\_\_\_

12. Your grade point average or average grade? \_\_\_\_\_

13. Did you receive any honors in college? \_\_\_\_\_

13a. Were you ever suspended or expelled from any school you attended? Yes No  
If yes, list what grade and the reason: \_\_\_\_\_

14. Other courses (list all other college or in-service courses you attended, even if not completed. List additional courses on the rear of this sheet or attached sheets, if necessary):

	Institution	Type of Instruction	Degree/Diploma	Year
1.				
2.				
3.				
4.				
5.				
6.				

15. Have you received any law enforcement training? Yes No

16. Have you ever been certified as trained by a Police Officer Standard and Training Council (P.O.S.T.)? Yes No  
If yes, what state, and year: \_\_\_\_\_
17. Have you ever graduated from a Basic Recruit Police Academy? Yes No  
What year: \_\_\_\_\_ What agency: \_\_\_\_\_
18. How many hours of training did you receive? \_\_\_\_\_  
Where was the training conducted (name of facility): \_\_\_\_\_
19. Did you qualify with a handgun? Yes No  
What type of course did you shoot? \_\_\_\_\_
20. Have you ever had access to computerized or manual police files on individual criminal history information? Yes No  
Have you ever been denied access to such information from a previous law enforcement employer? Yes No

**K. SKILLS**

1. Can you type? Yes No If yes, how many words per minute: \_\_\_\_\_
2. Can you operate other machines? Yes No  
If yes, please list: \_\_\_\_\_  
\_\_\_\_\_
3. Do you have a license to operate any special type of machinery? Yes No  
If yes, list: \_\_\_\_\_
4. Do you have any special skills (drafting, printing, carpentry, electrician, welding, heavy machinery operator)? Yes No  
If yes, list: \_\_\_\_\_
5. Can you speak a second language? Yes No  
Indicate what language and to what degree you can speak and write the language:  
\_\_\_\_\_
6. Are you proficient with firearms? Yes No  
List the type of weapons you are familiar with: \_\_\_\_\_  
\_\_\_\_\_

**L. LAW ENFORCEMENT EXPERIENCE**

(You may skip this section by placing an **X** in the box if you have never been a law enforcement official)       No Law Enforcement Experience

1. What agency as a full-time peace officer have you been employed? \_\_\_\_\_  
\_\_\_\_\_
2. What was the nature of your duties with that agency? \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever been a part of a law enforcement Reserve/Auxiliary Division?  
 Yes       No If yes, what agency and during what period: \_\_\_\_\_
4. Have you ever or do you currently hold an honorary or “special” law enforcement training credentials?       Yes       No  
If yes, by what agency or authority was it issued? \_\_\_\_\_
5. Have you ever had or do you now hold a “Concealed Weapon Permit” or other permit to carry or possess firearms in any state?  Yes       No  
If yes, list the state and the year the permit was issued: \_\_\_\_\_
6. Have you ever held a Civil Defense commission?       Yes       No  
If yes, what agency issued it and in what year was it issued: \_\_\_\_\_  
\_\_\_\_\_
7. Did you have arrest power in connection with your association with any law enforcement agency?       Yes       No
8. Were you commissioned to carry a firearm in connection with your association with any law enforcement agency?  Yes       No
9. Have you ever worked in an undercover capacity for a law enforcement agency?  
 Yes       No
10. Did you ever discharge your firearm in the line of duty?       Yes       No  
Have you ever been involved in a shooting incident resulting in injury or death to a suspect?       Yes       No
11. Did you ever accidentally discharge a firearm?       Yes       No
12. Were you ever involved in a police vehicle accident?  Yes       No  
If yes, how many? \_\_\_\_\_
13. Were you ever suspended from duty?       Yes       No  
If yes, explain: \_\_\_\_\_

14. Were you ever demoted in rank, grade, or had your pay reduced? Yes No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
15. Were you ever terminated from a law enforcement employer? Yes No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
16. When was the last time you qualified with a handgun? \_\_\_\_\_  
 What was your score? \_\_\_\_\_

**SECTION VI**

**M. GENERAL INFORMATION**

1. Have you ever been commissioned to carry a firearm in connection with your employment for any reason other than as law a enforcement official? Yes No  
 If yes, list the reasons, the year(s) you were commissioned, and what agency or authority commissioned you: \_\_\_\_\_  
 \_\_\_\_\_
2. Do you now or have in the past advocated or belonged to any organization or association which advocates the overthrow of the United States government, any of its political subdivisions, or their agencies? Yes No  
 If yes, list those organizations or associations: \_\_\_\_\_  
 \_\_\_\_\_
3. Do you now or have you in the past advocated or belonged to any organization which advocates or practices the denial or guaranteed Constitutional Rights or equal application of laws to any individual or group or individuals based on their sex, race, creed, religion, or other factor? Yes No  
 If yes, list those organizations: \_\_\_\_\_  
 \_\_\_\_\_
4. Have you ever been bonded by a private corporation? Yes No  
 If yes, list the employer and the reason you were bonded: \_\_\_\_\_  
 \_\_\_\_\_
5. Do you have any restrictions placed on travel by you, either foreign or domestic, by any government agency? Yes No  
 If yes, list those restrictions: \_\_\_\_\_  
 \_\_\_\_\_
6. Have you ever applied with the Gretna Police Department for any position other than the one you are now being considered for? Yes No  
 If yes, list the position you applied for and the year applied: \_\_\_\_\_  
 \_\_\_\_\_

7. Have you ever applied for a position with another law enforcement agency?  
 Yes       No

If yes, list all agencies which you have previously or which you currently have applications with, the month and the year of the application, and the disposition of that application.

	Agency	Year Applied	Disposition
1.			
2.			
3.			
4.			
5.			

8. List any and all organizations (fraternal, social, political, education, labor, religious, etc.) that you have or now belong to.

	Organization	Location	Type of Organization
1.			
2.			
3.			
4.			
5.			

9. What type of hobbies or recreational activities do you enjoy or participate in?

\_\_\_\_\_

10. Do you now or have you in the past advocated or belonged to any organization or association which advocates or practices vigilantism in any form?  Yes       No  
 If yes, list: \_\_\_\_\_

11. Have you ever been the recipient of any honors or special awards for any civic, business, social, or private agency?  Yes       No  
 If yes, please list them below:

	Type of Award	Organization
1.		
2.		
3.		
4.		
5.		

**SECTION VII**

**N. WORK EXPERIENCE**

1. Have you ever been fired from a previous employer? Yes No  
If yes, explain fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Have you ever been asked to leave an employer or have you resigned before being fired?  
Yes No  
If yes, explain fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY INSTRUCTIONS:**

**All employment for the past ten years MUST be listed.** Additional sheets are available for additional listings, or you may provide the information on attached sheets of paper. Employment prior to ten years ago which is related to the position you are applying for should be listed. You may be required to provide information on any employment over ten years. You are encouraged to provide all employment history over ten years.

Start with your present or most recent position and work back. Provide the name of your immediate supervisor and all other information requested. Your answers must be complete. **PLEASE PRINT**.

Provide a description of your position and the duties you performed. Indicate your reason for leaving the employer, or reason for wanting to leave a present employer.

A month and year must be provided for the beginning and ending of each employment.

For volunteer experience, use work experience blocks and disregard references to salary. Indicate the work as volunteer in nature.

Indicate any period in which you received unemployment benefits, or which you were unemployed for more than ninety (90) days.

**YOU MAY PROVIDE ANY INFORMATION ON A TERMINATION OR REASON FOR LEAVING AN EMPLOYER IN DETAIL ON THE REAR OF THIS SHEET OR ON AN ATTACHED SHEET.**

A. Name and complete address of employer:

Type of Business: _____
Position and Title: _____

Telephone: (      ) \_\_\_\_\_

Name of Your Supervisor:		Full Time <input type="checkbox"/> Average Number Part Time <input type="checkbox"/> of weekly hours:	
Number of Employees Supervised: _____	Beginning Salary: _____	Ending Salary: _____	
Beginning Date:	Ending Date:	Still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties: _____ _____ _____ _____			

May we contact your present employer at this time to inquire about your qualifications?      Yes      No

If no, when may we contact them? \_\_\_\_\_

What are your reasons for leaving or wanting to leave? \_\_\_\_\_

B. Name and complete address of employer:

Type of Business: _____
Position and Title: _____

Telephone: (      ) \_\_\_\_\_

Name of Your Supervisor:		Full Time <input type="checkbox"/> Average Number Part Time <input type="checkbox"/> of weekly hours:	
Number of Employees Supervised: _____	Beginning Salary: _____	Ending Salary: _____	
Beginning Date:	Ending Date:	Still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties: _____ _____ _____ _____			

May we contact your present employer at this time to inquire about your qualifications? Yes No

If no, when may we contact them? \_\_\_\_\_

What are your reasons for leaving or wanting to leave? \_\_\_\_\_

C. Name and complete address of employer:

Telephone: ( ) \_\_\_\_\_

Type of Business:

Position and Title:

Name of Your Supervisor:		Full Time <input type="checkbox"/> Average Number Part Time <input type="checkbox"/> of weekly hours:	
Number of Employees Supervised: _____	Beginning Salary: _____	Ending Salary: _____	
Beginning Date: _____	Ending Date: _____	Still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties: _____ _____ _____ _____			

May we contact your present employer at this time to inquire about your qualifications? Yes No

If no, when may we contact them? \_\_\_\_\_

What are your reasons for leaving or wanting to leave? \_\_\_\_\_

D. Name and complete address of employer:

Telephone: ( ) \_\_\_\_\_

Type of Business:

Position and Title:

Name of Your Supervisor:		Full Time <input type="checkbox"/> Average Number Part Time <input type="checkbox"/> of weekly hours:	
Number of Employees Supervised: _____	Beginning Salary: _____	Ending Salary: _____	
Beginning Date: _____	Ending Date: _____	Still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	



	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your duties:	
_____	
_____	
_____	
_____	

May we contact your present employer at this time to inquire about your qualifications?     Yes       No

If no, when may we contact them? \_\_\_\_\_

What are your reasons for leaving or wanting to leave? \_\_\_\_\_

\_\_\_\_\_

E. Name and complete address of employer:

Type of Business:

Position and Title:

Telephone: (      ) \_\_\_\_\_

Name of Your Supervisor:		Full Time <input type="checkbox"/> Average Number Part Time <input type="checkbox"/> of weekly hours: _____	
Number of Employees Supervised: _____	Beginning Salary: _____	Ending Salary: _____	
Beginning Date: _____	Ending Date: _____	Still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties:			
_____			
_____			
_____			
_____			

May we contact your present employer at this time to inquire about your qualifications?     Yes       No

If no, when may we contact them? \_\_\_\_\_

What are your reasons for leaving or wanting to leave? \_\_\_\_\_

\_\_\_\_\_

F. Name and complete address of employer:

Type of Business:

Position and Title:

Telephone: ( )

Name of Your Supervisor:		Full Time <input type="checkbox"/> Average Number Part Time <input type="checkbox"/> of weekly hours:	
Number of Employees Supervised:	Beginning Salary:	Ending Salary:	
Beginning Date:	Ending Date:	Still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties:			

May we contact your present employer at this time to inquire about your qualifications? Yes No

If no, when may we contact them? \_\_\_\_\_

What are your reasons for leaving or wanting to leave? \_\_\_\_\_

G. Name and complete address of employer:

Type of Business:

Position and Title:

Telephone: ( )

Name of Your Supervisor:		Full Time <input type="checkbox"/> Average Number Part Time <input type="checkbox"/> of weekly hours:	
Number of Employees Supervised:	Beginning Salary:	Ending Salary:	
Beginning Date:	Ending Date:	Still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties:			

May we contact your present employer at this time to inquire about your qualifications? Yes No

If no, when may we contact them? \_\_\_\_\_

What are your reasons for leaving or wanting to leave? \_\_\_\_\_

**SECTION VIII**

**O. REFERENCE:**

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

1. Personal References:

*Persons other than neighbors who know you* . You may include professional references and co-workers who know your character and work abilities. A separate sheet is provided for your neighborhood references and close acquaintances.

a. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

b. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

c. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

d. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

e. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

f. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

2. Close Acquaintances:

List your friends over the past ten years or longer. Include roommates or others who know you well.

a. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

b. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

c. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

d. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

e. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

f. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

g. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_



**SECTION IX**

**Q. RELATIVES EMPLOYED BY CITY/REFERENCES ON DEPARTMENT**

1. Do you have any relatives by blood or marriage who are employed by the City of Gretna or Gretna Police Department?

	Name	Department	Relationship
a.			
b.			
c.			
d.			

2. Do you know anyone on the Gretna Police Department not already listed as a reference who can provide information on your character or who can serve as a reference?

	Name	Department	Relationship
a.			
b.			
c.			
d.			

**R. LIST THREE INDIVIDUALS WHO SHOULD BE CONTACTED IN THE EVENT OF AN EMERGENCY:**

	Name	Address	Telephone #	Relationship
a.				
b.				
c.				
d.				

**SECTION X**

**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 removed from the eligibility or subject me to dismissal from employment.

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE, OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

**SECTION XI**

Listed below are eight questions that will be asked during a Lie Detector test. Please indicate a yes or no answer to each question.

- 1. Have you ever taken over \$25.00 in merchandise or supplies from your former employer? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
  
- 2. Have you taken over \$25.00 in cash from an employer? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
  
- 3. Have you used any illegal drugs during the past three (3) years: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
  
- 4. Have you ever used any illegal drugs? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
  
- 5. Have you ever committed a crime so serious that if known would keep you from being hired by this agency? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
  
- 6. Do you have any alcohol/drinking problems? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
  
- 7. Do you have a medical disability that would keep you from being hired by this agency? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
  
- 8. Were you truthful on your Gretna Police Department Application? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



# City of Gretna Police Department

Arthur S. Lawson, Jr., Chief of Police



## **BACKGROUND INVESTIGATIONS** **ACKNOWLEDGEMENT AND CONSENT OF APPLICANT**

In acknowledgement of my being considered for employment by the City of Gretna Police Department, I \_\_\_\_\_, understand and consent to a thorough background investigation of me by any member of the Gretna 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, psychiatrists and 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 history, substance abuse history, traffic citation and driving history information and educational history.

I understand and consent to a physical examination and 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 Gretna Police Department conducting this investigation, or by an individual designated by the City of Gretna Police Department to administer any such interview, test examination, or procedure, shall become a permanent part of any file maintained by the Gretna Police Department pertaining to my application for employment, and, in the event I am employed by the City of Gretna Police Department, shall become a permanent part of any file maintained by the Gretna Police Department pertaining to my employment.

I hereby release the person or organization identified above and their employees, agents, and officers from any liability for damages of any kind or nature, which may accrue to me any time, as a result of compliance, or any attempts to comply with this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print:  
Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS # \_\_\_\_\_

Witness: \_\_\_\_\_ Investigator: \_\_\_\_\_



**APPLICATION CHECK LIST**

Please Ensure All Below Items Are Attached When Completed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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- Birth Certificate
- Driver's License
- Passport Photo
- Social Security Card
- High School Diploma/GED/ College Diploma
- Police Academy Certificate
- P.O.S.T. Qualification Certificate
- Voters Registration Card
- Military Form DD214 or Selective Service Registration
  
- EMS - National Registry Certificate
- EMS - State License
- EMS - CPR Card
- EMS - ACLS/PALS Card