

New Orleans Police Department



Recruit Application Packet

COMPLETED PACKETS ARE TO BE SUBMITTED AT THE TIME
OF YOUR BACKGROUND INVESTIGATION INTERVIEW AT
POLICE HEADQUARTERS – RECRUITMENT OFFICE

DO NOT SUBMIT TO CIVIL SERVICE.
DO NOT SUBMIT WITH YOUR CIVIL SERVICE INITIAL
APPLICATION.



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**NEW ORLEANS POLICE DEPARTMENT
EMPLOYMENT APPLICATION
PERSONAL HISTORY**

Position Applied for: _____

Date: _____

☐ Police Recruit ☐ Lateral Transfer ☐ Reinstatement ☐ Reserve Officer

Last Name First Middle/Maiden / / Age Social Security No.

D.O.B.

Address Apartment # City State Zip () Telephone Number

Additional Telephone Numbers where you can be reached () Telephone Number

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

Are you a citizen of the United States? ____ If not, what country are you a citizen of? _____

Height Weight Eye Color Hair Color Sex Ethnic Origin Complexion

Marital Status _____
Single Married Engaged Separated Divorced Widowed

Number of Children _____

Email Address _____ Resume Provided _____

Education: _____
High School City & State Graduated Year

College/Tech School City & State Graduated Year Major
Do you have an ☐ Associates ☐ Bachelor ☐ Graduate ☐ Other

Are you currently working on degree? Which type ☐ Associates ☐ Bachelor ☐ Graduate ☐ Other

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

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

Presently Employed? Yes _____ No _____ Job Title _____

Company Name and Complete Address _____ Telephone Number _____

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

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

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>
_____	☐ Excellent ☐ Good ☐ Fair	☐ Excellent ☐ Good ☐ Fair	☐ Excellent ☐ Good ☐ Fair	☐ Excellent ☐ Good ☐ Fair
_____	☐ Excellent ☐ Good ☐ Fair	☐ Excellent ☐ Good ☐ Fair	☐ Excellent ☐ Good ☐ Fair	☐ Excellent ☐ Good ☐ Fair

Notify in case of Emergency

Name: _____ Address: _____

Telephone(s): _____ Relationship: _____

Where did you hear about this position? _____

For Investigator Use Only

City Service Register Date: _____

FAMILY INFORMATION

Marital Status: ☐ Single ☐ Married ☐ Engaged ☐ Separated ☐ Divorced ☐ Widowed

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

Spouse's Date of Birth _____ Occupation: _____

Spouse's Place of Employment _____ Address _____

☐ Yes ☐ No Do you have any previous marriages?
Please supply information below for previous spouse(s):

Previous Spouse Name	Address	Telephone	Date Married	Date Divorced

Number of Children: _____

List all of your children (Natural, Step-Children, Adopted, or Foster):

Child's Full Name	Date of Birth	Home Address (if different from yours)	Relationship

With whom do you presently reside?

☐ Yes ☐ No Has your spouse ever been arrested? Explain: _____

Residences

List Residences for the past ten (10) 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. _____

☐ 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	To		
Mo./Year	Mo./Year				
					Y / N
					Y / N
					Y / N

Date of Graduation: ____/____/____
Mo Day Year

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 _____

Are you fluent in any other languages besides English? ☐ Yes ☐ No

If "Yes" please list: _____

Indicate special computer skills you possess (software programs): _____

Indicate special training/skill/qualifications you believe may be beneficial to this department?
(computers, scuba diving, firearms, tactical, photography, etc.)

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

MILITARY HISTORY & VETERAN INFORMATION

(Include a copy of DD Form 214)

Have you ever served in the military? ☐Yes ☐No From ____/____/____ To ____/____/____

Are you currently in the military? ☐Yes ☐No Highest Rank Attained: _____

If "Yes", Expected date of separation: _____

Last Duty Station: _____

Did you receive an Honorable Discharge? ☐Yes ☐No If "No" Explain: _____

Current or Prior Service ☐Army ☐Air Force ☐Coast Guard ☐Marines ☐Navy

Military Component: ☐Active Duty ☐National Guard ☐Reserves

While enlisted in the armed forces, were you subjected to any disciplinary actions? ☐Yes ☐No

If "Yes", Please explain _____

VETERANS INFORMATION

List all Medals and Decorations awarded to you as a member of the Armed Forces: _____

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", Please explain and give branch of service and date(s) _____

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", Please explain: _____

While in the service, were you ever incarcerated (brig time)? ☐Yes ☐No If "Yes" Please explain: _____

LAW ENFORCEMENT

Are you a current or past POST certified law enforcement officer? ☐ Yes ☐ No

Academy Attended _____ Date Attended _____

What state did you obtain your POST certification in? _____ Certificate No. _____

Have you ever been employed by a law enforcement agency in a full time capacity? ☐ Yes ☐ No

If "Yes", list Agency and address: _____

Have you ever been a reserve/auxiliary officer in a law enforcement agency? ☐ Yes ☐ No

If "Yes", list Agency and address: _____

If you have law enforcement experience, have you ever been or are you currently under internal investigation? ☐ Yes ☐ No If "Yes", list employer, each incident and outcome. _____

☐ Yes ☐ No Did you successfully complete the training academy **AND** FTO phases?

☐ Yes ☐ No Do you have patrol experience? Time: _____

☐ Yes ☐ No Do you have investigations experience? Time: _____

☐ Yes ☐ No Do you have supervisory experience? Time: _____

**List ALL Law Enforcement agencies you have EVER applied to
(Attach additional sheets if needed)**

Agency	Date Applied	Why not employed

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.**

☐ 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: _____

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

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Job Duties: _____

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

Reason for leaving: _____

EMPLOYMENT HISTORY (Continued)

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

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City State Zip

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Job Duties: _____

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

Reason for leaving: _____

EMPLOYMENT HISTORY (Continued)

☐ 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: _____

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. _____

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

Job Duties: _____

Any Supervisory Experience? ☐ Yes ☐ No Explain: _____

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

Reason for leaving: _____

EMPLOYMENT HISTORY (Continued)

☐ 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: _____

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:

CRIMINAL HISTORY

☐Yes ☐No Have you ever been arrested, charged, convicted or received a summons by any law enforcement agency as a Juvenile and/or Adult? This includes sealed and expunged records. Include charges refused, nolle pros, dismissed, and convictions.

If "Yes", explain nolle pros in this section. Use additional sheets if needed.

Mo./Year	Charge/Violation	Police Agency	City	State	Disposition	Name of Court

☐Yes ☐No Have you ever been involved in a traffic accident? How many? _____

☐Yes ☐No If "Yes", were you issued a traffic citation?

Indicate below all traffic accidents and traffic citations you have received.

Mo./Year	Charge/Violation	Police Agency	City	State	Disposition

If you answer "Yes" to any of the following, you must provide an explanation on a separate sheet of paper and attach it to the application.

- ☐Yes ☐No Have you ever had a criminal record expunged?
- ☐Yes ☐No Have you ever been on probation and/or parole?
- ☐Yes ☐No Have you ever been fingerprinted for any reason? (arrest, military, employment, etc.)
- ☐Yes ☐No Do you have any pending charges (felony, misdemeanor, traffic)?
- ☐Yes ☐No Have you or your spouse been a plaintiff or defendant in a criminal court action?
- ☐Yes ☐No Have you committed a crime for which you were never arrested?
- ☐Yes ☐No Have you ever committed or been accused of committing an act of domestic violence?
- ☐Yes ☐No Is any member of your family on probation and/or parole?

CRIMINAL HISTORY (Continue)

☐Yes ☐No Has any member of your family been arrested within past (10) years? List below:

Name and Relationship	Address	Date	Location/Department	State	Disposition

All Comments or facts pertaining to arrest(s) and/or convictions must be explained on a separate sheet and attached to application.

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

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

REFERENCES

N.O.P.D. References

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

Name	Assignment	Rank	Relationship	Years Known

Personal References

Give name(s) of friend(s) and/or relatives. Do **NOT** list individuals listed above.

Name and Relationship	Address City, State, Zip	Occupation	Phone Numbers	Years Known

DRIVER'S LICENSE AND VEHICLE INFORMATION

Do you possess a valid Driver's License? ☐ Yes ☐ No

License State	Number	Endorsements	Expiration Date

Has any driver's license you possessed ever been denied, suspended or revoked? ☐ Yes ☐ No

If "Yes", please explain _____

How many vehicles do you currently own and/or lease, including joint ownership? _____

Make: _____ Model: _____ Color: _____ Doors: _____ ☐ Own ☐ Lease

Registered Owner: _____ Lien Holder: _____

Amount Owed: _____ Insurance Company Policy: _____

Make: _____ Model: _____ Color: _____ Doors: _____ ☐ Own ☐ Lease

Registered Owner: _____ Lien Holder: _____

Amount Owed: _____ Insurance Company Policy: _____

Make: _____ Model: _____ Color: _____ Doors: _____ ☐ Own ☐ Lease

Registered Owner: _____ Lien Holder: _____

Amount Owed: _____ Insurance Company Policy: _____

Make: _____ Model: _____ Color: _____ Doors: _____ ☐ Own ☐ Lease

Registered Owner: _____ Lien Holder: _____

Amount Owed: _____ Insurance Company Policy: _____

FINANCIAL AND LEGAL INFORMATION

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

☐Yes ☐No If “Yes”, explain and provide copies: _____

☐Yes ☐No Have you ever filed any civil suit(s)? If “Yes”, explain and provide copies: _____

☐Yes ☐No Have you ever filed for bankruptcy(s)? If “Yes”, explain and provide copies: _____

☐Yes ☐No Do you currently have student loans? How much and Status: _____

LEGAL INFORMATION

☐Yes ☐No Were you ever summoned or subpoenaed to any court of law in a civil or criminal action as a defendant or a witness? If “Yes”, explain and provide date and location: _____

☐Yes ☐No Are you currently paying alimony and/or child support? If “Yes”, explain in full stating whether you are paying both alimony and child support or just one of the two. Also include your monthly payment.

☐Yes ☐No If the above answer is “Yes”, please state whether you are delinquent in any of these payments. If “Yes”, state how many months delinquent, total amount delinquent, and reason for delinquency. : _____

☐Yes ☐No Are you an owner, co-owner, partner, and/or investor in any corporation? Explain:

MISCELLANEOUS INFORMATION

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

☐Yes ☐No Is there anything in your personal life that could embarrass *you* or the New Orleans Police Department? If "Yes" Please explain: _____

☐Yes ☐No Do you now or have you ever associated with known criminals? If "Yes", explain: _____

☐Yes ☐No Did you ever steal or take anything of value? Why? And specify Amount? _____

☐Yes ☐No Have you ever committed the act of shoplifting? If "Yes", explain: _____

☐Yes ☐No Did you ever buy, sell, or do you now have stolen merchandise or property in your possession? If "Yes", explain: _____

☐Yes ☐No Have you ever used or tried cocaine? If "Yes" explain and include how often. _____

☐Yes ☐No Have you ever used or tried marijuana? If "Yes" explain and include how often. _____

☐Yes ☐No Have you ever taken a prescription drug not prescribed to you by a licensed physician? If "Yes" explain and include how often. _____

☐Yes ☐No Have you ever been involved in the use, purchase, possession, or sale of any harmful or habit-forming drug(s) and/or chemical(s), except as prescribed by a licensed physician? If "Yes" explain and include how often. _____

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

MISCELLANEOUS INFORMATION (Continue)

- ☐Yes ☐No Are you willing to work nights?
☐Yes ☐No Are you willing to work weekends?
☐Yes ☐No Are you willing to stay and work in the event of a Hurricane or major event?
☐Yes ☐No Are you willing to work holidays?

TERRORIST OR RACIST INFORMATION

A. Do you now have, or ever have had knowing membership with the specific intent of furthering the aims or adherences to and active participation in any foreign or domestic organization, association, movement, group, or combination of persons (hereinafter referred to as organizations) which unlawfully advocates or practices the commission of acts of force and/or violence to prevent others from exercising their rights under the Constitution of Laws of the United States or subdivision thereof by lawful and/or unlawful means?

- ☐Yes ☐No If "Yes", give names of the organization(s) and inclusive dates (month and year) of membership. Describe the nature of your activities as a member of the organization(s) below.

Handwriting practice lines with a large, faint, diagonal watermark reading "NOD" across the page.

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 the 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 reasons(s) for the decision will be provided.

Signature

An equal opportunity employer