

# BATON ROUGE POLICE DEPARTMENT

## APPLICATION

PLEASE PRINT OR TYPE. FAILURE TO ANSWER ALL THE QUESTIONS IN THIS APPLICATION AND FAILURE TO ATTACH ALL REQUIRED DOCUMENTATION TO THIS APPLICATION MAY CAUSE YOUR APPLICATION TO BE REJECTED.

NAME:		
FIRST	MIDDLE	LAST
STREET ADDRESS/P.O. BOX NO.		
CITY/TOWN		STATE/ZIP
HOME TELEPHONE NUMBER (WITH AREA CODE) (    )	OFFICE TELEPHONE NUMBER (WITH AREA CODE) (    )	
CELL TELEPHONE NUMBER (WITH AREA CODE) (    )	E-MAIL ADDRESS	
SOCIAL SECURITY NUMBER	DATE OF BIRTH: MONTH/DATE/YEAR:	
ARE YOU A CITIZEN OF THE UNITED STATES? YES ___ NO ___	DRIVER'S LICENSE NO: _____ EXPIRATION DATE: _____	

RACE/SEX INFORMATION	
The Federal government requires that we request the following race and sex information for statistical reporting purposes. Completion of this section is voluntary, and your application will not be rejected if you choose not to provide this information.	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____

**AUTHORITY FOR RELEASE OF INFORMATION**

I HAVE COMPLETED THIS APPLICATION WITH THE KNOWLEDGE AND UNDERSTANDING THAT ANY OR ALL ITEMS CONTAINED HEREIN MAY BE SUBJECT TO INVESTIGATION PRESCRIBED BY LAW, AND I CONSENT TO THE RELEASE OF INFORMATION CONCERNING MY CAPACITY AND FITNESS BY EMPLOYERS, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES, AND OTHER INDIVIDUALS AND AGENCIES, TO DULY ACCREDITED INVESTIGATORS, CIVIL SERVICE BOARD MEMBERS AND OTHER AUTHORIZED EMPLOYEES OF THE GOVERNMENT FOR THAT PURPOSE.

I CERTIFY THAT THE ANSWERS I HAVE GIVEN TO ALL QUESTIONS IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I KNOW THAT ANY MISREPRESENTATION HEREIN MAY CAUSE MY APPLICATION TO BE REJECTED, MY NAME REMOVED FROM THE ELIGIBLE LIST AND/OR MAY SUBJECT ME TO DISMISSAL FROM EMPLOYMENT.

DATE

SIGNATURE OF APPLICANT

**BACKGROUND INFORMATION**

1. WITHIN THE PAST 5 YEARS, HAVE YOU BEEN TERMINATED, OR RESIGNED IN LIEU OF TERMINATION, FROM ANY POSITION FOR REASONS OTHER THAN A REDUCTION IN FORCE?

YES \_\_\_ NO \_\_\_

2. HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES \_\_\_ NO \_\_\_

3. HAVE YOU BEEN CONVICTED OF A MISDEMEANOR DURING THE LAST 3 YEARS?

YES \_\_\_ NO \_\_\_

NOTE: IF YOU ANSWERED "YES" TO EITHER OF THE ABOVE QUESTIONS, PLEASE PROVIDE AN EXPLANATION IN THE EXPLANATION BLOCK BELOW. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM THE JOB FOR WHICH YOU ARE APPLYING. A CONVICTION WILL BE JUDGED ON ITS OWN MERITS WITH RESPECT TO TIME, CIRCUMSTANCES, AND SERIOUSNESS.

**EXPLANATION.** PLEASE USE THE SPACE PROVIDED BELOW TO EXPLAIN ANY "YES" ANSWERS TO THE ABOVE THREE QUESTIONS. ATTACH ADDITIONAL PAGES IF NECESSARY.

**TRAINING/EDUCATION**

**A. HIGH SCHOOL**

NAME AND ADDRESS OF HIGH SCHOOL ISSUING DIPLOMA OR OF STATE DEPARTMENT OF EDUCATION ISSUING GED OR EQUIVALENCY CERTIFICATE:

\_\_\_\_ DIPLOMA OR EQUIVALENCY CERTIFICATE  
DATE RECEIVED: \_\_\_\_\_

**B. COLLEGE**

	YEARS ATTENDED	CREDIT HOURS EARNED	DEGREE(S) RECEIVED	DATE OF DEGREE	MAJOR

**C. OTHER FORMAL TRAINING**

(BUSINESS, TRADE, MILITARY, ETC., CLASSES OR SEMINARS)

LOCATION

DATES  
ATTENDED

DID YOU  
GRADUATE?

NO. OF HOURS  
PER WEEK

TITLE OF INSTRUCTION OR CLASS (ATTACH ADDITIONAL PAGES IF NECESSARY)

			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

**SPECIAL QUALIFYING EXPERIENCE, CERTIFICATIONS, OR LICENSES**

PLEASE LIST BELOW ANY PROFESSIONAL LICENSES OR CERTIFICATIONS THAT ARE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING.

(ATTACH ADDITIONAL PAGES IF NECESSARY)

	NO. 1	NO. 2	NO. 3
NAME OF LICENSE OR TYPE OF CERTIFICATION			
NAME AND COMPLETE ADDRESS OF AGENCY OR INSTITUTION ISSUING LICENSE OR CERTIFICATION			
DATE LICENSE OR CERTIFICATION ACQUIRED			
EXPIRATION DATE, IF APPLICABLE			
RESTRICTIONS, IF APPLICABLE			

LIST ANY SPECIAL COURSE WORK, TRAINING, OR EXPERIENCE WHICH MAY BE BENEFICIAL IN THE JOB FOR WHICH YOU ARE APPLYING, OR WHICH MAY SATISFY ANY SPECIAL QUALIFICATION REQUIREMENTS

IF YOU HAVE COMPUTER EXPERIENCE, PLEASE LIST ANY COMPUTER PROGRAMS (SOFTWARE) WITH WHICH YOU HAVE A WORKING KNOWLEDGE:

TYPING ABILITY: \_\_\_\_\_ WPM

What accommodations are you requesting?

Extra Time     Reader     Private Room     Scribe     Other: \_\_\_\_\_

## WORK EXPERIENCE

### INSTRUCTIONS FOR COMPLETING SECTION ON WORK EXPERIENCE

Start with your present or most recent position and work back, including any military experience. Use separate blocks if you were promoted or your duties changed materially while working for the same employer. Treat each change as a separate position. For volunteer experience, use work experience blocks and disregard reference to salary. It is to your advantage to completely describe your duties in each position, placing particular emphasis on duties, tasks performed, and responsibility. Attach additional pages, if necessary.

NAME AND COMPLETE ADDRESS OF EMPLOYER		TYPE BUSINESS			
		TITLE OF YOUR POSITION			
TELEPHONE NUMBER: (    )					
DATES OF EMPLOYMENT		WAS THIS FULL-TIME EMPLOYMENT?  <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
FROM:	TO:				
MO.   DAY   YR.	MO.   DAY   YR.				
NAME AND TITLE OF IMMEDIATE SUPERVISOR		NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED			

DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)


NAME AND COMPLETE ADDRESS OF EMPLOYER			TYPE BUSINESS			
TELEPHONE NUMBER: (    )			TITLE OF YOUR POSITION			
DATES OF EMPLOYMENT FROM:		TO:	WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
MO.	DAY	YR.	MO.	DAY	YR.	___ YES ___ NO
NAME AND TITLE OF IMMEDIATE SUPERVISOR			NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED			

DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)

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NAME AND COMPLETE ADDRESS OF EMPLOYER			TYPE BUSINESS			
TELEPHONE NUMBER: (    )			TITLE OF YOUR POSITION			
DATES OF EMPLOYMENT FROM:		TO:	WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
MO.	DAY	YR.	MO.	DAY	YR.	___ YES ___ NO
NAME AND TITLE OF IMMEDIATE SUPERVISOR			NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED			

DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)

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