HOUMA POLICE DEPARTMENT
EMPLOYMENT APPLICATION/PERSONAL HISTORY STATEMENT
Terrebonne Parish Consolidated Government

Thank you for your interest in working for the Houma Police Department. Follow the instructions exactly to fill out your application. Terrebonne Parish Consolidated Government is an Equal Opportunity Employer and does not discriminate based on race, color, national origin, sex, religion, age, or disability in employment or the provision of services. Your application will become public record and is subject to disclosure.

Any false, inaccurate, incomplete, or misleading information provided by you in this personal history statement may be grounds for denying your application.

- Read each question carefully and take the time to answer as accurately as possible. All submitted information will be verified.
- Type directly into the form. Handwritten statements will not be accepted.
- Answer every question. If you answer "unknown" to any, be prepared to give a statement explaining why you are unable to obtain the answer.
- If the requested information does not apply, answer "N/A." Please note that selective omission of information is unacceptable and may result in termination from the application process.

If you have taken the Civil Service Exam in any other jurisdiction, the following must be attached to your personal history packet when it is returned:

- Copy of Louisiana driver's license
- Copy of high school diploma or GED
- Copy of diploma from any other educational institution
- Copy of Social Security card
- Copy of birth certificate
- Copy of military discharge paperwork (for prior military personnel)
- Copy of any certificates that involve police service certifications and emergency medical certifications

Note: In order to fill out, save, and print the PDF of this application, you must use Adobe Reader or Acrobat 8.0 or greater. Download the latest Adobe Reader here.

FOR OFFICE USE ONLY (chain of custody and file assignment)

Date Reviewed: _____ Reviewed By: _____

Date Reviewed: _____ Reviewed By: _____

Date Reviewed: _____ Reviewed By: _____

Disposition: _____

Assigned To: _____

AUTHORIZATION TO RELEASE INFORMATION
(PERSONAL INQUIRY WAIVER)

To Whom It May Concern:

I respectfully request and authorize you to furnish the Houma Police Department copies of all medical records (physical, medical, and mental) including reports, labs, x-rays, EKGs, and any other medical information you may have concerning treatment to or for me for any purpose and at any time. This information is to be used to assist the Houma Police Department in determining my qualifications and fitness for the position of which I am seeking.

I respectfully request and authorize you to furnish the Houma Police Department with all information you have concerning my employment, including my entire personnel file, my application for employment, the report of my pre-employment physical, reports of personal injury and medical records which reflect the terms of my employment (i.e., the number of days, weeks, months, etc.) and my gross earnings. This information is to be used to assist the Houma Police Department in determining my qualifications and fitness for the position of which I am seeking.

I respectfully request and authorize you to furnish the Houma Police Department with all education records and all background and character information as requested. Please include all information that is of confidential or privileged nature. This information is to be used to assist the Houma Police Department in determining my qualifications and fitness for the position of which I am seeking.

I respectfully request and authorize you to furnish the Houma Police Department with the copies of my military services records (including medical, physical, and mental records and reports). This information is to be used to assist the Houma Police Department in determining my qualifications and fitness for the position of which I am seeking.

I hereby relieve, release, and hold harmless the Houma Police Department and the individuals, agencies, and/or institutions that supplied the requested information from any liability or damage, which may result from furnishing this information, requested above. I further authorize a copy of this waiver to be used in lieu of the original.

_____ _____

Applicant Signature Date

_____ _____

Printed Name Service Number (if applicable)

By signing below, you affirm that you personally witnessed the above person sign this document.

_____ _____

Witness Signature Witness Signature

_____ _____

Printed Name Printed Name

PERSONAL HISTORY STATEMENT/APPLICATION

Houma Police Department

Section 1. PERSONAL HISTORY

Name *Last*	*Suffix*	*First*	*Middle*
Other names *Including nicknames, maiden name, or any other names you have been known by*			
Current home address *Number/street/apt/unit*		*City, state, zip*	
Mailing address if different from above *Number/street/apt/unit*		*City, state, zip*	
Contact numbers *Home*	*Work/ext.*	*Cell*	*Other*
Email address *Home*		*Business*	
Birthplace *City, county/parish, state, country*			**Date of birth (MM/DD/YYYY)**
Social Security number	**Driver's license** *Number*	*Expiration date*	*Type*
Physical attributes *Height*	*Weight*	*Hair color*	*Eye color*

Do you speak, read, or understand any foreign languages? *If so, please indicate which languages.*

☐Yes ☐No

Section 2. RELATIVES

IMMEDIATE FAMILY

Provide all applicable information in the spaces below. Mother and father must be listed if known. If deceased, provide name and DOB only.

FATHER ☐Deceased ☐Unknown *If deceased, provide name and DOB only.*

Name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Race**	**Last four of SSN**
Current home address *Number/street/apt/unit*		*City, state, zip*	
Present employer	**Job title**	**Work address** *Number/street/unit*	*City, state, zip*
Contact numbers *Home*	*Work/ext.*	*Cell*	**Email**

MOTHER ☐Deceased ☐Unknown *If deceased, provide name and DOB only.*

Name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Race**	**Last four of SSN**
Current home address *Number/street/apt/unit*		*City, state, zip*	
Present employer	**Job title**	**Work address** *Number/street/unit*	*City, state, zip*
Contact numbers *Home*	*Work/ext.*	*Cell*	**Email**

Section 2. RELATIVES (continued)

IMMEDIATE FAMILY (continued)

STEPFATHER ☐Deceased ☐N/A *If deceased, provide name and DOB only.*

Name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Race**	**Last four of SSN**

Current home address *Number/street/apt/unit*	*City, state, zip*

Present employer	**Job title**	**Work address** *Number/street/unit*	*City, state, zip*

Contact numbers *Home*	*Work/ext.*	*Cell*	**Email**

STEPMOTHER ☐Deceased ☐N/A *If deceased, provide name and DOB only.*

Name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Race**	**Last four of SSN**

Current home address *Number/street/apt/unit*	*City, state, zip*

Present employer	**Job title**	**Work address** *Number/street/unit*	*City, state, zip*

Contact numbers *Home*	*Work/ext.*	*Cell*	**Email**

FATHER-IN-LAW ☐Deceased ☐N/A *If deceased, provide name and DOB only.*

Name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Race**	**Last four of SSN**

Current home address *Number/street/apt/unit*	*City, state, zip*

Present employer	**Job title**	**Work address** *Number/street/unit*	*City, state, zip*

Contact numbers *Home*	*Work/ext.*	*Cell*	**Email**

MOTHER-IN-LAW ☐Deceased ☐N/A *If deceased, provide name and DOB only.*

Name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Race**	**Last four of SSN**

Current home address *Number/street/apt/unit*	*City, state, zip*

Present employer	**Job title**	**Work address** *Number/street/unit*	*City, state, zip*

Contact numbers *Home*	*Work/ext.*	*Cell*	**Email**

MARITAL/RELATIONSHIP HISTORY

Current marital status ☐Married ☐Divorced ☐Single	**Number of times married**

CURRENT SPOUSE/COMMON LAW ☐Deceased ☐N/A *If deceased, provide name and DOB only.*

Name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Race**	**Last four of SSN**

Current home address *Number/street/apt/unit*	*City, state, zip*	**Sex**

Present employer	**Job title**	**Work address** *Number/street/unit*	*City, state, zip*

Contact numbers *Home*	*Work/ext.*	*Cell*	**Email**

Section 2. RELATIVES (continued)

FORMER SPOUSE/COMMON LAW ☐Deceased ☐N/A *If deceased, provide name and DOB only.*

Name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Race**	**Last four of SSN**
Current home address *Number/street/apt/unit*	*City, state, zip*		**Sex**
Present employer	**Job title**	**Work address** *Number/street/unit*	*City, state, zip*
Contact numbers *Home*	*Work/ext.*	*Cell*	**Email**
Year of divorce	**Is there a current or has there been a previous restraining order associated with this individual?** ☐Yes ☐No		

FORMER SPOUSE/COMMON LAW ☐Deceased ☐N/A *If deceased, provide name and DOB only.*

Name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Race**	**Last four of SSN**
Current home address *Number/street/apt/unit*	*City, state, zip*		**Sex**
Present employer	**Job title**	**Work address** *Number/street/unit*	*City, state, zip*
Contact numbers *Home*	*Work/ext.*	*Cell*	**Email**
Year of divorce	**Is there a current or has there been a previous restraining order associated with this individual?** ☐Yes ☐No		

FORMER SPOUSE/COMMON LAW ☐Deceased ☐N/A *If deceased, provide name and DOB only.*

Name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Race**	**Last four of SSN**
Current home address *Number/street/apt/unit*	*City, state, zip*		**Sex**
Present employer	**Job title**	**Work address** *Number/street/unit*	*City, state, zip*
Contact numbers *Home*	*Work/ext.*	*Cell*	**Email**
Year of divorce	**Is there a current or has there been a previous restraining order associated with this individual?** ☐Yes ☐No		

SIGNIFICANT OTHERS e.g. girlfriend, boyfriend, fiancé ☐N/A

Name *Last, first, middle, and any other names used*	**Relationship**	**Last four of SSN**
Date of birth (DD/MM/YYYY)	**Sex**	**Race**
Current home address *Number/street/apt/unit*	*City, state, zip*	
Contact numbers *Home*	*Cell*	**Email**

SIGNIFICANT OTHERS *e.g. girlfriend, boyfriend, fiancé* ☐N/A

Name *Last, first, middle, and any other names used*	**Relationship**	**Last four of SSN**
Date of birth (DD/MM/YYYY)	**Sex**	**Race**

Section 2. RELATIVES (continued)

SIGNIFICANT OTHERS *(continued)*

Current home address *Number/street/apt/unit*		*City, state, zip*
Contact numbers *Home*	*Cell*	**Email**

SIGNIFICANT OTHERS *e.g. girlfriend, boyfriend, fiancé* ☐N/A

Name *Last, first, middle, and any other names used*	**Relationship**	**Last four of SSN**
Date of birth (DD/MM/YYYY)	**Sex**	**Race**
Current home address *Number/street/apt/unit*		*City, state, zip*
Contact numbers *Home*	*Cell*	**Email**

COPARENT INFORMATION *If you have children with someone you are no longer in a relationship with, fill out this section.* ☐N/A

Mother/father's full name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Last four of SSN**
Contact number	**Sex**	**Race**
Last known address *Number/street/apt/unit*	*City, state, zip*	

COPARENT INFORMATION *If you have children with someone you are no longer in a relationship with, fill out this section.* ☐N/A

Mother/father's full name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Last four of SSN**
Contact number	**Sex**	**Race**
Last known address *Number/street/apt/unit*	*City, state, zip*	

CHILDREN ☐N/A *List all children, including natural, adopted, step, and/or foster. Include any children who reside with you. If deceased, provide name and DOB only. Provide the name and contact information of the custodial parent or guardian if other than you.*

CHILD 1 ☐Biological ☐Custodial ☐Guardian ☐Step ☐Adopted ☐Other _____ Custody? ☐Yes ☐No

Full name *Last, first, middle*	**Date of birth (MM/DD/YYYY)**	**Last four of SSN**
Contact number	**Sex**	**Race**

Child 1 Custodial Parent Contact Info ☐N/A

Full name *Last, first, middle*	**Contact number**	**Email**
Current home address *Number/street/apt/unit*		*City, state, zip*

CHILD 2 ☐Biological ☐Custodial ☐Guardian ☐Step ☐Adopted ☐Other _____ Custody? ☐Yes ☐No

Full name *Last, first, middle*	**Date of birth (MM/DD/YYYY)**	**Last four of SSN**
Contact number	**Sex**	**Race**

Child 2 Custodial Parent Contact Info ☐N/A

Full name *Last, first, middle*	**Contact number**	**Email**

Section 2. RELATIVES (continued)

CHILD 2 *(continued)*

Contact number	**Sex**	**Race**

Child 2 Custodial Parent Contact Info ☐N/A

Full name *Last, first, middle*	**Contact number**	**Email**

Current home address *Number/street/apt/unit*	*City, state, zip*

CHILD 3 ☐Biological ☐Custodial ☐Guardian ☐Step ☐Adopted ☐Other _____ Custody? ☐Yes ☐No

Full name *Last, first, middle*	**Date of birth (MM/DD/YYYY)**	**Last four of SSN**

Contact number	**Sex**	**Race**

Child 3 Custodial Parent Contact Info ☐N/A

Full name *Last, first, middle*	**Contact number**	**Email**

Current home address *Number/street/apt/unit*	*City, state, zip*

CHILD 4 ☐Biological ☐Custodial ☐Guardian ☐Step ☐Adopted ☐Other _____ Custody? ☐Yes ☐No

Full name *Last, first, middle*	**Date of birth (MM/DD/YYYY)**	**Last four of SSN**

Contact number	**Sex**	**Race**

Child 4 Custodial Parent Contact Info ☐N/A

Full name *Last, first, middle*	**Contact number**	**Email**

Current home address *Number/street/apt/unit*	*City, state, zip*

CHILD 5 ☐Biological ☐Custodial ☐Guardian ☐Step ☐Adopted ☐Other _____ Custody? ☐Yes ☐No

Full name *Last, first, middle*	**Date of birth (MM/DD/YYYY)**	**Last four of SSN**

Contact number	**Sex**	**Race**

Child 5 Custodial Parent Contact Info ☐N/A

Full name *Last, first, middle*	**Contact number**	**Email**

Current home address *Number/street/apt/unit*	*City, state, zip*

CHILD SUPPORT *If you are paying child support on any child, fill out this section.* ☐N/A

For which children are you paying children support? *List all by first and last name.*

Have you ever been delinquent on a payment? ☐Yes ☐No	*If so, how many times?*

Section 2. RELATIVES (continued)

SIBLINGS ☐N/A *List all siblings, including half, step, foster, etc. If deceased, provide name and DOB only.*

SIBLING 1 ☐Deceased

Name *Last, first, middle, and any other names used*	**Relationship**	**Last four of SSN**
Date of birth (DD/MM/YYYY)	**Sex**	**Race**
Current home address *Number/street/apt/unit*	*City, state, zip*	
Contact number	**Email**	

SIBLING 2 ☐Deceased ☐N/A

Name *Last, first, middle, and any other names used*	**Relationship**	**Last four of SSN**
Date of birth (DD/MM/YYYY)	**Sex**	**Race**
Current home address *Number/street/apt/unit*	*City, state, zip*	
Contact number	**Email**	

SIBLING 3 ☐Deceased ☐N/A

Name *Last, first, middle, and any other names used*	**Relationship**	**Last four of SSN**
Date of birth (DD/MM/YYYY)	**Sex**	**Race**
Current home address *Number/street/apt/unit*	*City, state, zip*	
Contact number	**Email**	

SIBLING 4 ☐Deceased ☐N/A

Name *Last, first, middle, and any other names used*	**Relationship**	**Last four of SSN**
Date of birth (DD/MM/YYYY)	**Sex**	**Race**
Current home address *Number/street/apt/unit*	*City, state, zip*	
Contact number	**Email**	

SIBLING 5 ☐Deceased ☐N/A

Name *Last, first, middle, and any other names used*	**Relationship**	**Last four of SSN**
Date of Birth (DD/MM/YYYY)	**Sex**	**Race**
Current home address *Number/street/apt/unit*	*City, state, zip*	
Contact number	**Email**	

Section 2. RELATIVES (continued)

RELATIVES EMPLOYED BY HOUMA POLICE DEPARTMENT ☐N/A *Check to indicate if we may use as a reference.*

Name	Relationship	Division	Contact number	Reference?
				☐Yes ☐No
				☐Yes ☐No
				☐Yes ☐No
				☐Yes ☐No

ADDITIONAL INFORMATION *List any information about relatives or significant persons that you did not have room for in the above section.*

Section 3. REFERENCES

List 3-6 people who know you well and have known you for at least five (5) years, such as friends, co-workers, military acquaintance, etc. Do not include relatives, employers, housemates, or anyone already listed on this application. Local references preferred.

REFERENCE 1

Name *Last, first, middle*	**Date of birth (MM/DD/YYYY)**	**Relationship** *(Friend, coworker, teacher etc.)*	**Length of relationship**
Current home address *Number/street/apt/unit*	*City, state, zip*	**Present employer**	
Job title	**Work address** *Number/street/unit*	*City, state, zip*	
Contact numbers *Home*	*Work/ext.*	*Cell*	**Email**

REFERENCE 2

Name *Last, first, middle*	**Date of birth (MM/DD/YYYY)**	**Relationship** *(Friend, coworker, teacher etc.)*	**Length of relationship**
Current home address *Number/street/apt/unit*	*City, state, zip*	**Present employer**	
Job title	**Work address** *Number/street/unit*	*City, state, zip*	
Contact numbers *Home*	*Work/ext.*	*Cell*	**Email**

REFERENCE 3

Name *Last, first, middle*	**Date of birth (MM/DD/YYYY)**	**Relationship** *(Friend, coworker, teacher etc.)*	**Length of relationship**
Current home address *Number/street/apt/unit*	*City, state, zip*	**Present employer**	
Job title	**Work address** *Number/street/unit*	*City, state, zip*	
Contact numbers *Home*	*Work/ext.*	*Cell*	**Email**

Section 4. EDUCATION

APPLICABLE CERTIFICATE(S) ☐High School Diploma ☐ GED ☐Post-Secondary Certificate (degree, trade certification, etc.)
You will be required to furnish transcripts and other proof to support your educational claims.

HIGH SCHOOLS, SECONDARY SCHOOLS, AND/OR ALTERNATIVE SCHOOLS ATTENDED

SCHOOL 1

Name of school	**From (MM/YYYY)**	**To (MM/YYYY)**	**Graduated?** ☐Yes ☐No
School address *Number/street/apt/unit*	*City, state, zip*		

SCHOOL 2

Name of school	**From (MM/YYYY)**	**To (MM/YYYY)**	**Graduated?** ☐Yes ☐No
School address *Number/street/apt/unit*	*City, state, zip*		

COLLEGES, UNIVERSITIES, TRADE SCHOOLS, VOCATIONAL SCHOOLS, BUSINESS SCHOOLS/INSTITUTES ATTENDED

SCHOOL 1

Name of school	**From (MM/YYYY)**	**To (MM/YYYY)**	**Total semester hours**	**Degree type earned**
School address *Number/street/apt/unit*	*City, state, zip*			

SCHOOL 2

Name of school	**From (MM/YYYY)**	**To (MM/YYYY)**	**Total semester hours**	**Degree type earned**
School address *Number/street/apt/unit*	*City, state, zip*			

SCHOOL 3

Name of school	**From (MM/YYYY)**	**To (MM/YYYY)**	**Total semester hours**	**Degree type earned**
School address *Number/street/apt/unit*	*City, state, zip*			

SCHOOL 4

Name of school	**From (MM/YYYY)**	**To (MM/YYYY)**	**Total semester hours**	**Degree type earned**
School address *Number/street/apt/unit*	*City, state, zip*			

SCHOOL 5

Name of school	**From (MM/YYYY)**	**To (MM/YYYY)**	**Total semester hours**	**Degree type earned**
School address *Number/street/apt/unit*	*City, state, zip*			

ACADEMIC ISSUES

Have you ever been placed on academic discipline, suspended, or expelled from high school, college, university, business, or trade school? ☐Yes ☐No

If yes, describe in detail. Starting with high school, list all disciplinary actions received in any educational institution. Include when the disciplinary action took place, the name of the school, and an explanation of circumstance.

Section 5. RESIDENCES

LIST OF RESIDENCES

- ***Beginning with your present address****, list all locations where you actually resided during the last ten years, regardless of the length of time resided there. Provide completed address. Do not use P.O. boxes. Do not leave any gaps in time.*
- *If the residence is a military base, identify the name of the base in the address field. Do not list military barracks, billet, and/or shipmates unless you shared individual quarters. List all TDYs, deployments, and special duty assignments that exceeded 30 days.*
- *If more space is needed, reprint the next page and reuse those fields.*

CURRENT RESIDENCE

Home address *Number/street/apt/unit*	*City, state, zip*	**From (MM/YYYY)**
Name of apt. complex, mortgage co., or owner	**Contact number**	
Apt. complex, mortgage co., or owner address *Number/street/apt*	*City, state, zip*	
Names of those you live with		

FORMER RESIDENCE 1

Home address *Number/street/apt/unit*	*City, state, zip*	**From (MM/YYYY)**
Name of apt. complex, mortgage co., or owner	**Contact number**	**To (MM/YYYY)**
Apt. complex, mortgage co., or owner address *Number/street/apt*	*City, state, zip*	
Reason for moving		

FORMER RESIDENCE 2

Home address *Number/street/apt/unit*	*City, state, zip*	**From (MM/YYYY)**
Name of apt. complex, mortgage co., or owner	**Contact number**	**To (MM/YYYY)**
Apt. complex, mortgage co., or owner address *Number/street/apt*	*City, state, zip*	
Reason for moving		

FORMER RESIDENCE 3

Home address *Number/street/apt/unit*	*City, state, zip*	**From (MM/YYYY)**
Name of apt. complex, mortgage co., or owner	**Contact Number**	**To (MM/YYYY)**
Apt. complex, mortgage co., or owner address *Number/street/apt*	*City, state, zip*	
Reason for moving		

FORMER RESIDENCE 4

Home address *Number/street/apt/unit*	*City, state, zip*	**From (MM/YYYY)**
Name of apt. complex, mortgage co., or owner	**Contact number**	**To (MM/YYYY)**
Apt. complex, mortgage co., or owner address *Number/street/apt*	*City, state, zip*	
Reason for moving		

Section 5. RESIDENCES (continued)

FORMER RESIDENCE 5

Home address *Number/street/apt/unit*	*City, state, zip*	**From (MM/YYYY)**
Name of apt. complex, mortgage co., or owner	**Contact number**	**To (MM/YYYY)**
Apt. complex, mortgage co., or owner address *Number/street/apt*	*City, state, zip*	
Reason for moving		

FORMER RESIDENCE 6

Home address *Number/street/apt/unit*	*City, state, zip*	**From (MM/YYYY)**
Name of apt. complex, mortgage co., or owner	**Contact number**	**To (MM/YYYY)**
Apt. complex, mortgage co., or owner address *Number/street/apt*	*City, state, zip*	
Reason for moving		

ROOMMATES *List all current and former roommates*

ROOMMATE 1

Name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Contact number**
Current home address *Number/street/apt/unit*	*City, state, zip*	
Nature of relationship *(Relative, landlord, friend, housemate only, etc.)*	**Email**	

ROOMMATE 2

Name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Contact number**
Current home address *Number/street/apt/unit*	*City, state, zip*	
Nature of relationship *(Relative, landlord, friend, housemate only, etc.)*	**Email**	

ROOMMATE 3

Name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Contact number**
Current home address *Number/street/apt/unit*	*City, state, zip*	
Nature of relationship *(Relative, landlord, friend, housemate only, etc.)*	**Email**	

ROOMMATE 4

Name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Contact number**
Current home address *Number/street/apt/unit*	*City, state, zip*	
Nature of relationship *(Relative, landlord, friend, housemate only, etc.)*	**Email**	

Section 5. RESIDENCES (continued)

ROOMMATES *(continued)*

ROOMMATE 5

Name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Contact number**
Current home address *Number/street/apt/unit*	*City, state, zip*	
Nature of relationship *(Relative, landlord, friend, housemate only, etc.)*	**Email**	

ROOMMATE 6

Name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Contact number**
Current home address *Number/street/apt/unit*	*City, state, zip*	
Nature of relationship *(Relative, landlord, friend, housemate only, etc.)*	**Email**	

ROOMMATE 7

Name *Last, first, middle, and any other names used*	**Date of birth (MM/DD/YYYY)**	**Contact number**
Current home address *Number/street/apt/unit*	*City, state, zip*	
Nature of relationship *(Relative, landlord, friend, housemate only, etc.)*	**Email**	

ADDITIONAL RESIDENCE INFORMATION

Have you ever been evicted or asked to leave a residence? ☐Yes ☐No	**Have you ever left a residence owing rent?** ☐Yes ☐No

If you answered yes to either of the above questions, explain when, where, and the circumstances.

Section 6. EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- ***Beginning with your current/most recent employment**, list all jobs you have had in the past ten years, regardless of length of employment, including part-time, temporary, self-employed, internships, and volunteer positions.*
- *List all periods of unemployment. Do not leave any gaps in time.*
- *List any businesses you have ever owned or taken an active role in, including LLCs, DBAs, S-Corporations, etc.*
- *If more space is needed, reprint the next page, and reuse those fields.*
- *Fill out the general information requested here. There will be more specific questions for past law enforcement experience later in this section.*

EXPERIENCE 1

If this was a period of unemployment, check applicable: ☐Student ☐Between jobs ☐Leave of absence ☐Travel ☐Other_____ Explanation _____	**From (MM/YYYY)**	**To (MM/YYYY)**
Name of employer	**From (MM/YYYY)**	**To (MM/YYYY)**
Address *Number/street/apt/unit*	*City, state, zip*	

Supervisor name	**Contact number** *including ext.*	**Email**

Section 6. EXPERIENCE AND EMPLOYMENT (continued)

EXPERIENCE 1 *(continued)*

Job title	**Hourly pay**	**Employment type** ☐Full time ☐Part time ☐Temp ☐Self-employed ☐Volunteer
Job duties/assignments		

Would there be a problem if we contacted this employer? ☐Yes ☐No	*If yes, explain.*	**Reason for leaving**	*If resigned or quit, how long of a notice did you give?*

EXPERIENCE 2

If this was a period of unemployment, check applicable: ☐Student ☐Between jobs ☐Leave of absence ☐Travel ☐Other_____ Explanation _____	**From (MM/YYYY)**	**To (MM/YYYY)**
Name of employer	**From (MM/YYYY)**	**To (MM/YYYY)**
Address *Number/street/apt/unit*	*City, state, zip*	

Supervisor name	**Contact number** *including ext.*	**Email**

Job title	**Hourly pay**	**Employment type** ☐Full time ☐Part time ☐Temp ☐Self-employed ☐Volunteer
Job duties/assignments		

Reason for leaving	*If resigned or quit, how long of a notice did you give?*

EXPERIENCE 3

If this was a period of unemployment, check applicable: ☐Student ☐Between jobs ☐Leave of absence ☐Travel ☐Other_____ Explanation _____	**From (MM/YYYY)**	**To (MM/YYYY)**
Name of employer	**From (MM/YYYY)**	**To (MM/YYYY)**
Address *Number/street/apt/unit*	*City, state, zip*	

Supervisor name	**Contact number** *including ext.*	**Email**

Job title	**Hourly pay**	**Employment type** ☐Full time ☐Part time ☐Temp ☐Self-employed ☐Volunteer
Job duties/assignments		

Reason for leaving	*If resigned or quit, how long of a notice did you give?*

EXPERIENCE 4

If this was a period of unemployment, check applicable: ☐Student ☐Between jobs ☐Leave of absence ☐Travel ☐Other_____ Explanation _____	**From (MM/YYYY)**	**To (MM/YYYY)**
Name of employer	**From (MM/YYYY)**	**To (MM/YYYY)**
Address *Number/street/apt/unit*	*City, state, zip*	

Section 6. EXPERIENCE AND EMPLOYMENT (continued)

EXPERIENCE 4 *(continued)*

Supervisor name	**Contact number** *including ext.*	**Email**
Job title	**Hourly pay**	**Employment type** ☐Full time ☐Part time ☐Temp ☐Self-employed ☐Volunteer
Job duties/assignments		
Reason for leaving		*If resigned or quit, how long of a notice did you give?*

EXPERIENCE 5

If this was a period of unemployment, check applicable: ☐Student ☐Between jobs ☐Leave of absence ☐Travel ☐Other_____ Explanation _____	**From (MM/YYYY)**	**To (MM/YYYY)**
Name of employer	**From (MM/YYYY)**	**To (MM/YYYY)**
Address *Number/street/apt/unit*	*City, state, zip*	
Supervisor name	**Contact number** *including ext.*	**Email**
Job title	**Hourly pay**	**Employment type** ☐Full time ☐Part time ☐Temp ☐Self-employed ☐Volunteer
Job duties/assignments		
Reason for leaving		*If resigned or quit, how long of a notice did you give?*

EXPERIENCE 6

If this was a period of unemployment, check applicable: ☐Student ☐Between jobs ☐Leave of absence ☐Travel ☐Other_____ Explanation _____	**From (MM/YYYY)**	**To (MM/YYYY)**
Name of employer	**From (MM/YYYY)**	**To (MM/YYYY)**
Address *Number/street/apt/unit*	*City, state, zip*	
Supervisor name	**Contact number** *including ext.*	**Email**
Job title	**Hourly pay**	**Employment type** ☐Full time ☐Part time ☐Temp ☐Self-employed ☐Volunteer
Job duties/assignments		
Reason for leaving		*If resigned or quit, how long of a notice did you give?*

Section 6. EXPERIENCE AND EMPLOYMENT (continued)

Have you ever applied to the Houma Police Department before? ☐Yes ☐No *If yes, fill in the fields below.*

Number of times	**When?**

If rejected, provide reason:

Have you ever applied for any other position with TPCG? ☐Yes ☐No *If yes, fill in the fields below.*

Number of times	**Departments(s)/position(s)**

Outcome

Have you ever applied for any other police department or law enforcement agency? ☐Yes ☐No *If yes, be sure to list **all** agencies you have applied with, including applications in which you were hired and those in which you were not.*

Was a background check conducted for any of these applications? ☐Yes ☐No

Agency	**Location**	**Date(s) applied**	**Outcome**

Give names of friends and/or relatives presently employed by the Houma Police Department ☐N/A

Name	**Contact number**	**Rank**	**Relationship**

Have you ever been polygraphed? ☐Yes ☐No *If yes, fill in the fields below.*

Date	**Reason**

Have you ever quit a job without giving sufficient notice? ☐Yes ☐No *If yes, fill in the fields below.*

How many times?	**Date**	**Employer**

Reason

CURRENT OR FORMER LAW ENFORCEMENT EXPERIENCE ☐N/A

Prior experience with law enforcement agencies only (including detention officers and civilian jailers). If you have prior law enforcement experience, you must get a copy of your personnel file and any internal affairs investigations you have been involved in and turn it in with the packet. If you need more space, print another copy of this page.

EXPERIENCE 1

Name of department/agency	**From (MM/YYYY)**	**To (MM/YYYY)**

Division/duties	**Are you eligible to return?** ☐Yes ☐No

Section 6. EXPERIENCE AND EMPLOYMENT (continued)

CURRENT OR FORMER LAW ENFORCEMENT EXPERIENCE *(continued)*

EXPERIENCE 1 *(continued)*

Reason for Leaving ☐Voluntarily resigned ☐Asked to resign ☐Fired ☐Laid off ☐Still employed	*Details on reason for leaving*

EXPERIENCE 2

Name of department/agency	**From (MM/YYYY)**	**To (MM/YYYY)**
Division/duties		**Are you eligible to return?** ☐Yes ☐No
Reason for leaving ☐Voluntarily resigned ☐Asked to resign ☐Fired ☐Laid off ☐Still employed	*Details on reason for leaving*	

EXPERIENCE 3

Name of department/agency	**From (MM/YYYY)**	**To (MM/YYYY)**
Division/duties		**Are you eligible to return?** ☐Yes ☐No
Reason for leaving ☐Voluntarily resigned ☐Asked to resign ☐Fired ☐Laid off ☐Still employed	*Details on reason for leaving*	

ADDITIONAL QUESTIONS

Have you ever used, experimented with, or tried any illegal drugs or substances while employed as a police officer? ☐Yes ☐No *If yes, fill in the fields below.*

Name of drug/substance	*Last use* ☐On duty ☐Off duty	**Name of drug/substance**	*Last use* ☐On duty ☐Off duty
Name of drug/substance	*Last use* ☐On duty ☐Off duty	**Name of drug/substance**	*Last use* ☐On duty ☐Off duty

Comments

Did you ever engage in any misconduct that went undetected? ☐Yes ☐No *If yes, fill in the fields below.*

How many times?	**Type of misconduct**	**Date**

ADDITIONAL QUESTIONS

If you answer yes to any of the following questions, provide an explanation, where you were employed at the time, and the dates of occurrences.

Has any disciplinary action been taken against you? ☐Yes ☐No

Explanation

Have you had any citizen complaints taken against you? ☐Yes ☐No

Explanation

Have you ever been the subject of an investigation? ☐Yes ☐No

Explanation

Section 6. EXPERIENCE AND EMPLOYMENT (continued)

ADDITIONAL QUESTIONS *(continued)*

Have you ever taken any cash bribes or gratuity? ☐Yes ☐No

Explanation

Did you ever fail to turn in found, confiscated, or prisoner's property? ☐Yes ☐No

Explanation

Have you ever used more force than necessary to subdue another person or witnessed an excessive force situation? ☐Yes ☐No

Explanation

Have you ever struck a handcuffed or restrained prisoner? ☐Yes ☐No

Explanation

Have you ever stolen anything from an investigative site? ☐Yes ☐No

Explanation

Have you ever used your position as a law enforcement officer for personal gain? ☐Yes ☐No

Explanation

Have you ever falsified any type of official report? ☐Yes ☐No

Explanation

Have you ever used your position as a law enforcement officer to take sexual advantage of anyone? ☐Yes ☐No

Explanation

Have you ever told a friend, acquaintance, or relative about an investigation involving them? ☐Yes ☐No

Explanation

MILITARY EXPERIENCE ☐N/A

Have you ever been rejected for enlistment, reenlistment, or induction for any branch of military service? ☐Yes ☐No *If yes, fill in the fields below.*

Date	Branch of service	Reason

Section 6. EXPERIENCE AND EMPLOYMENT (continued)

MILITARY EXPERIENCE *(continued)*

Have you ever served in the Army, Navy, Marine Corps, Air Force, ROTC, or other military or semi-military organization? ☐Yes ☐No *If yes, list all below.*

Organization	Service number	Enlistment date	Discharge type/date	Rank

List Reserve or National Guard status

Current present selective service classification

Classification	If classified 1Y, explain.

Were you released from military service before completion of regular tour of duty but under honorable conditions? ☐Yes ☐No *If yes, explain.*

Explain

Were there any medical reasons connected with your discharge from military service? ☐Yes ☐No *If yes, explain.*

Explain

Are you now or have you ever been a deserter from any branch of military service? ☐Yes ☐No *If yes, explain.*

Explain

Did you receive any specialized training, including with vehicles or weapons, while in the military? ☐Yes ☐No *If yes, provide the details.*

Details

Are you presently receiving any disability benefits from the Veteran's Administration? ☐Yes ☐No *If yes, explain.*

Explain

MILITARY ASSIGNMENTS/EXPERIENCE *If you need more space, print another copy of this page.*

- *List all military assignments, beginning with your current/last assignment and ending with basic training and/or boot camp.*
- *List the name and contact information for your immediate CO supervisor at the time regardless of their current assignment status.*
- *If you have reserve duty, enter your military base, assignments, or unit of assignment.*
- *List all TDYs, deployments, and special duty assignments lasting over thirty days.*

ASSIGNMENT 1

Assignment/base		**From (MM/YYYY)**	**To (MM/YYYY)**
Address *Number/street/apt/unit*		*City, state, zip*	
Supervisor name	**Contact number** *including ext.*	**Email**	
Job title	**Duties**		

Section 6. EXPERIENCE AND EMPLOYMENT (continued)

MILITARY ASSIGNMENTS *(continued)*

ASSIGNMENT 2

Assignment/base		**From (MM/YYYY)**	**To (MM/YYYY)**
Address *Number/street/apt/unit*		*City, state, zip*	
Supervisor name	**Contact number** *including ext.*	**Email**	
Job title	**Duties**		

ASSIGNMENT 3

Assignment/base		**From (MM/YYYY)**	**To (MM/YYYY)**
Address *Number/street/apt/unit*		*City, state, zip*	
Supervisor name	**Contact number** *including ext.*	**Email**	
Job title	**Duties**		

ASSIGNMENT 4

Assignment/base		**From (MM/YYYY)**	**To (MM/YYYY)**
Address *Number/street/apt/unit*		*City, state, zip*	
Supervisor name	**Contact number** *including ext.*	**Email**	
Job title	**Duties**		

ASSIGNMENT 5

Assignment/base		**From (MM/YYYY)**	**To (MM/YYYY)**
Address *Number/street/apt/unit*		*City, state, zip*	
Supervisor name	**Contact number** *including ext.*	**Email**	
Job title	**Duties**		

ASSIGNMENT 6

Assignment/base		**From (MM/YYYY)**	**To (MM/YYYY)**
Address *Number/street/apt/unit*		*City, state, zip*	
Supervisor name	**Contact number** *including ext.*	**Email**	
Job title	**Duties**		

Section 6. EXPERIENCE AND EMPLOYMENT (continued)

MILITARY ASSIGNMENTS *(continued)*

ASSIGNMENT 7

Assignment/base		**From (MM/YYYY)**	**To (MM/YYYY)**
Address *Number/street/apt/unit*		*City, state, zip*	
Supervisor name	**Contact number** *including ext.*	**Email**	
Job title	**Duties**		

MILITARY DISCIPLINARY ISSUES

Have you ever received any disciplinary action while in the armed services? ☐Yes ☐No *Without exception, include all Article 15s, Office Hours, Captain's Mast, Non-Judicial Punishments (NJPs), and/or Judicial Punishments (JPs), etc.*

What for?	**Disciplinary action received**

Have you ever been court-martialed? ☐Yes ☐No *If yes, which type:* ☐Summary ☐General ☐Special

How many times?	**Reason**
Eligible to reenlist? ☐Yes ☐No	**Disposition**

Section 7. FINANCIAL OBLIGATIONS (continued)

LIST ALL CURRENT FINANCIAL OBLIGATIONS

Creditor	**Total debt**	**Amount per month**	**Delinquent?**
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No

Section 7. FINANCIAL OBLIGATIONS (continued)

ADDITIONAL FINANCIAL QUESTIONS

Have you ever had any bill placed for collection? ☐Yes ☐No

How many?	**Dates/total amount for each account in collections**

Have you made attempts to resolve with the collection agency? ☐Yes ☐No	**Was it resolved?** ☐Yes ☐No	**When/further details**
Have you made attempts to resolve with the creditor? ☐Yes ☐No	**Was it resolved?** ☐Yes ☐No	**When/further details**

Have you ever had a check returned because of insufficient funds? ☐Yes ☐No
If yes, was it intentional? ☐Intentional ☐Unintentional

How many?	**How many in the last 12 months?**	**When was the last time?**	**Cumulative Total**

Have you made attempts to resolve with the collection agency? ☐Yes ☐No	**Was it resolved?** ☐Yes ☐No	**When/further details**
Have you made attempts to resolve with the creditor? ☐Yes ☐No	**Was it resolved?** ☐Yes ☐No	**When/further details**

Have you ever declared bankruptcy or filed a chapter that comes under the bankruptcy act? ☐Yes ☐No

Date	**Why?**

Disposition	**Have you reestablished credit?** ☐Yes ☐No	*If yes, how long ago?*

If bankruptcy was filed, what were the circumstances?

What were the names of creditors involved?	**Were you delinquent on these accounts when you filed?** ☐Yes ☐No	*If yes, how long?*

Additional comments

Have you ever received any financial aid you were not entitled to? ☐Yes ☐No

Details

Are you a cosigner on an outstanding loan? ☐Yes ☐No

For whom?	**How much?**

Have you ever been sued (including for a divorce)? ☐Yes ☐No

By whom?	**Date**	**Settlement info** ☐Settled ☐Pending	*If settled:* ☐In Court ☐Out of Court

Reason

Have you ever had a vehicle repossessed? ☐Yes ☐No

Date	**Why?**	**Disposition**

Additional comments

Section 7. FINANCIAL OBLIGATIONS (continued)

ADDITIONAL FINANCIAL QUESTIONS *(continued)*

Have you ever purchased a house that went into foreclosure? ☐Yes ☐No

Date	**Why?**	**Disposition**

Additional comments

Have you ever overdrawn your checking account? ☐Yes ☐No

Explanation

Have you ever had wages garnished? ☐Yes ☐No

Explanation

Are you currently delinquent in child support or alimony payments? ☐Yes ☐No

Explanation

Section 8. MOTOR VEHICLE OPERATION

DRIVING HISTORY

Current driver's license no.	**State of issue**	**Expiration date**	**Full name under which license was granted**

OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A VEHICLE

State of issue	**Type of license**	**License no.**	**Full name under which license was granted**

HAVE YOU EVER BEEN REFUSED A LICENSE BY ANY STATE? ☐Yes ☐No

Where	**Date**	**Circumstances**

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, PLACED ON PROBATION, OR REVOKED? ☐Yes ☐No

Where	**Date**	**Circumstances**

LIST YOUR CURRENT LIABILITY INSURANCE ON YOUR VEHICLES

INSURANCE 1

Type of Insurance ☐Insured ☐Bonded ☐Cash deposit	**Vehicle license number/state**	**Vehicle identification number (VIN)**

Vehicle make	**Vehicle model**	**Year**	**Color**

Insurance company	**Policy number**	**Expiration date**

Address *Number/street/apt/unit*	*City, state, zip*	**Contact number**

Section 8. MOTOR VEHICLE OPERATION (continued)

LIABILITY INSURANCE *(continued)*

INSURANCE 2

Type of Insurance ☐Insured ☐Bonded ☐Cash deposit	**Vehicle license number/state**	**Vehicle identification number (VIN)**

Vehicle make	**Vehicle model**	**Year**	**Vehicle make**

Insurance company	**Policy number**	**Expiration date**

Address *Number/street/apt/unit*	*City, state, zip*	**Contact number**

TRAFFIC CITATIONS *List all citations, excluding parking tickets, whether you were convicted or not.*

Charge/nature of violation	**City/state**	**Date**	**Action taken/disposition**
			☐Not guilty ☐Fined ☐Traffic school ☐Dismissed
			☐Not guilty ☐Fined ☐Traffic school ☐Dismissed
			☐Not guilty ☐Fined ☐Traffic school ☐Dismissed
			☐Not guilty ☐Fined ☐Traffic school ☐Dismissed
			☐Not guilty ☐Fined ☐Traffic school ☐Dismissed
			☐Not guilty ☐Fined ☐Traffic school ☐Dismissed

Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? Check all that apply.
☐Failure to appear ☐Failure to complete traffic school ☐Failure to pay the required fine

If checked, explain circumstances.

ACCIDENTS

Have you ever been involved as the driver in a motor vehicle accident? ☐Yes ☐No *If yes, list the details.*

ACCIDENT 1 ☐Injury ☐Non-injury

Date (MM/YYYY)	**Location address** *Number/street/apt/unit*	*City, state, zip*

Police report ☐Yes ☐No	**Law enforcement agency**

ACCIDENT 2 ☐Injury ☐Non-injury

Date (MM/YYYY)	**Location address** *Number/street/apt/unit*	*City, state, zip*

Police Report ☐Yes ☐No	**Law enforcement agency**

ACCIDENT 3 ☐Injury ☐Non-injury

Date (MM/YYYY)	**Location address** *Number/street/apt/unit*	*City, state, zip*

Police report ☐Yes ☐No	**Law enforcement agency**

Section 8. MOTOR VEHICLE OPERATION (continued)

ADDITIONAL QUESTIONS *(continued)*

Have you ever driven a vehicle without required auto insurance? ☐Yes ☐No *If yes, provide an explanation.*

Date (MM/YYYY)	Explanation

Do you have any additional information to provide about your driving record? ☐Yes ☐No

Additional information

Section 9. CRIMINAL ACTIVITY

List all arrests, excluding juvenile arrests, whether you were charged or not. Being arrested is defined as the taking into custody of a person for the purpose of holding or detaining him/her to answer a criminal charge or civil demand. Being arrested may include any of the following:

- *Being placed in jail for any reason with or without charges. This may include but is not limited to offenses (traffic, municipal, county/parish court) and warrants (traffic, municipal, county/parish court).*
- *Being detained and issued a citation for a misdemeanor. Offense examples include shoplifting and disorderly conduct.*
- *Being detained and questioned by the policy.*
- *Being placed in jail for traffic-related offenses greater than a municipal court fine. Offense examples include driving while intoxicated by alcohol or an unknown substance, driving with a suspended license, and failure to stop and give information.*

A conviction is generally the result of a criminal trial which ends in a judgement or sentence of guilt. For the purpose of this form, the term also includes:

- *A judgement of guilt by a judge/jury.*
- *A plea by the individual of guilty or no contest.*
- *A sentence of confinement to jail or prison or to a term of probation.*
- *A finding of deferred adjudication.*
- *The paying of a fine, which can include restitution paid to a business or individual and/or court costs.*

ARRESTS

Charge	City/State	Verdict	Date
☐Felony ☐Misdemeanor		☐Convicted ☐Dismissed	
☐Felony ☐Misdemeanor		☐Convicted ☐Dismissed	
☐Felony ☐Misdemeanor		☐Convicted ☐Dismissed	
☐Felony ☐Misdemeanor		☐Convicted ☐Dismissed	
☐Felony ☐Misdemeanor		☐Convicted ☐Dismissed	

Have you ever contacted law enforcement, been questioned by law enforcement, or been detained by law enforcement for any reason other than a traffic stop? (Note: The term law enforcement includes military counterparts.) ☐Yes ☐No *If yes, provide an explanation.*

Explanation

CLASS C MISDEMEANORS *List all non-traffic related Class C Misdemeanor citations.*

Charge	City/State	Verdict	Date
		☐Convicted ☐Dismissed	
		☐Convicted ☐Dismissed	
		☐Convicted ☐Dismissed	
		☐Convicted ☐Dismissed	
		☐Convicted ☐Dismissed	

Section 9. CRIMINAL ACTIVITY (continued)

ADDITIONAL QUESTIONS

Have you ever been summoned or subpoenaed to any court of law in a civil or criminal action? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

Were you ever been under investigation by any law enforcement agency for any criminal offense? ☐Yes ☐No *If yes, provide an explanation. Note: More specific questions about domestic violence crimes are included later in this application.*

Explanation

Have you ever committed a crime for which you were not arrested? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

Have you ever stolen anything of value? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

ADDITIONAL QUESTIONS

Have you ever committed an act of shoplifting? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

Have you ever taken anything from a place of employment? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

Have you ever bought or sold stolen merchandise, or do you now have any stolen merchandise or property in your possession? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

Have you ever bribed or attempted to bribe a police officer? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

Section 9. CRIMINAL ACTIVITY (continued)

READ CAREFULLY AND ANSWER THE FOLLOWING QUESTIONS PERTAINING TO DOMESTIC, FAMILY, AND DATING VIOLENCE

Domestic violence means an offense that has its factual basis, the use or attempted use of physical force, or threatened use of a deadly weapon, committed by

- *a current or former spouse, parent, or guardian of the victim;*
- *a person with whom the victim shares a child in common;*
- *a person who is cohabitating with or has cohabitated with the victim as a spouse, parent, or guardian; or*
- *a person similarly situated by a spouse, parent, or guardian of the victim per 18 U.S. § C 92133a.*

Have you ever been convicted of a domestic violence crime? ☐Yes ☐No *If yes, provide an explanation.*

State the approximate date and a brief summary of incidents, including the parish/county and court in which the case was heard if applicable.

Has a person made any allegations of domestic violence against you? ☐Yes ☐No *If yes, provide an explanation.*

State the approximate date and a brief summary of incidents, including the parish/county and court in which the case was heard if applicable.

Family violence means:

- *an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that reasonably places the member in fear of imminent physical bodily injury, assault, or sexual assault; or*
- *abuse by a member of a family or household toward a child of the family or household; or*
- *dating violence as defined in the RS 14:34.9 of the Louisiana Code.*
- *Note: It does not include defensive measures to protect oneself.*

Have you ever been convicted of a family violence crime? ☐Yes ☐No *If yes, provide an explanation.*

State the approximate date and a brief summary of incidents, including the parish/county and court in which the case was heard if applicable.

Has a person made any allegations of family violence against you? ☐Yes ☐No *If yes, provide an explanation.*

State the approximate date and a brief summary of incidents, including the parish/county and court in which the case was heard if applicable.

- *Dating violence means an act by an individual that is against another individual with whom that person has or has had a dating relationship that is intended to result in physical harm, bodily injury, assault, sexual assault, or that is a threat that reasonably places the individual in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.*
- *Per RS 14:34.9(3) of the Louisiana Code, a dating partner is defined as any person who is involved or has been involved in a sexual or intimate relationship with the offender characterized by the expectation of affectionate involvement independent of financial considerations regardless of whether the person presently lives or formerly lived in the same residence with the offender. "Dating partner" shall not include a casual relationship or ordinary association between persons in a business or social context.*
- *The existence of such a relationship shall be determined based on consideration of the length of the relationship, the nature of the relationship, and the frequency and type of interaction between the people involved in the relationship. A casual acquaintanceship or ordinary fraternization in a business or social context does not constitute a "dating relationship."*

Have you ever been convicted of a dating violence crime? ☐Yes ☐No *If yes, provide an explanation.*

State the approximate date and a brief summary of incidents, including the parish/county and court in which the case was heard if applicable.

Has a person made any allegations of dating violence against you? ☐Yes ☐No *If yes, provide an explanation.*

State the approximate date and a brief summary of incidents, including the parish/county and court in which the case was heard if applicable.

_____ Initial here to indicate that you have read and understand the information regarding domestic violence and that the information you have provided is complete and accurate.

Section 8. CRIMINAL ACTIVITY (continued)

PARTY AFFILIATIONS (*continued)*

Have you ever belonged to or associated with anyone belonging to any organization, past or present, that would place the integrity of the Houma Police Department in question (e.g. KKK, Nazi organization, criminal gang, anti-government groups, violent groups, terrorist organizations? ☐Yes ☐No *If yes, describe.*

Include a brief description of each, including the length of time you were associated.

Do you have any tattoos that are affiliated with any organization, party, or gang? ☐Yes ☐No *If yes, describe.*

Describe

FAMILY ARRESTS

Have any of your immediate family members (parent, child, brother, sister, spouse, or close relative) been arrested? ☐Yes ☐No *If yes, fill in the fields below.*

Name	**Relationship**	**Date of Birth (MM/DD/YYYY)**
Date / **City/state**	**Reason**	
No. of felony convictions / **No. of misdemeanor convictions**	**Disposition**	

How did you feel about what they did?

Brief description/additional comments

Any additional family members? (parent, child, brother, sister, spouse, or close relative)? ☐Yes ☐No *If yes, fill in the fields below.*

Name	**Relationship**	**Date of Birth (MM/DD/YYYY)**
Date / **City/state**	**Reason**	
No. of felony convictions / **No. of misdemeanor convictions**	**Disposition**	

How did you feel about what they did?

Brief description/additional comments

ADDITIONAL QUESTIONS

Does your religion prevent the bearing of firearms? ☐Yes ☐No

Do you or would you have any objection to HPD using mechanical means such as a lie detector test or voice stress test to determine your qualifications for a position in this department and using such type of equipment for internal investigations? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

Are there any legal problems HPD should be aware of that have not been covered in this application? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

Section 9. DRUG, ALCOHOL, AND SEXUAL HISTORY

DRUG & ALCOHOL HISTORY

Have you ever tried or used marijuana? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

Have you ever tried or used any type of illegal drug other than marijuana, e.g. cocaine, heroin, LSD, or any other harmful or habit-forming drugs or chemicals? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

Have you ever taken any narcotic substances, sedatives, stimulants, "designer drugs," or tranquilizer drugs outside of prescribed use by a licensed physician? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

Have you ever been involved in the sale of illegal drugs, directly or indirectly? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

Has your use of alcoholic beverages ever resulted in the loss of a job, arrest by police, or injury to others? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

Have you ever been treated by a physician for drug or alcohol abuse? ☐Yes ☐No *If yes, provide an explanation, the name of the physician, and the location of treatment.*

Explanation

SEXUAL HISTORY

Since you have been an adult (18 years +), have you had any sexual involvement with someone under 17 years old? ☐Yes ☐No *If yes, provide an explanation.*

Include the ages of each party and an explanation.

Section 10. MISCELLANEOUS

If you believe that, for religious reasons, you should be allowed to deviate from the cadet dress code policy that is required while attending the academy (length of hair, clean shaven appearance, etc.), would you wish to request a religious accommodation from the Chief of Police? ☐Yes ☐No

Do you understand that Houma Police Academy training lasts for approximately 24 weeks, full time; that the academy is a period of selection; that you must complete it successfully; that you may be discharged from the academy at any time; that you must submit to strict military discipline; and that you may not have any other employment or attend any other school while a cadet at the Houma Police Academy? ☐Yes ☐No

Section 10. MISCELLANEOUS (continued)

Do you have any prejudice against any race, color, creed, or organization? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

Is there anything in your personal life that could embarrass the Houma Police Department? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

Have you ever lied under oath? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

Section 11. WRITTEN ASSESSMENT

Do you believe in the judicial system of the United States of America? ☐Yes ☐No *If no, provide an explanation.*

Explanation

Is there any reason that you would be unable to uphold and enforce the laws of this city, parish, state, and country? ☐Yes ☐No *If yes, provide an explanation.*

Explanation

Please explain in a brief paragraph why you want to become a Houma Police Officer.

Explanation

List any special training, skills, courses, or studies, including any law enforcement training you have.

Section 12. SIGNAUTRE

I represent and warrant that the answers I have made to each and all of the foregoing questions are complete and true to the best of my knowledge and belief; and that falsification, misrepresentation, or omission of any information may be just cause for the rejection of this application.

Signature of Applicant	**Date**