

# APPLICATION FOR EMPLOYMENT

## CALCASIEU PARISH POLICE JURY

1015 Pithon Street  
P.O. Drawer 3287  
Lake Charles, Louisiana 70602-3287

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, ancestry, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

|  |                                   |                                      |                     |
|--|-----------------------------------|--------------------------------------|---------------------|
| Position(s) Applied For                    |                                   | Date of Application                  |                     |
| How Did You Learn About Us?                |                                   |                                      |                     |
| <input type="checkbox"/> Advertisement     | <input type="checkbox"/> Relative | <input type="checkbox"/> Inquiry     |                     |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Friend   | <input type="checkbox"/> Other _____ |                     |
| Last Name                                  | First Name                        | Middle Name                          |                     |
| Address                                    | Number                            | Street                               | City State Zip Code |
| Telephone Number(s)                        |                                   | Social Security Number               |                     |

Best time to contact you at home is: ..... :..... <sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes  No

Have you ever filed an application with us before? .....  Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? .....  Yes  No  
If Yes, give date \_\_\_\_\_

Do any of your relatives work here? .....  Yes  No

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment* .....  Yes  No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time  
 Part-Time  
 Temporary (please indicate dates available \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

Can you travel if a job requires it? .....  Yes  No

Have you been convicted of a felony within the last five years? .....  Yes  No  
A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**



# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, creed, gender, national origin, ancestry, age, disability, marital or veteran status, or any other legally protected status.

|    |                     |                    |       |                |
|----|---------------------|--------------------|-------|----------------|
| 1. | Employer            | Dates Employed     |       | Work Performed |
|    |                     | From               | To    |                |
|    | Address             |                    |       |                |
|    | Telephone Number(s) | Hourly Rate/Salary |       |                |
|    |                     | Starting           | Final |                |
|    | Job Title           | Supervisor         |       |                |
|    | Reason for Leaving  |                    |       |                |
| 2. | Employer            | Dates Employed     |       | Work Performed |
|    |                     | From               | To    |                |
|    | Address             |                    |       |                |
|    | Telephone Number(s) | Hourly Rate/Salary |       |                |
|    |                     | Starting           | Final |                |
|    | Job Title           | Supervisor         |       |                |
|    | Reason for Leaving  |                    |       |                |
| 3. | Employer            | Dates Employed     |       | Work Performed |
|    |                     | From               | To    |                |
|    | Address             |                    |       |                |
|    | Telephone Number(s) | Hourly Rate/Salary |       |                |
|    |                     | Starting           | Final |                |
|    | Job Title           | Supervisor         |       |                |
|    | Reason for Leaving  |                    |       |                |
| 4. | Employer            | Dates Employed     |       | Work Performed |
|    |                     | From               | To    |                |
|    | Address             |                    |       |                |
|    | Telephone Number(s) | Hourly Rate/Salary |       |                |
|    |                     | Starting           | Final |                |
|    | Job Title           | Supervisor         |       |                |
|    | Reason for Leaving  |                    |       |                |

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal race, color, religion, creed, gender, national origin, ancestry, age, disability, marital or veteran status, or any other legally protected status.

|  |
|--|
|  |
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|  |

# ADDITIONAL INFORMATION

## SPECIALIZED SKILLS (LIST SKILLS/EQUIPMENT OPERATED)

|   |   |   |
|---|---|---|
| <b>Computer Skills:</b><br>Typing WPM _____<br>Software programs (list):<br>_____<br>_____<br>_____ | <b>Production/Mobile Machinery (list):</b><br>_____<br>_____<br>_____ | <b>Other (list):</b><br>_____<br>_____<br>_____ |
|---|---|---|

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

As a condition of my employment, I agree to submit to a criminal background check, driving record check, drug screen, and/or physical and to have the results reviewed by the Director of Human Resources. I understand that my employment with the Calcasieu Parish Police Jury is contingent upon satisfactory results of these screenings.

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_  
Date

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES  NO

## REFERENCES

|    |           |         |
|----|-----------|---------|
| 1. | ( )       | Phone # |
|    | (Name)    |         |
|    | (Address) |         |
| 2. | ( )       | Phone # |
|    | (Name)    |         |
|    | (Address) |         |
| 3. | ( )       | Phone # |
|    | (Name)    |         |
|    | (Address) |         |



Calcasieu Parish Police Jury  
Department of Human Resources

NEPOTISM QUESTIONNAIRE

The Calcasieu Parish Police Jury recognizes the desire of employees to assist relatives in seeking employment. However, to comply with statutory requirements and the Parish's nepotism policy, the following information is requested on your family relationships and/or domestic partners, if any.

**Note: The Calcasieu Parish Police Jury cannot hire immediate relatives of any Police Juror and/or the Parish Administrator.**

For the purposes of this questionnaire:

Relatives are defined as spouses, children, children of spouses, spouses of children and stepchildren, brothers, sisters, parents, parents of the spouse, brothers-in-law, sisters-in-law, aunts, uncles, nieces, nephews, and first cousins.

Domestic Partners are defined as individuals who reside in the same household and are involved in a relationship, often holding themselves out to the public as marital partners, but who are not legally married.

APPLICANT'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_

1.) Are you related to any Calcasieu Parish Police Juror?  YES  NO

If yes, give name and relationship? \_\_\_\_\_

2.) Are you related to the Parish Administrator?  YES  NO

If yes, what relationship? \_\_\_\_\_

3.) Are you related to ANY employee working for ANY department of the Calcasieu Parish Police Jury? (For example: Public Works, Animal Control, Finance)  YES  NO

If yes, give name of relative, relationship, and department or office your relative works for?

| <u>NAME</u> | <u>RELATIONSHIP</u> | <u>DEPARTMENT/OFFICE</u> |
|-------------|---------------------|--------------------------|
|-------------|---------------------|--------------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

I certify that the above is correct and true.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



Calcasieu Parish Police Jury  
Department of Human Resources  
P.O. Drawer 3287 Lake Charles, Louisiana 70602  
337/721-3520 • FAX: 337/437-4166

## Affirmative Action Data Record

We consider all applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. **Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

*(Please Print)*

|                     |        |        |                        |       |          |             |  |  |
|---------------------|--------|--------|------------------------|-------|----------|-------------|--|--|
| Last Name           |        |        | First Name             |       |          | Middle Name |  |  |
| Address             | Number | Street | City                   | State | Zip Code |             |  |  |
| Telephone Number(s) |        |        | Social Security Number |       |          | Date        |  |  |

### REFERRAL SOURCE:

- Employee       School       Relative       Private Employment Agency  
 Friend       Walk-in       Government Employment Agency       Other \_\_\_\_\_  
 Advertisement & Source \_\_\_\_\_

Check One:     Male       Female

Check One of the Following: (Ethnic Origin)

- White       Hispanic       American Indian/Alaskan Native  
 Black       Other       Asian/Pacific Islander

Check If Any of the Following Are Applicable

- Vietnam Era Veteran       Disabled Veteran       Disabled Individual

Birthdate: \_\_\_\_\_

Calcasieu Parish Communications District  
Personal History Statement

**Personal**

Please fill in the following information for verification and contact purposes:

1 Please Print or type your full legal name:

|      |       |        |     |
|------|-------|--------|-----|
| Last | First | Middle | Age |
|------|-------|--------|-----|

|   |             |
|---|-------------|
| Other names (including nicknames) you have used or been known by: | Maiden name |
|---|-------------|

|        |  |
|--------|--|
| E-Mail |  |
|--------|--|

2 Residence

|        |        |      |       |          |
|--------|--------|------|-------|----------|
| Number | Street | City | State | Zip Code |
|--------|--------|------|-------|----------|

3 Additional Contact Information:

Please list your primary telephone and a secondary number.

|         |           |
|---------|-----------|
| Primary | Secondary |
|---------|-----------|

Please list your mailing address if it is different from your residence address

|        |        |      |       |          |
|--------|--------|------|-------|----------|
| Number | Street | City | State | Zip Code |
|--------|--------|------|-------|----------|

4 Birth Date: Month/Day/Year

|  |
|--|
|  |
|--|

5 You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide documentation to confirm this?

Yes       No

6 Social Security Number:

|  |
|--|
|  |
|--|

*NOTE: In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will only be used for identification purposes to ensure that proper records are obtained.*

7 For the purposes of identification, please provide the following:

|        |        |            |           |  |
|--------|--------|------------|-----------|--|
| Height | Weight | Hair Color | Eye Color | Scars, tattoos or other distinguishing marks |
|--------|--------|------------|-----------|--|

**Education**

8

This position requires a high school diploma or equivalent. Please indicate below how you satisfy this requirement. A copy of your diploma(s) must be attached.

|  |   |  |
|--|---|--|
|  | I possess a high school diploma dated: _____  |  |
|  | I passed the G.E.D. (General Educational Development) test (date & location): _____ |  |
|  | I possess a two-year college degree dated: _____                                    |  |
|  | I possess a college or university degree (type and date): _____                     |  |

Calcasieu Parish Communications District  
Personal History Statement

**Residence**

**9** Please list all of your residences back at least ten (10) years. There should be no gaps in residence dates. Begin with your current residence and list backward in chronological order.

|   |         | Date:                 |                   |  |
|---|---------|-----------------------|-------------------|--|
|   |         | From MM/YR            | To MM/YR          | If rented, give name, address & phone of person responsible for collecting rent. |
| a.  | Address | City, State, Zip Code |                   |  |
| With whom did you live (include relationship) |         |                       | Reason for moving |  |
| b.  | Address | City, State, Zip Code |                   |  |
| With whom did you live (include relationship) |         |                       | Reason for moving |  |
| c.  | Address | City, State, Zip Code |                   |  |
| With whom did you live (include relationship) |         |                       | Reason for moving |  |
| d.  | Address | City, State, Zip Code |                   |  |
| With whom did you live (include relationship) |         |                       | Reason for moving |  |

**References**

*During the course of the background investigation, persons who know you may be asked to comment upon your suitability for the position of telecommunicator. Inquiries are confined to job related matters.*

**10** Please list four (4) individuals such as friends, co-workers, neighbors, classmates, teachers, and supervisors who have knowledge of you and your qualifications. Exclude relatives and individuals from question #9.

|              |              |       |
|--------------|--------------|-------|
| Name         | Address      | Home  |
|              |              | Work  |
|              |              | Other |
| Relationship | Known Since: |       |
| Name         | Address      | Home  |
|              |              | Work  |
|              |              | Other |
| Relationship | Known Since: |       |
| Name         | Address      | Home  |
|              |              | Work  |
|              |              | Other |
| Relationship | Known Since: |       |
| Name         | Address      | Home  |
|              |              | Work  |
|              |              | Other |
| Relationship | Known Since: |       |

**11** Please list any individuals that you are acquainted with who are members of a Public Service Agency, ex: police, fire, EMS, 911. Exclude individuals who were previously listed.

| Name, Rank/Position and Agency: | Address (Include City, State and Zip code) | Telephone (include area code) |
|---------------------------------|--|-------------------------------|
|                                 |  |                               |
|                                 |  |                               |
|                                 |  |                               |



Calcasieu Parish Communications District  
Personal History Statement

**Experience and Employment**

**12** Beginning with your most current employment, please list in chronological order all jobs (including part-time, temporary and voluntary positions) you have held in the past ten (10) years. For the purposes of this personal history statement, voluntary work should be included as employment. For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

|   |  |   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
|---|--|---|--------------------|---|--------------------|--|--|-------|--|------------------------------------|------------------------------------|--------|--|------------------------------------|----------------------------------|---|---------------------------------------|--------------------|--|--|--|
| a.  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">From:</td> <td style="width: 20%;">To:</td> <td style="width: 55%;">Name and complete address of employer, include zip code</td> <td style="width: 5%;">Name of supervisor</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Title</td> </tr> <tr> <td>Full-time <input type="checkbox"/></td> <td>Part-time <input type="checkbox"/></td> <td colspan="2" rowspan="3">Duties</td> </tr> <tr> <td>Voluntary <input type="checkbox"/></td> <td>Present <input type="checkbox"/></td> </tr> <tr> <td>Military Service <input type="checkbox"/></td> <td>Not employed <input type="checkbox"/></td> </tr> <tr> <td colspan="4">Reason for leaving</td> </tr> </table> | From:   | To:                | Name and complete address of employer, include zip code | Name of supervisor |  |  | Title |  | Full-time <input type="checkbox"/> | Part-time <input type="checkbox"/> | Duties |  | Voluntary <input type="checkbox"/> | Present <input type="checkbox"/> | Military Service <input type="checkbox"/> | Not employed <input type="checkbox"/> | Reason for leaving |  |  |  |
| From:                                     | To:  | Name and complete address of employer, include zip code | Name of supervisor |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
|   |  | Title   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Full-time <input type="checkbox"/>        | Part-time <input type="checkbox"/>   | Duties  |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Voluntary <input type="checkbox"/>        | Present <input type="checkbox"/>   |   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Military Service <input type="checkbox"/> | Not employed <input type="checkbox"/>  |   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Reason for leaving                        |  |   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
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| From:                                     | To:  | Name and complete address of employer, include zip code | Name of supervisor |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
|   |  | Title   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Full-time <input type="checkbox"/>        | Part-time <input type="checkbox"/>   | Duties  |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Voluntary <input type="checkbox"/>        | Present <input type="checkbox"/>   |   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Military Service <input type="checkbox"/> | Not employed <input type="checkbox"/>  |   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Reason for leaving                        |  |   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
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|   |  | Title   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Full-time <input type="checkbox"/>        | Part-time <input type="checkbox"/>   | Duties  |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Voluntary <input type="checkbox"/>        | Present <input type="checkbox"/>   |   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Military Service <input type="checkbox"/> | Not employed <input type="checkbox"/>  |   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Reason for leaving                        |  |   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
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|   |  | Title   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Full-time <input type="checkbox"/>        | Part-time <input type="checkbox"/>   | Duties  |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Voluntary <input type="checkbox"/>        | Present <input type="checkbox"/>   |   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
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| Reason for leaving                        |  |   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| e.  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">From:</td> <td style="width: 20%;">To:</td> <td style="width: 55%;">Name and complete address of employer, include zip code</td> <td style="width: 5%;">Name of supervisor</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Title</td> </tr> <tr> <td>Full-time <input type="checkbox"/></td> <td>Part-time <input type="checkbox"/></td> <td colspan="2" rowspan="3">Duties</td> </tr> <tr> <td>Voluntary <input type="checkbox"/></td> <td>Present <input type="checkbox"/></td> </tr> <tr> <td>Military Service <input type="checkbox"/></td> <td>Not employed <input type="checkbox"/></td> </tr> <tr> <td colspan="4">Reason for leaving</td> </tr> </table> | From:   | To:                | Name and complete address of employer, include zip code | Name of supervisor |  |  | Title |  | Full-time <input type="checkbox"/> | Part-time <input type="checkbox"/> | Duties |  | Voluntary <input type="checkbox"/> | Present <input type="checkbox"/> | Military Service <input type="checkbox"/> | Not employed <input type="checkbox"/> | Reason for leaving |  |  |  |
| From:                                     | To:  | Name and complete address of employer, include zip code | Name of supervisor |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
|   |  | Title   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Full-time <input type="checkbox"/>        | Part-time <input type="checkbox"/>   | Duties  |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Voluntary <input type="checkbox"/>        | Present <input type="checkbox"/>   |   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Military Service <input type="checkbox"/> | Not employed <input type="checkbox"/>  |   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |
| Reason for leaving                        |  |   |                    |   |                    |  |  |       |  |                                    |                                    |        |  |                                    |                                  |   |                                       |                    |  |  |  |

Calcasieu Parish Communications District  
Personal History Statement

**13** Would any problem result if your present employer was contacted during the course of the background investigation?  
 No  Yes  If "yes", please explain

**14** Have you ever held employment under another name ?  
 No  Yes  If "yes", please give details

**15** Have you had any extended work absences for reasons other than earned vacations?  
 No  Yes  If "yes", please explain (include when, name of employer(s) and why).

**16** Have you ever been fired or asked to resign from any place of employment?  
 No  Yes  If "yes", please explain (include when, name of employer(s) and why).

**17** Have you ever resigned from a job to prevent termination?  
 No  Yes  If "yes", please explain (include when, name of employer(s) and why).

**18** Have you ever been suspended from a job or received a letter of reprimand?  
 No  Yes  If "yes", please explain (include when, name of employer(s) and why).

**19** To your knowledge, would any former employer give you an unfavorable recommendation?  
 No  Yes  If "yes", please explain (include when, name of employer(s) and why).

**20** Are you familiar with the duties and responsibilities requires of a Telecommunicator? NO  YES

**21** Is there any reason you could not perform the duties of a Telecommunicator?  
 No  Yes  If "yes", please explain

**22** Are you able to work the various shifts and assigned schedules required to cover a 24-hour period? NO  YES

**23** Are you able to sit for extended periods of time? NO  YES

**24** Are you able to view and work on computers for extended periods of time? NO  YES

**Dispatch, Law Enforcement, Fire and Medical Agency Information**

**25** Have you ever been a successful or unsuccessful candidate for any public safety agency, including this department?  
 No  Yes   
 If "yes", please list all agencies with which you have applied, starting with the most recent. Give complete addresses and an appropriate telephone number for

| Name of Agency - Complete address, zip code, telephone number | Position/Classification | Date (MM/YR) |
|---|-------------------------|--------------|
|   |                         |              |
|   |                         |              |
|   |                         |              |

**26** Do you have any prior dispatch, law enforcement, fire or medical agency experience? Include police reserves, military and/or volunteer.

| Name of Agency - Complete address, zip code, telephone number | Rank, Title, Position | Date (MM/YR) |
|---|-----------------------|--------------|
|   |                       |              |
|   |                       |              |

**27** Have you ever attended any dispatch, law enforcement, fire or medical training center? Attach copy of certificate(s).  
 No  Yes   
 If "yes"; did you complete the Academy?  
 No  Yes

| Academy name & address | Dates attended |
|------------------------|----------------|
|                        |                |

Calcasieu Parish Communications District  
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**Legal**

**28** Have you ever been convicted for any felony or misdemeanor criminal offense? (Do not include traffic citations unless you were taken into custody)

No  Yes

(An arrest resulting in a withheld judgement, or the fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has

| Date | Charge(s) | Police agency/city or locality | Penalty |
|------|-----------|--------------------------------|---------|
|      |           |                                |         |
|      |           |                                |         |

**29** Have you ever applied for a permit to carry a concealed weapon? NO  YES  If yes, please provide the following.

|         |  |
|---------|--|
| Date    | Permit granted? NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Purpose |  |

**30** Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?

No  Yes

If "yes", please give details including when, where, name and location of court, and circumstances.

**31** Have you ever used illegal narcotics or controlled substances?

No  Yes  If "yes", please explain

**32** Are you currently using illegal narcotics or controlled substances?

No  Yes  If "yes", please explain

**33** Have you experimented with, or tried, any type of an illegal drug or narcotic? NO  YES

If "yes", indicate with an "X" all drugs that you have experimented with, or tried, from the list below. Experimentation includes, but is not limited to: smoking, swallowing, tasting, inhaling, or injecting.

|                                      |   |                                     |                                       |
|--------------------------------------|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Marijuana   | <input type="checkbox"/> Whites           | <input type="checkbox"/> Downers    | <input type="checkbox"/> Glue         |
| <input type="checkbox"/> Hashish     | <input type="checkbox"/> Bennies          | <input type="checkbox"/> Reds       | <input type="checkbox"/> Mushrooms    |
| <input type="checkbox"/> Hashish oil | <input type="checkbox"/> Uppers           | <input type="checkbox"/> Quaaludes  | <input type="checkbox"/> Steroids     |
| <input type="checkbox"/> Cocaine     | <input type="checkbox"/> Methamphetamines | <input type="checkbox"/> PCP        | <input type="checkbox"/> Opium        |
| <input type="checkbox"/> Crack       | <input type="checkbox"/> Speed            | <input type="checkbox"/> LSD        | <input type="checkbox"/> Heroin       |
| <input type="checkbox"/> Rock        | <input type="checkbox"/> Crank            | <input type="checkbox"/> Angel Dust | <input type="checkbox"/> Amphetamines |
| <input type="checkbox"/> Ice         | <input type="checkbox"/> Crystal          | <input type="checkbox"/> Acid       | <input type="checkbox"/> Other (list) |

If you checked any of the above drugs, give details below:

| Type of Drug or Narcotic | (MM/YR) | Lifetime total times used |
|--------------------------|---------|---------------------------|
|                          |         |                           |
|                          |         |                           |

**34** Is there anything you wish to discuss about your Legal history? Please use the space below.





Calcasieu Parish Communications District  
Personal History Statement

**Acknowledgement and Authorization**

I understand the Calcasieu Parish Communications District is considering me for employment and understand that any appointment tendered me will be contingent upon the results of a thorough background investigation. I hereby certify that all statements made in this personal history statement are true and complete and that I personally completed this form. I understand that any discrepancies, misstatements, omissions and/or falsifications will cause my name to be removed from the eligible list, or be cause for dismissal if an appointment was made.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigaiton of all statements contained in this Personal History Statement for employment as necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Address City State Zip Code

**AFFIDAVIT**

**STATE OF LOUISIANA**  
**PARISH OF \_\_\_\_\_**

**Before Me**, the undersigned duly commissioned and qualified Notary Public for \_\_\_\_\_  
Parish, personally came and appeared:

\_\_\_\_\_  
*Print Name*

to affirm that this instrument was executed as his/her own free act and deed for the uses, considerations,  
and purposes therein expressed.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**  
**ID #**