

SUBMIT



**NEW ORLEANS POLICE DEPARTMENT
EMPLOYMENT APPLICATION**



PERSONAL HISTORY

Position Applied for _____ Desired Section _____ Date ____ / ____ / ____

Last Name First Middle/Maiden D.O.B. Age Social Security No.

Address Apartment # City State Zip Telephone Number

Additional Telephone Number were you can be reached Telephone Number

Place of Birth City State Driver's License Number State Expiration Date

Are you a citizen of the U. S.? _____ If not, what country are you a citizen of? _____

Height Weight Eye Color Hair Color Sex Ethnic Origin Complexion

Email Address _____

Military Service _____
Yes No From To

Branch: _____ Type of Discharge: _____

Previous Police Experience? _____ What Department? _____

From ____ / ____ / ____ To ____ / ____ / ____ have you ever been arrested? Yes _____ No _____

Location/Department	Charge	Month/Year	Your Plea	Deposition

List any special abilities/qualifications (Training, Language, Licenses, Computer Skills)

Have you EVER applied for NOPD before? Yes No When? _____

PERSONAL HISTORY (continued)

If you are fluent in a foreign language, indicate in each area your degree of fluency

Language	<u>Reading</u>	<u>Speaking</u>	<u>Understanding</u>	<u>Writing</u>
_____	<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent
	<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Good
	<input type="checkbox"/> Fair	<input type="checkbox"/> Fair	<input type="checkbox"/> Fair	<input type="checkbox"/> Fair

Notify in case of Emergency

Name _____ Address _____

Telephone(s) _____ Relationship _____

FAMILY INFORMATION

Marital Status Single Married Engaged

Spouse's Full Name _____
Last First Middle/Maiden

Spouse's Date of Birth ___/___/___ Occupation _____

Spouse's Place of Employment _____ Address _____

Number of Children _____ Have you taken illegal drugs in the past? _____

Residences

List Residences for the past five (5) years: (Start with most recent)

Own Rent Family From ___/___/___ To ___/___/___

Street Address _____ City _____ State _____ Zip _____

Local Police Department _____ Telephone No. _____

Own Rent Family From ___/___/___ To ___/___/___

Street Address _____ City _____ State _____ Zip _____

Local Police Department _____ Telephone No. _____

Own Rent Family From ___/___/___ To ___/___/___

Street Address _____ City _____ State _____ Zip _____

Local Police Department _____ Telephone No. _____

FAMILY INFORMATION (continued)

Own Rent Family From _____ / _____ To _____ / _____
 Street Address _____ City _____ State _____ Zip _____
 Local Police Department _____ Telephone No. _____

Own Rent Family From _____ / _____ To _____ / _____
 Street Address _____ City _____ State _____ Zip _____
 Local Police Department _____ Telephone No. _____

Own Rent Family From _____ / _____ To _____ / _____
 Street Address _____ City _____ State _____ Zip _____
 Local Police Department _____ Telephone No. _____

Have you ever resided outside the City of New Orleans, State of LA or the U. S.? Yes No

If 'yes' supply exact addresses _____

EDUCATIONAL INFORMATION

High School

List all high schools attended (Include copies of high school diploma or GED):

Name	Location	Dates Attended		Grade Level	Graduated
		From Mo./Year	To Mo./Year		
					<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

Date of Graduation _____ / _____ / _____
 Mo Day Year

EDUCATIONAL INFORMATION (continued)

College and/or University

List all college/universities/community colleges, trade schools etc. schools attended

Name	Location	Dates Attended		Years Completed	G.P.A.	Graduated
		From	To			
Mo./Year	Mo./Year					

Are you currently working toward a college degree? Yes No

If "Yes", which type? Associates Bachelor Graduate Other

When do you expect to receive it? _____ Major _____ Minor _____

How many credit hours do you currently have? _____ Total Years of School _____

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

EMPLOYMENT HISTORY

*Begin with Present Employment. Include all employment during the past 10 years. Please include your entire work history. **Attach additional sheets if needed. Resume provided** Yes No

Full-Time Part-Time Seasonal Internship Your job title _____

Company Name _____ From _____ / _____ To _____ / _____
Mo. Yr. Mo. Yr.

Complete Mailing Address _____
City State Zip

Supervisor's Name _____ Telephone _____ Salary per Mo. _____

Did you give notice? Yes No Are you eligible for re-hire? Yes No

Job Duties _____

EMPLOYMENT HISTORY (Continued)

Any Supervisory Experience? Yes No Explain _____

Did you quit in lieu of being fired? Yes No Explain _____

Reason for leaving _____

Full-Time Part-Time Seasonal Internship Your job title _____

Company Name _____ From _____ / _____ To _____ / _____
Mo. Yr. Mo. Yr.

Complete Mailing Address _____
City State Zip

Supervisor's Name _____ Telephone _____ Salary per Mo. _____

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EMPLOYMENT HISTORY (Continued)

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Mo. Yr. Mo. Yr.

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City State Zip

Supervisor's Name _____ Telephone _____ Salary per Mo. _____

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Job Duties _____

Any Supervisory Experience? Yes No Explain _____

Did you quit in lieu of being fired? Yes No Explain _____

Reason for leaving: _____

DISCIPLINARY ACTION

Were you ever subject to any disciplinary action or proceeding in connection with any employment?

Yes No If "Yes" please explain _____

Have you ever been dismissed from any employment? Yes No If "Yes", please explain:

