



JENNINGS POLICE DEPARTMENT

P.O. Box 1249 • 110 N. Broadway
Jennings, LA 70546
Ph: (337) 821-5513 • Fax: (337) 821-5538



Danny Semmes
Chief of Police

TO: _____

Authorization to Release Information

The following information is collected to complete Equal Opportunity Reports required by law. You are not legally obligated to provide this information.

Racial/Ethnic Group

White Black Hispanic Asian/Pacific Islander
 American Indian/Alaskan Native SEX: Male Female

The Civil Rights Act of 1967, and The Americans with Disabilities Act of 1990 prohibit Discrimination in employment based on: Race, Color, Religion, Sex, National Origin, Age and Disabilities.

I _____, have applied for employment with the Jennings Police Department. I understand that to complete this application a personal background check will be made by the Jennings Police Department. I hereby authorize the Jennings Police Department's Officer or their designated agents to investigate my previous record and character to collect any and all information, whether it is of record or not, which may concern my record, character or eligibility for employment.

This authorization includes, but is not limited to criminal history, bank, credit, school, selective service, physical, hospital, health, insurance, or employment records, and release any person, organization or corporation from any charges or claims for furnishing said information. A copy of this authorization shall be considered as effective and valid as the original. It is my desire for this authorization to be ongoing. It is my intent that the Jennings Police Department be allowed to run periodic checks, at their discretion, during the course of this application and if hired, the life of my employment.

Applicant

Date

Social Security Number

Date of Birth

TO PROTECT AND SERVE

Employment Criteria

The following criteria are necessary to be employed as a police officer with the Jennings Police Department.

1. Pass the entrance level Civil Service Test for the position of Police Officer.
2. Pass the physical agility test required by the Louisiana Police Officers Standard of Training Council for entry level for Police Officer.
3. Agree to and submit to a complete and in depth background investigation to include criminal, personal and work related information. (Sign the attached release of information authorization)
4. Personal interview by a panel of officers appointed by the Chief of Police.
5. Pass medical and physical examinations to include drug screen.
6. Submit and pass a psychological evaluation pertaining to fitness to do police related work.
7. Successfully complete a working test period as required by Civil Service Law.
8. Submit to personal interview with the Chief of Police.
9. Successfully complete P.O.S.T. approved Police Training Academy.
10. Submit DNA sample and fingerprint card pursuant to RS 40:2405.4

An applicant may be hired provisional or probational after successfully completing the first five steps of the hiring process; but the applicant's continued employment would be contingent upon the applicant's successful completion of all criteria required by the Jennings Police Department.

I, _____, have read and understand that to maintain continued employment as a Jennings Police Officer, all the above criteria must be met. Failure to do so may be grounds to terminate employment as a Jennings Police Officer.

Applicant

Date

EMPLOYMENT APPLICATION

JENNINGS POLICE DEPARTMENT

P.O. Box 1249

Jennings, LA 70546

PHONE: (337) 821-5513 • FAX: (337) 821-5538

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

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

EXAMINATION FOR WHICH YOU ARE APPLYING (FILE A SEPARATE APPLICATION FOR EACH EXAMINATION)

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

SPECIAL INSTRUCTIONS FOR DOCUMENTATION YOU MUST ATTACH
In accordance with civil service law you must be a citizen of the United States, and of legal age. In addition to these requirements, the local municipal fire and police civil service board in each jurisdiction has adopted its own qualification requirements for each of its competitive classes. Therefore, you must attach the necessary documentation to verify that you meet all the requirements of the civil service board to which you are applying. You must attach a copy of the following documents: Proof that you are a citizen of the United States (Birth Certificate, US Passport, or Certificate of Naturalization) Proof that you meet the age requirement of the civil service board (Birth Certificate) Proof that you meet the education requirement as posted by the civil service board to be admitted to the exam Proof that you have a valid driver's license (if this is a requirement of the civil service board to be admitted to the exam)

Proof that you meet all other requirements as posted by the civil service board to be admitted to the exam

AUTHORITY FOR RELEASE OF INFORMATION

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

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

DATE	SIGNATURE OF APPLICANT
------	------------------------

**FOR USE OF CIVIL SERVICE BOARD ONLY
VERIFICATION THAT APPLICANT MEETS THE BOARD'S REQUIREMENTS**

U.S. Citizen	Age	Education	Driver's License (if a requirement)	Veteran Pref.
1. Chairman	2. Vice chairman	3.	4.	5.

BACKGROUND INFORMATION

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

YES NO

2. HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES NO

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

YES NO

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

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

TRAINING/EDUCATION

A. HIGH SCHOOL

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

DIPLOMA OR EQUIVALENCY CERTIFICATE

DATE RECEIVED: _____

B. COLLEGE

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

C. OTHER FORMAL TRAINING

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

LOCATION

DATES ATTENDED

DID YOU GRADUATE?

NO. OF HOURS PER WEEK

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

	LOCATION	DATES ATTENDED	DID YOU GRADUATE?	NO. OF HOURS PER WEEK
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

SPECIAL QUALIFYING EXPERIENCE, CERTIFICATIONS, OR LICENSES

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

(ATTACH ADDITIONAL PAGES IF NECESSARY)

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

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

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

TYPING ABILITY _____ WPM

VETERAN'S PREFERENCE

Five-point veteran=s preference is granted to veterans who receive passing scores for an entrance class and who were discharged under honorable conditions from active duty in the U.S. Armed Forces during a war, or in a peacetime campaign or expedition for which a campaign badge has been authorized, including the following wartime periods: 06/27/50 - 01/31/55 (Korean Conflict); during the period of more than 180 consecutive days, any part of which occurred between 01/31/55 and 10/15/76 (including the Vietnam era), not including active duty for training in Reserves or National Guard; and from 08/02/90 - 01/02/92 (Gulf War). If your service began after October 15, 1976, you must have received a Campaign Badge, or Expeditionary Medal. Campaigns or expeditions for which such medals have been authorized include El Salvador, Lebanon, Granada, Panama, Southwest Asia, Somalia, Haiti, Kosovo, Bosnia and Herzegovina. Medal holders and Gulf War veterans who originally enlisted after September 7, 1980, (or began active duty on or after October 14, 1982, and have not previously completed 24 months of continuous active duty) must have served continuously for 24 months or the full period called or ordered to active duty. Note: If your DD-214 does not provide proof of entitlement for preference, you must obtain an amended DD-214 or other written documentation showing award of Armed Forces Expeditionary Medal.

Should you wish to receive the veteran=s preference points, check the space provided and attach a copy of your DD-214 which verifies your qualification to receive preference.

I QUALIFY FOR THE FIVE-POINT VETERAN'S PREFERENCE AS IDENTIFIED ABOVE, AND HAVE ATTACHED A COPY OF MY DD-214 OR OTHER DOCUMENTATION TO THIS APPLICATION FOR VERIFICATION PURPOSES

REQUEST FOR TESTING ACCOMMODATIONS UNDER THE AMERICANS WITH DISABILITIES ACT

If you require any special testing accommodations because of a disability which limits a major life activity, you must complete this section in order for your request to be considered.

I am requesting testing accommodations under the Americans With Disabilities Act for the following disability (check box and specify disability):

REQUIRED DOCUMENTATION TO ATTACH TO YOUR APPLICATION: in order for this civil service board to process your ADA request, you must attach written documentation of your disability, including an assessment of accommodations which might be appropriate to compensate for your disability in a testing environment, prepared by a doctor, psychologist, rehabilitation counselor, occupational or physical therapist, or other professional with knowledge of your functional limitations.

What accommodations are you requesting?

Extra Time Reader Private Room Scribe Other: _____

WORK EXPERIENCE

INSTRUCTIONS FOR COMPLETING SECTION ON WORK EXPERIENCE

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

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

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

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

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

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

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

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

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

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

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