

GRETNA POLICE DEPARTMENT



APPLICANT'S PERSONAL HISTORY PACKET

For Office Use Only:
Applicant's Name: _____

Date Received: _____

Gretna Police Department
200 5th 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 or positions with the Gretna Police Department.

There are eight major steps in the application investigation process in which you will be required to participate:

- Completion of the personal history background questionnaire
- Staff Interview after which you will be fingerprinted
- Lie Detector Examination
- Job skill survey “entrance” written examination
- Physical assessment for Police Academy Recruits
- Drug Screen
- Interview by Departmental Psychologist
- Successful candidates will be required to undergo a physical examination

Part of the selection process for the applicants for Police Officer, EMT, or Civilian positions with the Gretna Police Department in 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.

When submitting your completed Applicant’s Personal History Packet, you must also include color copies of the following:

- Birth Certificate
- Driver’s License
- Social Security Card
- High School Diploma / GED / College Diploma
- P.O.S.T. Certificate
- 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 months after. After six months you must re-apply.

1. 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.
2. The results if any aspect if the background investigation, including findings of any psychological, physical, or other type examination or applicant or others **will not** be released by the Gretna Police Department to any applicant.
3. 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 telephone, or by email. If you are unable to attend the scheduled procedure, you should notify the Operations Division prior to the scheduled appointment and request an alternative date. You may, in emergency situations, make such notifications be telephone, however, you will be required to submit written request for an alternate date.
4. 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.
5. Your employment with the Gretna Police Department will require you to work various hours, days, nights, weekends, holidays, Monday through Sunday. You will be considered an essential personnel employee, so you will be required to stay with the department during hurricanes and other major events. Any restrictions to this availability or limitations must be disclosed on your application.

APPLICATION CHECK LIST

Please ensure copies of all below items are attached when completed

- Birth Certificate
- Driver's License
- Passport Photo
- Social Security Card
- High School Diploma / GED / College Diploma

Include below if applicable

- P.O.S.T. Certificate
- Military Form DD214 or Selective Service Registration
- EMS - National Registry Certificate
- EMS - State License
- EMS - CPR Card
- EMS - ACLS/PALS Card

Gretna Police Department Applicant Personal History Information	Please Mark Accordingly Police Academy <input type="checkbox"/> Regular Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Communications Officer <input type="checkbox"/> EMT <input type="checkbox"/> Civilian <input type="checkbox"/> Other <input type="checkbox"/>
DO NOT MARK IN 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 responses on separate sheet.

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

A. APPLICANT INFORMATION

1. Name

 First Middle Last Maiden Suffix

2. Residence Address

 Street Address City State Zip Code

3. Contact Information

() _____ () _____ () _____
 Home Telephone Work Telephone Cellular Telephone

Personal Email Address _____

4. Previous Residence Addresses

List the three most recent residence addresses indicating the years lived there.

Years	Address	City	State
_____ To _____	_____	_____	_____
_____ To _____	_____	_____	_____
_____ To _____	_____	_____	_____

5. Languages

List any additional languages you can speak fluently? _____

6. Availability

Do you have any limitations to your work availability? _____

B. 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: _____

2. Have you ever given a statement to a law enforcement official for any reason?
 Yes. No If yes, explain: _____

3. Do you have a criminal record that was expunged? Yes No

4. 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: _____

5. 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: _____

6. Have you ever been, issued a misdemeanor summons, physically arrested, or taken into custody for any length of time by any law enforcement agency (whether civilian, military, local, state, or federal)?

As a Juvenile: Yes No As an Adult: Yes No

If yes to either above, list each and explain below.

Date of Incident	City, State	Charges	Arresting Agency
1. _____ / _____ / _____	_____ / _____	_____	_____
Explanation: _____			
2. _____ / _____ / _____	_____ / _____	_____	_____
Explanation: _____			
3. _____ / _____ / _____	_____ / _____	_____	_____
Explanation: _____			
4. _____ / _____ / _____	_____ / _____	_____	_____
Explanation: _____			

C. MILITARY EXPERIENCE

(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? Yes No National Guard? Yes No

5. Reserve / National Guard dates: _____ To _____

6. Were you ever Court Martialed? Yes No

7. Were you ever been Absent Without Leave (AWOL)? Yes No

8. Were you ever arrested by military or civilian authorities? 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, provide explanation:

10. Are you currently a member of any National Guard Unit? Yes No

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

If yes, explain: _____

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

If yes, explain: _____

19. Discharge Date: _____ Type of Discharge: _____

D. CIVIL HISTORY INFORMATION

1. Do you have any pending civil matters in which you are a party? Yes No

If yes, list them here: _____

2. Have you ever been sued for Civil rights Violations? Yes No

If yes, list them here: _____

E. EDUCATION

1. What high school(s) did you attend? _____

2. Did you obtain a GED? Yes No

If yes, what year & state issued diploma? _____

3. Do/did you attend college? Yes No If yes, list below

School	Dates Attended	Major/Degree	Degree Obtained?
_____	_____ / _____	_____	_____

F. GENERAL INFORMATION

1. 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 or any of its political subdivisions or their agencies, or practiced vigilantism or that would conflict with governmental employment in any form? Yes No

If yes, list those organizations or associations: _____

2. 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: _____

3. 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: _____

4. Have you ever been the recipient of any honors or special awards for any civic, business, social, or private agency? Yes No

If yes, list them below

Type of Award	Organization	Year
_____	_____ / _____	_____
_____	_____ / _____	_____
_____	_____ / _____	_____

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

1. Have you ever received any law enforcement training? Yes No If yes, list below

2. Have you attended a Police Academy, but did not graduate? Yes No If yes, list:

Name of Academy _____ Reason departed _____

3. Have you ever been POST certified? Yes No If yes, complete below:

Academy Graduated _____ Sponsoring Agency _____

Date Graduated _____ Number of Academy Hours _____

Level of POST? Level 1 Level 2 Level 3

(Basic Academy) (Corrections w/firearms) (Corrections Only)

4. Have you ever been qualified by a POST Certified Firearms Instructor with:

Handgun Yes No Score _____ Year _____ Caliber _____

Shotgun Yes No Score _____ Year _____

Patrol Rifle Yes No Score _____ Year _____

5. Have you ever been suspended, demoted, or terminated from Law Enforcement Agency? Yes No List details, use rear of this page if needed

6. Have you ever been involved in a shooting resulting in injury or death? Yes No

7. Were you ever involved in a police vehicle involved crash? Yes No If yes, how many? _____

8. Have you ever applied with another law enforcement agency? Yes No

Agency	Year Applied	Disposition
_____	/ /	
_____	/ /	
_____	/ /	
_____	/ /	
_____	/ /	

H. WORK EXPERIENCE

1. Have you ever been terminated 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 must 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 you 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 and legible. **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.

Name & Address of Business _____ _____ _____		Type of Business: _____ _____	
Telephone Number (____)		Position/Title: _____	
Name of Your Supervisor: _____		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Average Number 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when may we contact them? _____			
What are your reasons for leaving? _____ _____ _____			

Name & Address of Business _____ _____ _____ Telephone Number (____) _____		Type of Business: _____ _____ _____ Position/Title: _____	
Name of Your Supervisor: _____		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Average Number 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when may we contact them? _____ What are your reasons for leaving? _____ _____ _____			

Name & Address of Business _____ _____ _____ Telephone Number (____) _____		Type of Business: _____ _____ _____ Position/Title: _____	
Name of Your Supervisor: _____		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Average Number 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when may we contact them? _____ What are your reasons for leaving? _____ _____ _____			

Name & Address of Business _____ _____ _____ Telephone Number (____) _____		Type of Business: _____ _____ _____ Position/Title: _____	
Name of Your Supervisor: _____		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Average Number 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when may we contact them? _____ What are your reasons for leaving? _____ _____ _____			

Name & Address of Business _____ _____ _____ Telephone Number (____) _____		Type of Business: _____ _____ _____ Position/Title: _____	
Name of Your Supervisor: _____		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Average Number 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when may we contact them? _____ What are your reasons for leaving? _____ _____ _____			

I. REFERENCE

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

1. Name: _____ Occupation: _____
Address: _____
Telephone: _____ Relationship: _____
How long have you known this person? _____

2. Name: _____ Occupation: _____
Address: _____
Telephone: _____ Relationship: _____
How long have you known this person? _____

3. Name: _____ Occupation: _____
Address: _____
Telephone: _____ Relationship: _____
How long have you known this person? _____

4. Name: _____ Occupation: _____
Address: _____
Telephone: _____ Relationship: _____
How long have you known this person? _____

5. Name: _____ Occupation: _____
Address: _____
Telephone: _____ Relationship: _____
How long have you known this person? _____

L. RELATIVES EMPLOYED BY CITY/REFERENCES ON DEPARTMENT

1. List anyone employed by 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	Division	Relationship
1.		
2.		
3.		
4.		

M. LIST THREE INDIVIDUALS TO BE CONTACTED IN THE EVENT OF AN EMERGENCY

Name	Address	Telephone #	Relationship
1.			
2.			
3.			

N. Why are you applying for a position with the Gretna Police Department?

Use this portion of the application to indicate your reasons for wanting to become a member of the Gretna Police Department. Include your specific reasons for applying for a certain position (Police Officer, Communications Officer, EMS, Civilian). You may list any qualifications you have not already covered or which you wish to give more detail on. ***(Minimum 50 Words)***

O. 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.

Applicant's Signature: _____ Date: _____

Date Received: _____ Received By: _____

LIE DETECTOR INFORMATION

Listed below are eight questions that will be asked during a Lie Detector test. Please indicate YES or NO answer to each question and provide explanation where indicated.

1. Have you ever taken over \$25.00 in merchandise or supplies from a former employer?

Yes No If yes, explain: _____

2. Have you taken over \$25.00 in cash from an employer? Yes No

If yes, explain: _____

3. Have you used any illegal drugs during the past three (3) years? Yes No

If yes, explain: _____

4. Have you ever used any illegal drugs? Yes No

If yes, explain: _____

5. Have you ever committed a crime so serious that if known would keep you from being hired by this agency? Yes No

If yes, explain: _____

6. Do you have any alcohol/drinking problems? Yes No

If yes, explain: _____

7. Do you have a medical disability that would keep you from being hired by this agency?

Yes No If yes, explain: _____

8. Were you truthful on your Gretna Police Department Application? Yes No

SIGNATURE

DATE

PRINT NAME



City of Gretna Police Department

Arthur S. Lawson, Jr., Chief of Police



BACKGROUND INVESTIGATION INFORMATION SHEET,

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 an entrance exam, interview, physical examination and psychological examination, and understand that I may be required to take part in a physical exercise and a CVSA 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.

Full Name: _____ Date of Birth: _____

Social Security #: _____ Sex: _____ Height: _____ Weight: _____

Describe Distinguishing Marks, Scars, Tattoos, etc. _____

Spouse Information: Single Married Divorced Separated Widowed

Spouse Full Name: _____ Date of Birth: _____

Occupation _____ Telephone # _____

Applicant Signature: _____ Date: _____

Background Investigator: _____