

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

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Thank you for your interest in working for the Houma Fire 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 fire 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](#).

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**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. <input type="checkbox"/> Yes <input type="checkbox"/> No				

Section 2. RELATIVES			
<b>IMMEDIATE FAMILY</b>			
Provide all applicable information in the spaces below. Mother and father must be listed if known. If deceased, provide name and DOB only.			
FATHER <input type="checkbox"/> Deceased <input type="checkbox"/> 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 <input type="checkbox"/> Deceased <input type="checkbox"/> 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

PERSONAL HISTORY STATEMENT

Section 2. RELATIVES (continued)			
IMMEDIATE FAMILY (continued)			
STEPFATHER <input type="checkbox"/> Deceased <input type="checkbox"/> N/A <i>If deceased, provide name and DOB only.</i>			
Name <i>Last, first, middle, and any other names used</i>		Date of birth (MM/DD/YYYY)	Race
Last four of SSN			
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Present employer	Job title	Work address <i>Number/street/unit</i>	City, state, zip
Contact numbers <i>Home</i>	Work/ext.	Cell	Email
STEPMOTHER <input type="checkbox"/> Deceased <input type="checkbox"/> N/A <i>If deceased, provide name and DOB only.</i>			
Name <i>Last, first, middle, and any other names used</i>		Date of birth (MM/DD/YYYY)	Race
Last four of SSN			
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Present employer	Job title	Work address <i>Number/street/unit</i>	City, state, zip
Contact numbers <i>Home</i>	Work/ext.	Cell	Email
FATHER-IN-LAW <input type="checkbox"/> Deceased <input type="checkbox"/> N/A <i>If deceased, provide name and DOB only.</i>			
Name <i>Last, first, middle, and any other names used</i>		Date of birth (MM/DD/YYYY)	Race
Last four of SSN			
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Present employer	Job title	Work address <i>Number/street/unit</i>	City, state, zip
Contact numbers <i>Home</i>	Work/ext.	Cell	Email
MOTHER-IN-LAW <input type="checkbox"/> Deceased <input type="checkbox"/> N/A <i>If deceased, provide name and DOB only.</i>			
Name <i>Last, first, middle, and any other names used</i>		Date of birth (MM/DD/YYYY)	Race
Last four of SSN			
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Present employer	Job title	Work address <i>Number/street/unit</i>	City, state, zip
Contact numbers <i>Home</i>	Work/ext.	Cell	Email
MARITAL/RELATIONSHIP HISTORY			
Current marital status		Number of times married	
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
CURRENT SPOUSE/COMMON LAW <input type="checkbox"/> Deceased <input type="checkbox"/> N/A <i>If deceased, provide name and DOB only.</i>			
Name <i>Last, first, middle, and any other names used</i>		Date of birth (MM/DD/YYYY)	Race
Last four of SSN			
Current home address <i>Number/street/apt/unit</i>		City, state, zip	Sex
Present employer	Job title	Work address <i>Number/street/unit</i>	City, state, zip
Contact numbers <i>Home</i>	Work/ext.	Cell	Email

PERSONAL HISTORY STATEMENT

Section 2. RELATIVES (continued)			
FORMER SPOUSE/Common LAW <input type="checkbox"/> Deceased <input type="checkbox"/> N/A <i>If deceased, provide name and DOB only.</i>			
Name <i>Last, first, middle, and any other names used</i>		Date of birth (MM/DD/YYYY)	Race
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Present employer	Job title	Work address <i>Number/street/unit</i>	City, state, zip
Contact numbers <i>Home</i>	Work/ext.	Cell	Email
Year of divorce	Is there a current or has there been a previous restraining order associated with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FORMER SPOUSE/Common LAW <input type="checkbox"/> Deceased <input type="checkbox"/> N/A <i>If deceased, provide name and DOB only.</i>			
Name <i>Last, first, middle, and any other names used</i>		Date of birth (MM/DD/YYYY)	Race
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Present employer	Job title	Work address <i>Number/street/unit</i>	City, state, zip
Contact numbers <i>Home</i>	Work/ext.	Cell	Email
Year of divorce	Is there a current or has there been a previous restraining order associated with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FORMER SPOUSE/Common LAW <input type="checkbox"/> Deceased <input type="checkbox"/> N/A <i>If deceased, provide name and DOB only.</i>			
Name <i>Last, first, middle, and any other names used</i>		Date of birth (MM/DD/YYYY)	Race
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Present employer	Job title	Work address <i>Number/street/unit</i>	City, state, zip
Contact numbers <i>Home</i>	Work/ext.	Cell	Email
Year of divorce	Is there a current or has there been a previous restraining order associated with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNIFICANT OTHERS <i>e.g. girlfriend, boyfriend, fiancé</i> <input type="checkbox"/> N/A			
Name <i>Last, first, middle, and any other names used</i>		Relationship	Last four of SSN
Date of birth (DD/MM/YYYY)	Sex	Race	
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Contact numbers <i>Home</i>	Cell	Email	
SIGNIFICANT OTHERS <i>e.g. girlfriend, boyfriend, fiancé</i> <input type="checkbox"/> N/A			
Name <i>Last, first, middle, and any other names used</i>		Relationship	Last four of SSN
Date of birth (DD/MM/YYYY)	Sex	Race	

PERSONAL HISTORY STATEMENT

Section 2. RELATIVES (continued)			
SIGNIFICANT OTHERS (continued)			
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Contact numbers <i>Home</i>	Cell	Email	
SIGNIFICANT OTHERS e.g. girlfriend, boyfriend, fiancé <input type="checkbox"/> N/A			
Name <i>Last, first, middle, and any other names used</i>		Relationship	Last four of SSN
Date of birth (DD/MM/YYYY)	Sex	Race	
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Contact numbers <i>Home</i>	Cell	Email	
COPARENT INFORMATION <i>If you have children with someone you are no longer in a relationship with, fill out this section.</i> <input type="checkbox"/> N/A			
Mother/father's full name <i>Last, first, middle, and any other names used</i>		Date of birth (MM/DD/YYYY)	Last four of SSN
Contact number	Sex	Race	
Last known address <i>Number/street/apt/unit</i>		City, state, zip	
COPARENT INFORMATION <i>If you have children with someone you are no longer in a relationship with, fill out this section.</i> <input type="checkbox"/> N/A			
Mother/father's full name <i>Last, first, middle, and any other names used</i>		Date of birth (MM/DD/YYYY)	Last four of SSN
Contact number	Sex	Race	
Last known address <i>Number/street/apt/unit</i>		City, state, zip	
CHILDREN <input type="checkbox"/> N/A <i>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.</i>			
CHILD 1 <input type="checkbox"/> Biological <input type="checkbox"/> Custodial <input type="checkbox"/> Guardian <input type="checkbox"/> Step <input type="checkbox"/> Adopted <input type="checkbox"/> Other _____ Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Full name <i>Last, first, middle</i>		Date of birth (MM/DD/YYYY)	Last four of SSN
Contact number	Sex	Race	
<i>Child 1 Custodial Parent Contact Info</i> <input type="checkbox"/> N/A			
Full name <i>Last, first, middle</i>		Contact number	Email
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
CHILD 2 <input type="checkbox"/> Biological <input type="checkbox"/> Custodial <input type="checkbox"/> Guardian <input type="checkbox"/> Step <input type="checkbox"/> Adopted <input type="checkbox"/> Other _____ Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Full name <i>Last, first, middle</i>		Date of birth (MM/DD/YYYY)	Last four of SSN
Contact number	Sex	Race	
<i>Child 2 Custodial Parent Contact Info</i> <input type="checkbox"/> N/A			
Full name <i>Last, first, middle</i>		Contact number	Email

PERSONAL HISTORY STATEMENT

**Section 2. RELATIVES (continued)**

CHILD 2 (continued)

<b>Contact number</b>	<b>Sex</b>	<b>Race</b>
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Child 2 Custodial Parent Contact Info  N/A

<b>Full name</b> Last, first, middle	<b>Contact number</b>	<b>Email</b>
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<b>Current home address</b> Number/street/apt/unit	City, state, zip
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CHILD 3  Biological  Custodial  Guardian  Step  Adopted  Other \_\_\_\_\_ Custody?  Yes  No

<b>Full name</b> Last, first, middle	<b>Date of birth (MM/DD/YYYY)</b>	<b>Last four of SSN</b>
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<b>Contact number</b>	<b>Sex</b>	<b>Race</b>
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Child 3 Custodial Parent Contact Info  N/A

<b>Full name</b> Last, first, middle	<b>Contact number</b>	<b>Email</b>
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<b>Current home address</b> Number/street/apt/unit	City, state, zip
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CHILD 4  Biological  Custodial  Guardian  Step  Adopted  Other \_\_\_\_\_ Custody?  Yes  No

<b>Full name</b> Last, first, middle	<b>Date of birth (MM/DD/YYYY)</b>	<b>Last four of SSN</b>
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<b>Contact number</b>	<b>Sex</b>	<b>Race</b>
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Child 4 Custodial Parent Contact Info  N/A

<b>Full name</b> Last, first, middle	<b>Contact number</b>	<b>Email</b>
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<b>Current home address</b> Number/street/apt/unit	City, state, zip
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CHILD 5  Biological  Custodial  Guardian  Step  Adopted  Other \_\_\_\_\_ Custody?  Yes  No

<b>Full name</b> Last, first, middle	<b>Date of birth (MM/DD/YYYY)</b>	<b>Last four of SSN</b>
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<b>Contact number</b>	<b>Sex</b>	<b>Race</b>
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Child 5 Custodial Parent Contact Info  N/A

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

<b>Have you ever been delinquent on a payment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many times?
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PERSONAL HISTORY STATEMENT

Section 2. RELATIVES (continued)			
SIBLINGS <input type="checkbox"/> N/A <i>List all siblings, including half, step, foster, etc. If deceased, provide name and DOB only.</i>			
SIBLING 1 <input type="checkbox"/> Deceased			
Name <i>Last, first, middle, and any other names used</i>		Relationship	Last four of SSN
Date of birth (DD/MM/YYYY)	Sex	Race	
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Contact number	Email		
SIBLING 2 <input type="checkbox"/> Deceased <input type="checkbox"/> N/A			
Name <i>Last, first, middle, and any other names used</i>		Relationship	Last four of SSN
Date of birth (DD/MM/YYYY)	Sex	Race	
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Contact number	Email		
SIBLING 3 <input type="checkbox"/> Deceased <input type="checkbox"/> N/A			
Name <i>Last, first, middle, and any other names used</i>		Relationship	Last four of SSN
Date of birth (DD/MM/YYYY)	Sex	Race	
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Contact number	Email		
SIBLING 4 <input type="checkbox"/> Deceased <input type="checkbox"/> N/A			
Name <i>Last, first, middle, and any other names used</i>		Relationship	Last four of SSN
Date of birth (DD/MM/YYYY)	Sex	Race	
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Contact number	Email		
SIBLING 5 <input type="checkbox"/> Deceased <input type="checkbox"/> N/A			
Name <i>Last, first, middle, and any other names used</i>		Relationship	Last four of SSN
Date of Birth (DD/MM/YYYY)	Sex	Race	
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Contact number	Email		

PERSONAL HISTORY STATEMENT

**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?
				<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

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

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

REFERENCE 2

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

REFERENCE 3

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

PERSONAL HISTORY STATEMENT

**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**

<b>Name of school</b>	<b>From (MM/YYYY)</b>	<b>To (MM/YYYY)</b>	<b>Graduated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>School address</b> <i>Number/street/apt/unit</i>		<i>City, state, zip</i>	

**SCHOOL 2**

<b>Name of school</b>	<b>From (MM/YYYY)</b>	<b>To (MM/YYYY)</b>	<b>Graduated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>School address</b> <i>Number/street/apt/unit</i>		<i>City, state, zip</i>	

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

**SCHOOL 1**

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

**SCHOOL 2**

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

**SCHOOL 3**

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

**SCHOOL 4**

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

**SCHOOL 5**

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

**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.*

PERSONAL HISTORY STATEMENT

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

FORMER RESIDENCE 1

Home address <i>Number/street/apt/unit</i>	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 <i>Number/street/apt</i>	City, state, zip	
Reason for moving		

FORMER RESIDENCE 2

Home address <i>Number/street/apt/unit</i>	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 <i>Number/street/apt</i>	City, state, zip	
Reason for moving		

FORMER RESIDENCE 3

Home address <i>Number/street/apt/unit</i>	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 <i>Number/street/apt</i>	City, state, zip	
Reason for moving		

FORMER RESIDENCE 4

Home address <i>Number/street/apt/unit</i>	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 <i>Number/street/apt</i>	City, state, zip	
Reason for moving		

PERSONAL HISTORY STATEMENT

Section 5. RESIDENCES (continued)			
FORMER RESIDENCE 5			
Home address <i>Number/street/apt/unit</i>		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 <i>Number/street/apt</i>		City, state, zip	
Reason for moving			
FORMER RESIDENCE 6			
Home address <i>Number/street/apt/unit</i>		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 <i>Number/street/apt</i>		City, state, zip	
Reason for moving			
ROOMMATES <i>List all current and former roommates</i>			
ROOMMATE 1			
Name <i>Last, first, middle, and any other names used</i>		Date of birth (MM/DD/YYYY)	Contact number
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Nature of relationship <i>(Relative, landlord, friend, housemate only, etc.)</i>		Email	
ROOMMATE 2			
Name <i>Last, first, middle, and any other names used</i>		Date of birth (MM/DD/YYYY)	Contact number
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Nature of relationship <i>(Relative, landlord, friend, housemate only, etc.)</i>		Email	
ROOMMATE 3			
Name <i>Last, first, middle, and any other names used</i>		Date of birth (MM/DD/YYYY)	Contact number
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Nature of relationship <i>(Relative, landlord, friend, housemate only, etc.)</i>		Email	
ROOMMATE 4			
Name <i>Last, first, middle, and any other names used</i>		Date of birth (MM/DD/YYYY)	Contact number
Current home address <i>Number/street/apt/unit</i>		City, state, zip	
Nature of relationship <i>(Relative, landlord, friend, housemate only, etc.)</i>		Email	

PERSONAL HISTORY STATEMENT

Section 5. RESIDENCES (continued)		
ROOMMATES (continued)		
ROOMMATE 5		
<b>Name</b> Last, first, middle, and any other names used	<b>Date of birth (MM/DD/YYYY)</b>	<b>Contact number</b>
<b>Current home address</b> Number/street/apt/unit	City, state, zip	
<b>Nature of relationship</b> (Relative, landlord, friend, housemate only, etc.)	<b>Email</b>	
ROOMMATE 6		
<b>Name</b> Last, first, middle, and any other names used	<b>Date of birth (MM/DD/YYYY)</b>	<b>Contact number</b>
<b>Current home address</b> Number/street/apt/unit	City, state, zip	
<b>Nature of relationship</b> (Relative, landlord, friend, housemate only, etc.)	<b>Email</b>	
ROOMMATE 7		
<b>Name</b> Last, first, middle, and any other names used	<b>Date of birth (MM/DD/YYYY)</b>	<b>Contact number</b>
<b>Current home address</b> Number/street/apt/unit	City, state, zip	
<b>Nature of relationship</b> (Relative, landlord, friend, housemate only, etc.)	<b>Email</b>	
ADDITIONAL RESIDENCE INFORMATION		
<b>Have you ever been evicted or asked to leave a residence?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you ever left a residence owing rent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered yes to either of the above questions, explain when, where, and the circumstances.		

Section 6. EXPERIENCE AND EMPLOYMENT		
JOB EXPERIENCE		
<ul style="list-style-type: none"> <li>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.</li> <li>List all periods of unemployment. Do not leave any gaps in time.</li> <li>List any businesses you have ever owned or taken an active role in, including LLCs, DBAs, S-Corporations, etc.</li> <li>If more space is needed, reprint the next page, and reuse those fields.</li> <li>Fill out the general information requested here. There will be more specific questions for past law enforcement experience later in this section.</li> </ul>		
EXPERIENCE 1		
<b>If this was a period of unemployment, check applicable:</b> <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other _____	<b>From (MM/YYYY)</b>	<b>To (MM/YYYY)</b>
Explanation _____		
<b>Name of employer</b>	<b>From (MM/YYYY)</b>	<b>To (MM/YYYY)</b>
<b>Address</b> Number/street/apt/unit	City, state, zip	
<b>Supervisor name</b>	<b>Contact number</b> including ext.	<b>Email</b>

PERSONAL HISTORY STATEMENT

Section 6. EXPERIENCE AND EMPLOYMENT (continued)			
EXPERIENCE 1 (continued)			
Job title		Hourly pay	Employment type <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer
Job duties/assignments			
Would there be a problem if we contacted this employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other _____		From (MM/YYYY)	To (MM/YYYY)
Explanation _____			
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 <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> 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: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other _____		From (MM/YYYY)	To (MM/YYYY)
Explanation _____			
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 <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> 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: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other _____		From (MM/YYYY)	To (MM/YYYY)
Explanation _____			
Name of employer		From (MM/YYYY)	To (MM/YYYY)
Address Number/street/apt/unit		City, state, zip	

PERSONAL HISTORY STATEMENT

Section 6. EXPERIENCE AND EMPLOYMENT (continued)			
EXPERIENCE 4 (continued)			
Supervisor name		Contact number including ext.	Email
Job title		Hourly pay	Employment type <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> 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: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other _____		From (MM/YYYY)	To (MM/YYYY)
Explanation _____			
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 <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> 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: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other _____		From (MM/YYYY)	To (MM/YYYY)
Explanation _____			
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 <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PERSONAL HISTORY STATEMENT

**Section 6. EXPERIENCE AND EMPLOYMENT (continued)**

CURRENT OR FORMER LAW ENFORCEMENT EXPERIENCE (continued)

EXPERIENCE 1 (continued)

<b>Reason for leaving</b> <input type="checkbox"/> Voluntarily resigned <input type="checkbox"/> Asked to resign <input type="checkbox"/> Fired <input type="checkbox"/> Laid off <input type="checkbox"/> Still employed	<i>Details on reason for leaving</i>
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EXPERIENCE 2

<b>Name of department/agency</b>	<b>From (MM/YYYY)</b>	<b>To (MM/YYYY)</b>
<b>Division/duties</b>		<b>Are you eligible to return?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Reason for leaving</b> <input type="checkbox"/> Voluntarily resigned <input type="checkbox"/> Asked to resign <input type="checkbox"/> Fired <input type="checkbox"/> Laid off <input type="checkbox"/> Still employed	<i>Details on reason for leaving</i>
---	--------------------------------------

EXPERIENCE 3

<b>Name of department/agency</b>	<b>From (MM/YYYY)</b>	<b>To (MM/YYYY)</b>
<b>Division/duties</b>		<b>Are you eligible to return?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Reason for leaving</b> <input type="checkbox"/> Voluntarily resigned <input type="checkbox"/> Asked to resign <input type="checkbox"/> Fired <input type="checkbox"/> Laid off <input type="checkbox"/> Still employed	<i>Details on reason for leaving</i>
---	--------------------------------------

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.*

<b>Name of drug/substance</b>	<i>Last use</i> <input type="checkbox"/> On duty <input type="checkbox"/> Off duty	<b>Name of drug/substance</b>	<i>Last use</i> <input type="checkbox"/> On duty <input type="checkbox"/> Off duty
<b>Name of drug/substance</b>	<i>Last use</i> <input type="checkbox"/> On duty <input type="checkbox"/> Off duty	<b>Name of drug/substance</b>	<i>Last use</i> <input type="checkbox"/> On duty <input type="checkbox"/> Off duty

**Comments**

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

<b>How many times?</b>	<b>Type of misconduct</b>	<b>Date</b>
------------------------	---------------------------	-------------

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

PERSONAL HISTORY STATEMENT

**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		

PERSONAL HISTORY STATEMENT

Section 6. EXPERIENCE AND EMPLOYMENT (continued)			
MILITARY ASSIGNMENTS (continued)			
ASSIGNMENT 2			
<b>Assignment/base</b>		<b>From (MM/YYYY)</b>	<b>To (MM/YYYY)</b>
<b>Address</b> <i>Number/street/apt/unit</i>		<i>City, state, zip</i>	
<b>Supervisor name</b>	<b>Contact number</b> <i>including ext.</i>	<b>Email</b>	
<b>Job title</b>	<b>Duties</b>		
ASSIGNMENT 3			
<b>Assignment/base</b>		<b>From (MM/YYYY)</b>	<b>To (MM/YYYY)</b>
<b>Address</b> <i>Number/street/apt/unit</i>		<i>City, state, zip</i>	
<b>Supervisor name</b>	<b>Contact number</b> <i>including ext.</i>	<b>Email</b>	
<b>Job title</b>	<b>Duties</b>		
ASSIGNMENT 4			
<b>Assignment/base</b>		<b>From (MM/YYYY)</b>	<b>To (MM/YYYY)</b>
<b>Address</b> <i>Number/street/apt/unit</i>		<i>City, state, zip</i>	
<b>Supervisor name</b>	<b>Contact number</b> <i>including ext.</i>	<b>Email</b>	
<b>Job title</b>	<b>Duties</b>		
ASSIGNMENT 5			
<b>Assignment/base</b>		<b>From (MM/YYYY)</b>	<b>To (MM/YYYY)</b>
<b>Address</b> <i>Number/street/apt/unit</i>		<i>City, state, zip</i>	
<b>Supervisor name</b>	<b>Contact number</b> <i>including ext.</i>	<b>Email</b>	
<b>Job title</b>	<b>Duties</b>		
ASSIGNMENT 6			
<b>Assignment/base</b>		<b>From (MM/YYYY)</b>	<b>To (MM/YYYY)</b>
<b>Address</b> <i>Number/street/apt/unit</i>		<i>City, state, zip</i>	
<b>Supervisor name</b>	<b>Contact number</b> <i>including ext.</i>	<b>Email</b>	
<b>Job title</b>	<b>Duties</b>		



Section 7. FINANCIAL OBLIGATIONS (continued)			
ADDITIONAL FINANCIAL QUESTIONS			
Have you ever had any bill placed for collection? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How many?	Dates/total amount for each account in collections		
Have you made attempts to resolve with the collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was it resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No	When/further details	
Have you made attempts to resolve with the creditor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was it resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No	When/further details	
Have you ever had a check returned because of insufficient funds? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, was it intentional? <input type="checkbox"/> Intentional <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was it resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No	When/further details	
Have you made attempts to resolve with the creditor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was it resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No	When/further details	
Have you ever declared bankruptcy or filed a chapter that comes under the bankruptcy act? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date	Why?		
Disposition	Have you reestablished credit? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long?	
Additional comments			
Have you ever received any financial aid you were not entitled to? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Details			
Are you a cosigner on an outstanding loan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
For whom?	How much?		
Have you ever been sued (including for a divorce)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
By whom?	Date	Settlement info <input type="checkbox"/> Settled <input type="checkbox"/> Pending	If settled: <input type="checkbox"/> In Court <input type="checkbox"/> Out of Court
Reason			
Have you ever had a vehicle repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date	Why?	Disposition	
Additional comments			

PERSONAL HISTORY STATEMENT

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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		

LIST YOUR CURRENT LIABILITY INSURANCE ON YOUR VEHICLES

INSURANCE 1

Type of Insurance <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> 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

PERSONAL HISTORY STATEMENT

**Section 8. MOTOR VEHICLE OPERATION (continued)**

LIABILITY INSURANCE *(continued)*

INSURANCE 2

<b>Type of Insurance</b> <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash deposit		<b>Vehicle license number/state</b>	<b>Vehicle identification number (VIN)</b>
<b>Vehicle make</b>	<b>Vehicle model</b>	<b>Year</b>	<b>Vehicle make</b>
<b>Insurance company</b>		<b>Policy number</b>	<b>Expiration date</b>
<b>Address</b> <i>Number/street/apt/unit</i>		<i>City, state, zip</i>	<b>Contact number</b>

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

Charge/nature of violation	City/state	Date	Action taken/disposition
			<input type="checkbox"/> Not guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic school <input type="checkbox"/> Dismissed
			<input type="checkbox"/> Not guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic school <input type="checkbox"/> Dismissed
			<input type="checkbox"/> Not guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic school <input type="checkbox"/> Dismissed
			<input type="checkbox"/> Not guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic school <input type="checkbox"/> Dismissed
			<input type="checkbox"/> Not guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic school <input type="checkbox"/> Dismissed
			<input type="checkbox"/> Not guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic school <input type="checkbox"/> 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

<b>Date (MM/YYYY)</b>	<b>Location address</b> <i>Number/street/apt/unit</i>	<i>City, state, zip</i>
<b>Police report</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Law enforcement agency</b>	

ACCIDENT 2    Injury    Non-injury

<b>Date (MM/YYYY)</b>	<b>Location address</b> <i>Number/street/apt/unit</i>	<i>City, state, zip</i>
<b>Police Report</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Law enforcement agency</b>	

ACCIDENT 3    Injury    Non-injury

<b>Date (MM/YYYY)</b>	<b>Location address</b> <i>Number/street/apt/unit</i>	<i>City, state, zip</i>
<b>Police report</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Law enforcement agency</b>	

PERSONAL HISTORY STATEMENT

**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
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		<input type="checkbox"/> Convicted <input type="checkbox"/> Dismissed	
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		<input type="checkbox"/> Convicted <input type="checkbox"/> Dismissed	
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		<input type="checkbox"/> Convicted <input type="checkbox"/> Dismissed	
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		<input type="checkbox"/> Convicted <input type="checkbox"/> Dismissed	
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		<input type="checkbox"/> Convicted <input type="checkbox"/> 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
		<input type="checkbox"/> Convicted <input type="checkbox"/> Dismissed	
		<input type="checkbox"/> Convicted <input type="checkbox"/> Dismissed	
		<input type="checkbox"/> Convicted <input type="checkbox"/> Dismissed	
		<input type="checkbox"/> Convicted <input type="checkbox"/> Dismissed	
		<input type="checkbox"/> Convicted <input type="checkbox"/> 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. SIGNATURE**

*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