

# 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<br>INCLUDE ZIP CODE | E-MAIL ADDRESS | TELEPHONE |
|------|--------------------------------------|----------------|-----------|
| 1.   |                                      |                |           |
| 2.   |                                      |                |           |
| 3.   |                                      |                |           |
| 4.   |                                      |                |           |
| 5.   |                                      |                |           |

17. List your parents, brothers and sisters:

|            | NAME | COMPLETE ADDRESS<br>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<br>MO. YR. | TO<br>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<br>MO. YR. | TO<br>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<br>(CITY AND STATE) | FROM<br>MO. / YR. | TO<br>MO. / YR. | YEARS<br>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 \_\_\_\_\_  
(Type in Name)

Date \_\_\_\_\_

Please read the agreement below, along with the notes on submitting your application.

I agree that this form may be electronically signed and agree that my typed signature is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility.

**Notes:** If you are using a browser you will need to **save the completed application to your local device** (remember the location) and then click the Submit button. After your email client opens attach the locally saved application and send.