

New Orleans Police Department



Recruit Application Packet



INDEXES

1. Personal History Record
2. Personal History Record Cont.
3. N.O.P.D. Employment Application
4. Marital Status
5. Financial and Legal Information
6. Education Information
7. Military History & Veteran Information
8. Employment Information
9. 9 – 13 Employment Continued
14. Law Enforcement Employment & Civil Service Information
15. Arrest & Summons
16. Arrest & Summons Cont.
17. References
18. Driver's License and Vehicle Information
19. 19 – 21 Miscellaneous Information
22. Communist or Racist Information
23. Oath

Notify in case of Emergency

Name: _____

Address: _____

Telephone(s): _____

Relationship: _____

Have you ever been arrested? Yes _____ No _____

If "Yes" list charges _____

Present Employer:

Employer name & complete address

Telephone

Telephone numbers where you may be reached, other than home:

or

Area Code

Telephone Number

Area Code

Pager/Cell Phone

List any special abilities (Training, Language, Licenses, etc.)

N.O.P.D EMPLOYMENT APPLICATION

A. Name _____ Race _____ Sex _____ Age _____

B. Maiden Name _____ Nickname _____ Date of Birth _____

C. Place of Birth _____ Social Sec. _____

D. Present Address _____
Number Street City State Zip

E. Home Telephone _____ Other Telephone _____
Include Area Code Include Area Code

F. Are you a citizen of the United States? () YES () NO If applicable, supply
certificate number: _____

G. List Residences for the past ten (10) years:

Address: _____ City / State _____ From _____ To _____

Address: _____ City / State _____ From _____ To _____

Address: _____ City / State _____ From _____ To _____

Address: _____ City / State _____ From _____ To _____

Address: _____ City / State _____ From _____ To _____

H. Have you ever resided outside of the City of New Orleans, State of LA, or the U.S.?

() Yes () No

If "Yes" supply exact addresses: _____

Have you ever used any name other than the name indicated above? () Yes () No

If "Yes" Explain why _____

MARITAL STATUS

A. Marital Status: () Married () Single () Separated () Divorced

B. Spouse's Full Name: _____
Last First Middle / Maiden

C. Spouse's Date of Birth: _____ Occupation: _____

Spouse's place of employment: _____

D. Number of children: _____ List names of children below:

Name: _____ Date of Birth: _____ Address: _____

Name: _____ Date of Birth: _____ Address: _____

Name: _____ Date of Birth: _____ Address: _____

Name: _____ Date of Birth: _____ Address: _____

Name: _____ Date of Birth: _____ Address: _____

E. Do you have any previous marriages? () Yes () No If "Yes" Please supply name, address and telephone number(s) of previous spouse(s), and date(s) of previous marriage(s)

FINANCIAL INFORMATION

A. Have there ever been any law suit(s) against you and/or Civil Judgment(s) Against you?

() Yes () No If "Yes", explain: _____

B. Have you ever filed any civil suit(s)? () Yes () No. If "Yes", explain:

B. Have you ever filed for bankruptcy(s)? () Yes () No. If "Yes", explain:

LEGAL INFORMATION

A. Were you ever summoned or subpoenaed to any court of law in a civil or criminal action as a defendant or a witness? () Yes () No. If "Yes", explain:

B. Are you currently paying alimony and/or child support? () Yes () No. If "Yes", explain in full stating whether you are paying both alimony and child support or just one of the two. Also include the amount of your monthly payments.

C. If the answer to "B" is "Yes", please state whether you are delinquent in any of these payments. () Yes () No. If "Yes", state how many months delinquent, total amount delinquent, and reason for delinquency.

D. Are you an owner, co-owner, partner, and/or investor in any corporation?() Yes () No. If "Yes", explain:

EDUCATIONAL INFORMATION

A. High School

Name _____ From _____ To _____

Name _____ From _____ To _____

Name _____ From _____ To _____

Name _____ From _____ To _____

Date of Graduation _____

B. College and/or University

Name _____ From _____ To _____

Name _____ From _____ To _____

Name _____ From _____ To _____

Major _____ Minor _____ Hrs. Completed _____

C. Other (including G.E.D. Certificate)

D. Were you ever suspended, expelled, or asked to withdraw from any educational institutional system, including academic suspension? () Yes () No If "Yes" explain, _____

E. List any foreign language(s) you speak, read, or understand.

MILITARY HISTORY

A. Branch of Service: _____ From: _____ To: _____

B. Type discharge: _____ If other than Honorable, explain:

C. Service Number: _____ Highest Rank Attained: _____

D. List reserve or National Guard status: _____

E. While enlisted in the armed forces, were you subjected to any disciplinary actions?

() Yes () No If "Yes", explain: _____

F. Were there any medical reason(s) connected with your discharge?

() Yes () No If "Yes", explain: _____

VETERANS INFORMATION

A. What is your present Selective Service Classification? _____

B. Have you ever been rejected for enlistment, re-enlistment, or induction into any branch of the armed forces of the United States? () Yes () No If "Yes", explain and give branch of service and date(s)

C. Are you now or have you ever been a deserter from any branch of the armed forces of the United States? () Yes () No If "Yes" explain:

EMPLOYMENT INFORMATION

* Begin with Present Employment. Include all employment during the past 10 years.*

A. Company Name: _____

Complete mailing address: _____

Zip Code _____ Telephone No. _____ Salary Per Mo. _____

Supervisor's Name: _____ Your job title. _____

Job duties: _____

Any supervisory experience? () Yes () No If "Yes", explain:

Employment period: From: _____ To: _____

Reason for leaving: _____

B. Company Name: _____

Complete mailing address: _____

Zip Code _____ Telephone No. _____ Salary Per Mo. _____

Supervisor's Name: _____ Your job title. _____

Job duties: _____

Any supervisory experience? () Yes () No If "Yes", explain:

Employment period: From: _____ To: _____

Reason for leaving: _____

EMPLOYMENT INFORMATION (Continued)

C. Company Name: _____

Complete mailing address: _____

Zip Code _____ Telephone No. _____ Salary Per Mo. _____

Supervisor's Name: _____ Your job title. _____

Job duties: _____

Any supervisory experience? () Yes () No If "Yes", explain:

Employment period: From: _____ To: _____

Reason for leaving: _____

D. Company Name: _____

Complete mailing address: _____

Zip Code _____ Telephone No. _____ Salary Per Mo. _____

Supervisor's Name: _____ Your job title. _____

Job duties: _____

Any supervisory experience? () Yes () No If "Yes", explain:

Employment period: From: _____ To: _____

Reason for leaving: _____

EMPLOYMENT INFORMATION (Continued)

E. Company Name: _____

Complete mailing address: _____

Zip Code _____ Telephone No. _____ Salary Per Mo. _____

Supervisor's Name: _____ Your job title: _____

Job duties: _____

Any supervisory experience? () Yes () No If "Yes", explain:

Employment period: From: _____ To: _____

Reason for leaving: _____

F. Company Name: _____

Complete mailing address: _____

Zip Code _____ Telephone No. _____ Salary Per Mo. _____

Supervisor's Name: _____ Your job title: _____

Job duties: _____

Any supervisory experience? () Yes () No If "Yes", explain:

Employment period: From: _____ To: _____

Reason for leaving: _____

EMPLOYMENT INFORMATION (Continued)

G. Company Name: _____

Complete mailing address: _____

Zip Code _____ Telephone No. _____ Salary Per Mo. _____

Supervisor's Name: _____ Your job title. _____

Job duties: _____

Any supervisory experience? () Yes () No If "Yes", explain:

Employment period: From: _____ To: _____

Reason for leaving: _____

H. Company Name: _____

Complete mailing address: _____

Zip Code _____ Telephone No. _____ Salary Per Mo. _____

Supervisor's Name: _____ Your job title. _____

Job duties: _____

Any supervisory experience? () Yes () No If "Yes", explain:

Employment period: From: _____ To: _____

Reason for leaving: _____

EMPLOYMENT INFORMATION (Continued)

I. Company Name: _____

Complete mailing address: _____

Zip Code _____ Telephone No. _____ Salary Per Mo. _____

Supervisor's Name: _____ Your job title, _____

Job duties: _____

Any supervisory experience? () Yes () No If "Yes", explain:

Employment period: From: _____ To: _____

Reason for leaving: _____

J. Company Name: _____

Complete mailing address: _____

Zip Code _____ Telephone No. _____ Salary Per Mo. _____

Supervisor's Name: _____ Your job title, _____

Job duties: _____

Any supervisory experience? () Yes () No If "Yes", explain:

Employment period: From: _____ To: _____

Reason for leaving: _____

EMPLOYMENT INFORMATION (Continued)

K. Were you ever subject to any disciplinary action or proceeding in connection with any employment? () Yes () No If "Yes", Explain:

L. Have you ever been dismissed from any employment? () Yes () No If "Yes", Explain:

LAW ENFORCEMENT EMPLOYMENT

A. Have you ever applied for employment with the New Orleans Police Department in the past, including NOPD Reserves? () Yes () No If "Yes" for what:

For what position did you apply? _____

B. When was the application filed? _____

C. Reason not employed: _____

D. Have you ever applied for or ever been employed by any law enforcement agency either inside or outside the state of Louisiana (including reserve / auxiliary). If "Yes" please provide the following information.

State: _____ Agency: _____

Telephone No.: _____ Reason for leaving: _____

CIVIL SERVICE INFORMATION

A. Have you ever been employed by the city of New Orleans? () Yes () No. If "Yes", with what department, and what position did you occupy?

B. Are you requesting a transfer within City Civil Service? () Yes () No. If "Yes", from what department?

C. Reason for transfer? _____

ARREST(S) AND SUMMONS

A. Indicate below all traffic citations you have received:

Mo./Yr.	Charge / Violation	City	State	Disposition
Mo./Yr.	Charge / Violation	City	State	Disposition
Mo./Yr.	Charge / Violation	City	State	Disposition
Mo./Yr.	Charge / Violation	City	State	Disposition
Mo./Yr.	Charge / Violation	City	State	Disposition

B. Have you ever been involved in any traffic accident(s)? Yes No

If "Yes", were you issued a traffic citation? _____

C. Have you ever had a criminal record expunged? Yes No

D. Have you ever been arrested or received any summons by any law enforcement agency?
 Yes No. If "Yes", please complete the following, including charges refused, Nol-Pros, Dismissed, and conviction(s):

Mo./Yr.	Charge / Violation	City	State	Disposition
Mo./Yr.	Charge / Violation	City	State	Disposition
Mo./Yr.	Charge / Violation	City	State	Disposition

E. Comments or facts pertaining to arrest(s) and/or conviction(s):

F. List any member(s) of your family who has been arrested within the past ten (10) years:

Full Name	Relationship	D.O.B.	Charge	Disposition
Full Name	Relationship	D.O.B.	Charge	Disposition
Full Name	Relationship	D.O.B.	Charge	Disposition
Full Name	Relationship	D.O.B.	Charge	Disposition

G. List name(s), address(es), approximate date(s), and disposition(s) of any incidents involving neighbors with whom you have had difficulty with the past ten (10) years:

Name	Address	Date	Disposition
Name	Address	Date	Disposition
Name	Address	Date	Disposition

N.O.P.D. REFERENCES

A. Give name(s) of friend(s) and/or relative(s) who are presently employed by the New Orleans Police Department:

Name	Assignment	Rank	Relationship	e-Mail
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Name	Assignment	Rank	Relationship	e-Mail
------	------------	------	--------------	--------

Name	Assignment	Rank	Relationship	e-Mail
------	------------	------	--------------	--------

PERSONAL REFERENCES

Name	Address	Occupation	Yrs. Known	Phone
------	---------	------------	------------	-------

e-Mail: _____

Name	Address	Occupation	Yrs. Known	Phone
------	---------	------------	------------	-------

e-Mail: _____

Name	Address	Occupation	Yrs. Known	Phone
------	---------	------------	------------	-------

e-Mail: _____

Name	Address	Occupation	Yrs. Known	Phone
------	---------	------------	------------	-------

e-Mail: _____

DRIVER'S LICENSE INFORMATION

A. List any and all driver's licenses that you currently have. Identify by state and number:

STATE	DRIVER'S LICENSE NUMBER
_____	_____
_____	_____
_____	_____

B. Has any driver's license you possessed ever been denied, suspended, or revoked?

() Yes () No. If "Yes" explain:

VEHICLE INFORMATION

Make: _____

Model: _____

Lien Holder: _____

Amount Owed: _____

Registration: _____

Insurance Company Policy: _____

MISCELLANEOUS INFORMATION

A. List all organizations, fraternities, clubs, and/or affiliations and explain:

B. Is there anything in your personal life that could embarrass the New Orleans Police Department? () Yes () No. If "Yes" explain:

C. Have you ever committed a crime for which you were never arrested? () Yes () No. If "Yes" explain:

D. Did you ever steal or take anything of value? () Yes () No. Why? And specify amount.

E. Have you ever committed the act of shoplifting? () Yes () No. If "Yes" explain:

F. Did you ever buy, sell, or do you now have stolen merchandise or property in your possession? () Yes () No. If "Yes" explain:

G. Have you ever used or tried cocaine? () Yes () No. If "Yes" explain and include how often:

H. Have you ever tried or used marijuana? () Yes () No. If "Yes" explain and include how often:

I. Do you smoke marijuana at this time? () Yes () No. If "Yes" explain:

J. Have you ever taken any narcotic substances, sedatives, stimulants, or tranquilizer drugs, except as prescribed by a licensed physician? () Yes () No. If "Yes" explain:

K. Have you ever been involved in the use, purchase, possession, or sale of marijuana, L.S.D., cocaine, or any harmful or habit-forming drug(s) and/or chemical(s), except as prescribed by a licensed physician? () Yes () No. If "Yes" explain:

L. Has your use of alcoholic beverages (such as liquor, beer, and/or wine) ever resulted in the loss of a job, arrest by police, and/or treatment for alcoholism? () Yes () No. If "Yes" explain:

OATH

On this _____ Day of _____, 20_____, I have read and completed the foregoing personal history statement and understand the contents. The information given is true and correct to the best of my knowledge and belief and does not knowingly contain any misrepresentation of facts. I further understand that I will be administered a computer voice stress analysis (C.V.S.A) examination by an authorized examiner and deception relative to any answer given may be grounds for disqualification. Additionally, any misrepresentation of facts by me in this form or in any subsequent interview pertaining to my employment may result in my rejection by, or dismissal from the New Orleans Police Department.

If there is any change in the contents of this application, I understand that this must be reported to my investigator within one week of the change.

If during the investigative process, I am determined to be ineligible for employment with the New Orleans Police Department, I understand that no specific reason(s) for the decision will be provided.

Signature

An equal opportunity employer