

LAFAYETTE POLICE DEPARTMENT



PERSONAL HISTORY STATEMENT

ATTACH A RECENT
INDIVIDUAL
PASSPORT TYPE
PHOTOGRAPH OF
YOURSELF HERE.

DO NOT GLUE.

THE PHOTOGRAPH
BECOMES THE
PROPERTY OF THE CITY
AND CANNOT BE
RETURNED.

A NOTE TO THE APPLICANT

An incomplete booklet will disqualify your application.

- A. All information must be complete and truthful.
- B. Complete addresses are required. Include street, city and zip code.
- C. Dates of past and present employers and residences must be included.
- D. If the question does not apply to you, indicate by N/A.
- E. Please include **copies** of the following documents with completed booklet.

Required:

- a. Birth Certificate
- b. Valid Driver's License
- c. Social Security Card
- d. Voter Registration Card
- e. High School Diploma/Certified Transcripts, GED/HiSET or College Diploma/Certified Transcripts (if applicable)

If Applicable:

- a. Military Discharge or Separation Papers
- b. Any Police Training Certificates

**If you have any questions,
contact Recruiting at 337-291-8663
Monday – Friday 8:00 a.m. to 4 p.m.**

LAFAYETTE POLICE DEPARTMENT

PERSONAL HISTORY STATEMENT

Position applied for: _____ Month _____ Day _____ Year _____

INSTRUCTIONS: Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you, indicate by writing N/A in the answer blank. Type or print legibly in ink all responses.

PERSONAL

1. Legal Name _____ / _____ / _____
First Middle Last Social Security Number

Have you ever used another name, including nicknames? If yes, explain _____

2. Height _____ Inches Weight _____ Lbs. Current Driver's License # _____ State _____

3. Present Mailing Address _____
Street & Number City State Zip Code E-mail Address

Permanent Mailing Address _____
Street & Number City State Zip Code E-mail Address

4. Contact Numbers: Home _____ Cell _____ Work _____ Other _____

5. Date of Birth _____ Place of Birth _____ U.S. Citizenship Yes No

6. List organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated. _____

7. List hobbies and/or special skills: _____

MARITAL

8. Marital Status (check one) Single Married Engaged Separated Divorced Widowed

9. Name of Spouse or Fiancé/Fiancée (Include Maiden Name) _____

10. If married, are you living with your spouse? Yes No If not, state reasons _____

11. If you have ever been separated or divorced, explain _____

12. Give the following information concerning your spouse's or Fiancé/Fiancée's parents:

	NAME	ADDRESS	PHONE
Father			
Mother			

13. List below every child born to you:

NAME	DATE OF BIRTH	PLACE OF BIRTH	WITH WHOM RESIDES

14. Are you now supporting all children born to you, adopted by you and stepchildren? Yes No

If not, give reasons _____

15. Have you ever been involved as a defendant in a paternity proceeding? Yes No

If yes, give details _____

REFERENCES

16. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

NAME	COMPLETE ADDRESS INCLUDE ZIP CODE	E-MAIL ADDRESS	TELEPHONE
1.			
2.			
3.			
4.			
5.			

17. List your parents, brothers and sisters:

	NAME	COMPLETE ADDRESS INCLUDE ZIP CODE	E-MAIL ADDRESS	TELEPHONE
Father				
Mother				
Bros./Sis.				
Bros./Sis.				
Bros./Sis.				

18. If any member of your immediate family has been arrested or convicted of a felony offense, explain below:

RESIDENCES

19. List all addresses where you have resided since you were 18 years old with your present address at top:

FROM MO. YR.	TO MO. YR.	ADDRESS OF RESIDENCE	CITY & STATE	LANDLORD

20. List all work related locations not listed above since you were 18 years old with the most current at top:

FROM MO. YR.	TO MO. YR.	BUSINESS	CITY & STATE

WORK HISTORY

21. Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member? Yes No

If yes, give details: _____

22. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service give details. _____

23. Have your employers always treated you fairly? Yes No

If not, give details: _____

24. Do you object to wearing a uniform? Yes No

25. Do you object to working nights? Yes No

26. Do you object to working shifts? Yes No

27. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position: _____ Starting Salary: _____ Last Salary: _____

Date Employed:		
Date Separated:		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Employer: _____ No. of employees supervised by you: _____
 Name and title of supervisor: _____ **Complete Address Required**
 Street: _____
 Duties: _____
 City: _____
 State/Zip: _____
 Phone: _____
 Reason for leaving: _____ E-mail: _____

B. Title of present or last position: _____ Starting Salary: _____ Last Salary: _____

Date Employed:		
Date Separated:		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Employer: _____ No. of employees supervised by you: _____
 Name and title of supervisor: _____ **Complete Address Required**
 Street: _____
 Duties: _____
 City: _____
 State/Zip: _____
 Phone: _____
 Reason for leaving: _____ E-mail: _____

C. Title of present or last position: _____ Starting Salary: _____ Last Salary: _____

Date Employed:		
Date Separated:		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Employer: _____ No. of employees supervised by you: _____
 Name and title of supervisor: _____ **Complete Address Required**
 Street: _____
 Duties: _____
 City: _____
 State/Zip: _____
 Phone: _____
 Reason for leaving: _____ E-mail: _____

D. Title of present or last position: _____ Starting Salary: _____ Last Salary: _____

Date Employed:		
Date Separated:		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Employer: _____ No. of employees supervised by you: _____
 Name and title of supervisor: _____ **Complete Address Required**
 Street: _____
 Duties: _____
 City: _____
 State/Zip: _____
 Phone: _____
 Reason for leaving: _____ E-mail: _____

E. Title of present or last position: _____ Starting Salary: _____ Last Salary: _____

Date Employed:		
Date Separated:		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Employer: _____ No. of employees supervised by you: _____
 Name and title of supervisor: _____ **Complete Address Required**
 Street: _____
 Duties: _____
 City: _____
 State/Zip: _____
 Phone: _____
 Reason for leaving: _____ E-mail: _____

F. Title of present or last position: _____ Starting Salary: _____ Last Salary: _____

Date Employed:		
Date Separated:		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Employer: _____ No. of employees supervised by you: _____
 Name and title of supervisor: _____ **Complete Address Required**
 Street: _____
 Duties: _____
 City: _____
 State/Zip: _____
 Phone: _____
 Reason for leaving: _____ E-mail: _____

G. Title of present or last position: _____ Starting Salary: _____ Last Salary: _____

Date Employed:		
Date Separated:		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Employer: _____ No. of employees supervised by you: _____
 Name and title of supervisor: _____ **Complete Address Required**
 Street: _____
 Duties: _____
 City: _____
 State/Zip: _____
 Phone: _____
 Reason for leaving: _____ E-mail: _____

H. Title of present or last position: _____ Starting Salary: _____ Last Salary: _____

Date Employed:		
Date Separated:		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Employer: _____ No. of employees supervised by you: _____
 Name and title of supervisor: _____ **Complete Address Required**
 Street: _____
 Duties: _____
 City: _____
 State/Zip: _____
 Phone: _____
 Reason for leaving: _____ E-mail: _____

28. Have you previously submitted an application with this agency? Yes No

If yes, give the approximate date. _____

MILITARY SERVICE

29. Were you ever in the U.S. Military Service or any other military organization? Yes No

Branch of Service _____ Unit _____ Date of Enlistment _____

Date of Discharge _____ Service Number _____ Highest Rank _____

30. List medals and decorations: _____

31. Type of Discharge: _____

32. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation: _____

EDUCATION

33. List all schools attended:

NAME OF SCHOOL	LOCATION (CITY AND STATE)	FROM MO. / YR.	TO MO. / YR.	YEARS COMPLETED
High School				
College or University				
Trade or Technical School				

34. Did you either graduate from high school or pass the high school equivalency test? Yes No

35. List college degrees received and major field of study of each. Include incomplete courses. _____

36. Were you ever expelled from any school or were you ever disciplined by any school official? Yes No

If yes, explain: _____

ARREST AND MILITARY DISCIPLINARY

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you.
(Exclude minor traffic violations.)

37. Have you ever been arrested or detained by police? Yes No If yes, give details below.

Crime Charged _____ Police Agency _____

Date _____ Disposition of Case _____

Crime Charged _____ Police Agency _____

Date _____ Disposition of Case _____

Crime Charged _____ Police Agency _____

Date _____ Disposition of Case _____

38. Have you ever been placed on probation? Yes No If yes, give details below. _____

39. Have you ever been required to pay a fine in excess of \$25.00? Yes No If yes, give details below. _____

40. Have you ever been reported as a missing person or as a runaway? Yes No If yes, give complete details, including jurisdiction, dates and outcome.

41. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces?

42. Yes No If yes, give details below. _____

43. List any disciplinary action taken against you in the National Guard or other reserve unit: _____

44. If you have ever been fingerprinted by a policy agency other than for an arrest, give details below. Your answers will be checked with the F.B.I. and other agencies.

Agency _____ Date _____ Purpose _____

Agency _____ Date _____ Purpose _____

Agency _____ Date _____ Purpose _____

45. Do you possess a valid driver's license from the State of Louisiana? Yes No

LA Driver's License Number _____ Year Issued _____ Expiration Date _____

46. Do you possess or have ever possessed a driver's license by any other state than Louisiana? Yes No

State _____ Driver's License Number _____ Year Issued _____ Expiration Date _____

47. Was your license ever suspended or revoked? Yes No If yes, state whether suspended or revoked and give reasons.

48. Was your license ever restored? Yes No When? _____

49. Have you ever been refused an operator's license by any state? Yes No

50. Have your driving privileges ever been restricted? Yes No If yes, give details. _____

51. Has a motor vehicle being driven by you ever been involved in an accident? Yes No

If yes, give complete details for each accident whether collision or non-collision.

Date _____ Police Investigation? Yes No

Location _____ Cause of Accident _____

Other Information _____

Date _____ Police Investigation? Yes No

Location _____ Cause of Accident _____

Other Information _____

Date _____ Police Investigation? Yes No

Location _____ Cause of Accident _____

Other Information _____

52. List any convictions for minor traffic violations:

LOCATION	APPROX. DATE	NATURE OF VIOLATION	DISPOSITION

ATTITUDES

53. What do you consider to be the current social problems of greatest concern? _____

54. What are your experiences and beliefs concerning the use of alcoholic beverages? _____

55. What are your experiences and beliefs concerning the use of marijuana and/or other mind altering drugs? _____

56. What are your feelings about the use of deadly force if it became necessary in the performance of official duties? _____

57. Explain briefly, your reasons for applying for this position. _____

58. List employees you know within the department. _____

I hereby certify that all statements made in this questionnaire are true and complete and understand that any misstatements of material facts will subject me to disqualification or dismissal. All information is subject to be verified by polygraph examination.

Full Legal Signature _____ Date _____