

# LAFAYETTE POLICE DEPARTMENT



Employment Application  
Police Officer

# Police Officer Eligibility Requirements

To be considered for employment with the Lafayette Police Department, applicants must meet the following:

- Must be a United States Citizen
- Must be at least 20 years of age
- Must possess a valid driver's license
- Must have a high school diploma or equivalency (GED/HiSET)
- Must not have any felony arrests or convictions
- Must not have used marijuana within 1 year of applying
- Must not have used any other non-prescribed or illegal controlled substances within 5 years of applying
- Must be willing and able to complete a physical assessment, polygraph / CVSA test, psychological screening, and medical exam/drug screen
- Must provide authorization for a complete background check

# Supporting Documents Checklist

## **A Note to the Applicant**

- Complete all sections truthfully and legibly.
- Incomplete applications will not be processed.
- Use “N/A” if a question does not apply.
- Complete addresses with city, state, and ZIP code are required.
- Dates for all employment and residence history must be included.

## **Required Supporting Documents**

- Birth Certificate
- Valid Driver’s License
- Social Security Card
- Voter Registration Card
- High School Diploma / Certified Transcripts, GED / HiSET, or College Diploma / Certified Transcripts
- Civil Service Test Score

## **If Applicable**

- Military Discharge or Separation Papers (DD-214)
- Police Training Certificates

**If you have questions, contact LPD Recruiting at 337-291-8663**

# SECTION 1 – PERSONAL INFORMATION

**Instructions:** Fill out this questionnaire completely and accurately. All statements are subject to verification. Incorrect or false statements may result in disqualification or removal from employment. If space is inadequate, attach additional pages and identify information by item number. Type or print legibly in ink.

**1. Full Legal Name:** \_\_\_\_\_ **Nickname/Alias:** \_\_\_\_\_

**2. Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Permanent Mailing Address:** \_\_\_\_\_

**3. Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**4. Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**5. Current Driver's License #** \_\_\_\_\_ **State:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**6. List organizations, clubs, and associations of which you are or have been a member, or with which you are or have been associated:** \_\_\_\_\_  
\_\_\_\_\_

## **Marital Status**

**7.**  Single  Married  Engaged  Separated  Divorced  Widowed

**8. Name of Spouse or Fiancé/Fiancée (Include Maiden Name):** \_\_\_\_\_

**9. If married, are you living with your spouse?**  Yes  No If not, explain:  
\_\_\_\_\_  
\_\_\_\_\_

**10. If separated or divorced, explain:** \_\_\_\_\_  
\_\_\_\_\_

## **11. Spouse / Partner's Parents**

	Name	Address	Phone
Father			
Mother			

## **Family Information**

**12. List below any child born to you:**

Name	Date of Birth	Place of Birth	With Whom Resides

**13. Are you now supporting all children born to or adopted by you, including stepchildren?  Yes  No**

If not, explain: \_\_\_\_\_

\_\_\_\_\_

**14. Have you ever been a defendant in a paternity proceeding?  Yes  No**

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**15. List your parents & siblings:**

Relationship	Name	Address	Email	Phone
Father				
Mother				
Brother/Sister				
Brother/Sister				
Brother/Sister				

**16. If any member of your immediate family has been arrested or convicted of a felony, explain: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Residences:**

**17. List all addresses where you have resided since you were 18 years. of age, with the most recent on top.**

From Month - Year	To Month - Year	Address	City & State	Name of Landlord

**Please Use This Area to Add or Explain Information From Section 1 (utilize number to indicate which question is being referred to):**

## Section 2 – Education and Training

18. High School: \_\_\_\_\_ City/State: \_\_\_\_\_

19. Did you graduate or pass a high school equivalency test?  Yes  No

20. College / University / Trade School

Name of School	Location (City & State)	From Month – Year	To Month – Year	Years Completed	Graduated/Certificate Received (Y/N)

21. List any college degrees received and major field of study (include incomplete coursework):

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22. Were you ever expelled or disciplined by any school official?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Military Service (If Applicable)**

23. Have you ever served in the U.S. Armed Forces or any other military organization?  Yes  No

24. Branch: \_\_\_\_\_ Unit: \_\_\_\_\_ Enlistment Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_ Highest Rank: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Medals/Decorations: \_\_\_\_\_  
\_\_\_\_\_

25. If presently in the National Guard or Reserves, list unit and describe obligation: \_\_\_\_\_  
\_\_\_\_\_

## Section 3 – Employment History

**26. 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 the proper time sequence and temporary part-time jobs.**

### **Employer #1 – Present or Most Recent**

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_

Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Employment Type:  Full-Time  Part-Time Hours/Week: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor (Name & Title): \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### **Employer #2**

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_

Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Employment Type:  Full-Time  Part-Time Hours/Week: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor (Name & Title): \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### **Employer #3**

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_

Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Employment Type:  Full-Time  Part-Time Hours/Week: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor (Name & Title): \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### **Employer #4**

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_

Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Employment Type:  Full-Time  Part-Time Hours/Week: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor (Name & Title): \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### **Employer #5**

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_

Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Employment Type:  Full-Time  Part-Time Hours/Week: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor (Name & Title): \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### **Employer #6**

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_

Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Employment Type:  Full-Time  Part-Time Hours/Week: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor (Name & Title): \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### **Employer #7**

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_

Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Employment Type:  Full-Time  Part-Time Hours/Week: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor (Name & Title): \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### **Employer #8**

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_

Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Employment Type:  Full-Time  Part-Time Hours/Week: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor (Name & Title): \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### **27. If you have had any periods of unemployment in the past 10 years, please list below:**

Unemployment From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Explanation: \_\_\_\_\_

Unemployment From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Explanation: \_\_\_\_\_

Unemployment From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Explanation: \_\_\_\_\_

### **28. Additional Employment Information**

Owner/partner/board member in any business?  Yes  No If yes, explain: \_\_\_\_\_

Ever discharged/forced to resign for misconduct/unsatisfactory service?  Yes  No If yes, explain: \_\_\_\_\_

## SECTION 4 – LAW ENFORCEMENT EXPERIENCE

If you have ever been employed by or applied with a law enforcement agency, please complete this section. If you have not, please skip to section 5.

### 29. Law Enforcement Employment

Agency/Department	City/State	Position/Title	Supervisor	Dates Employed	Reason for Separation

**30. Internal affairs/disciplinary action?**  Yes  No If yes, explain: \_\_\_\_\_

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**31. Terminated/forced to resign/denied certification or reemployment by any LE agency?**  Yes  No – explain: \_\_\_\_\_

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**32. Failed to complete a police academy or training program?**  Yes  No – explain: \_\_\_\_\_

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**33. Have you ever been questioned about being dishonest and/or untruthful during an investigation?**

Yes  No – explain: \_\_\_\_\_

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**34. Currently in a hiring process with or recently applied to any other LE/corrections/security agency?**

Yes  No – list agency & status: \_\_\_\_\_

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## Section 5- Driving & Criminal History

**35. Has your license ever been suspended, revoked, or restricted?  Yes  No – If yes, explain:**

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**36. Do you possess a valid driver's license from any other state?  Yes  No**

State: \_\_\_\_\_ DL Number: \_\_\_\_\_ Status: \_\_\_\_\_

State: \_\_\_\_\_ DL Number: \_\_\_\_\_ Status: \_\_\_\_\_

### **37. Traffic Citations (Past 5 Years)**

Date	Violation/Charge	City/State	Outcome

### **Criminal History**

**38. Have you ever been arrested, charged, detained, or convicted of any crime (including juvenile)?**

Yes  No – if yes, list below

Date	Violation/Charge	City/State/Agency	Outcome

**39. Have you ever been placed on probation, parole, or received a suspended sentence?  Yes  No - If yes, explain:**

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**40. Involved as a plaintiff or defendant in any civil or criminal case (including restraining orders)?**

Yes  No - If yes, explain: \_\_\_\_\_

**41. If served in the military, ever subject to disciplinary action, Article 15, or court-martial?  Yes  No – If yes, explain:**

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## Section 6 – Social Media & Online Presence

**42. Please list all social media platforms where you maintain a presence, either now or in the past 3 years. Please include social networking sites, media sharing sites, microblogging platforms, discussion forums, messaging apps, and dating profile apps/sites.**

Platform/Website/App	Username/Handle	Profile Name (if different)	Email Associated	Last active date: Month/Year

## Section 7 – Tattoo, Body Art, & Appearance Disclosure

**43. Do you have tattoos or body art on the neck, face, head, or hands (including fingers)?  Yes  No**

**44. Please list any tattoos, body art, body modification, brandings, or piercings below: (this includes any modifications or embellishments on your teeth to include any unnaturally colored caps, veneers, or overlays)**

Description	Location on Body	Visible in Uniform? (yes/no)	Are you willing to cover or remove to comply with LPD policy? (yes/no)

## **Section 8 – Personal/Professional References**

45. Please list 3 personal/professional references below. Immediate family members, current or former spouses, will not be considered and should not be listed:

Name	Relationship/How known	Years Known	Complete Address	Phone	Email

**46. List any Lafayette Police Department employees you know PERSONALLY:**

## Section 9 – Personal Perspective

Please fully answer these questions based on your personal perspective and worldview:

- 1. What do you believe are the biggest social issues affecting law enforcement today? \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. What are your personal beliefs about alcohol and recreational drug use, especially as they relate to off-duty conduct? \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. What are your views on the use of force, including deadly force, when it becomes necessary in the performance of official duties? \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. Police work can be physically and emotionally demanding, often involving exposure to stress, trauma, and critical incidents. How do you think you will handle the stress and emotional challenges of police work? \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. What does “integrity” mean to you in the context of policing? \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6. Briefly explain your reasons for applying to the Lafayette Police 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: \_\_\_\_\_

# Section 10 – Application Acknowledgments

Applicants must read and initial each section to indicate understanding and agreement.

**A. Application Acknowledgment** Initials: \_\_\_\_\_

I certify that all statements and information provided in this application and any accompanying documents are true, complete, and made in good faith. I understand that any omission, falsification, or misrepresentation of material facts may result in disqualification, denial of employment, or termination. I further acknowledge that this application and all related documents become the property of the Lafayette Police Department and will not be returned.

**B. Fair Credit Reporting Act (FCRA) Disclosure & Authorization** Initials: \_\_\_\_\_

I understand that the Lafayette Police Department may obtain information from consumer reporting agencies or other third parties, which may include credit history, criminal records, driving history, education, and prior employment, for the purpose of evaluating my eligibility for employment. I authorize the Lafayette Police Department and its designated agents to obtain such information as part of my background investigation.

**C. Tattoo / Body Art & Appearance Disclosure** Initials: \_\_\_\_\_

I acknowledge that all tattoos, body art, piercings, brands, and other distinguishing marks are subject to review and approval under Lafayette Police Department policy. I understand that final determination regarding visibility, acceptability, or coverage requirements rests solely with the Lafayette Police Department.

**D. Physical Readiness & Training Acknowledgment** Initials: \_\_\_\_\_

I acknowledge that employment as a Lafayette Police Officer requires maintaining physical fitness and participating in training that may be physically and emotionally demanding. I understand that I must successfully complete all required physical assessments, training programs, and medical evaluations as a condition of employment and continued service.

**E. Authorization for Release of Information** Initials: \_\_\_\_\_

I have read and understand the Authorization for Release of Information included in this application packet. I consent to the Lafayette Police Department obtaining any and all records or information relevant to my background investigation, including but not limited to employment, education, medical, psychological, criminal, driving, financial, and military records.

## Final Certification and Signature

Full Legal Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name: \_\_\_\_\_

# Authorization for Release of Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ City: \_\_\_\_\_ Parish/County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

This release constitutes my consent and authority for a duly authorized representative of the Lafayette Police Department, Recruiting Unit to obtain statements and information regarding my background and to acquire copies and abstracts of my records.

Specifically, I authorize the release to the Lafayette Police Department, Recruiting Unit the following data or records: Employment; Educational; Medical; Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations or any variation; and the UNDELETED copy of the separation document and medical records from the National Personnel Records and Military Personnel Records Center.

This authorization is given in connection with a background investigation being conducted relative to my application for employment with the Lafayette Police Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment with the Lafayette Police Department. I understand that all materials pertaining to this background investigation becomes property of the Lafayette Police Department and will not be returned.

I agree to indemnify and hold harmless the person whom this request is presented and his/her agent(s) and/or employee(s) for and against all claims, damages, loses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me.

It is further understood that a photocopy of this release form will be considered legally binding and with full authority.

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

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_