



City of Many Police Officer Employment Application

The City provides equal employment opportunity to all applicants regardless of sex, race, color, marital status, religion, ancestry, national origin, medical condition, disability, age, sexual orientation or other non-merit related reason.

Job Title: UNIFORM PATROL OFFICER RESERVE UNIFORM PATROL OFFICER
 ADMINISTRATION INVESTIGATOR COMMUNICATIONS OFFICER

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ - - _____

In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary.
The Social Security Number will be used for identification purposes to ensure proper records are maintained.

Instructions *Please Read Carefully*

1. Please answer all questions and provide enough detail to allow for full review and evaluation. Applications must be *typed* or *printed legibly* in ink.
2. A resume may accompany your completed application form, but do not submit a resume in place of completing any part of this application.
3. Use a separate application for each job title. Applications and attachments will not be returned and photocopies will not be provided.
4. Inquiry may be made of your former and current employers or the last school you attended regarding your performance record. Please provide the name and phone number of each supervisor on your application form.
5. Please notify if you change your address or phone number during the examination process.
6. Before you return your application to the Many Police Department, recheck your application to make sure that it is correct and complete.
7. *Please attach a 2" x 2" color photo of yourself to the front of the application.*
8. *Also attach (2) Two Completed provided fingerprint cards to this application.*

Thank you for your interest in employment with the



Many Police Department

955 San Antonio Avenue • P.O. Box 987

Many, Louisiana 71449

Phone: (318) 256-5617 • Fax: (318) 256-4007

If you require special arrangements because of a disability, please submit your request with this application form. Documentation of the need for accommodation may be required prior to testing.

Please help us comply with State and Federal laws by completing this section. While you are not required to complete this section, you should know that if you leave it blank, we have the right to enter data for this purpose based upon our visual assessment. To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees to the Louisiana and United States governments. ***This information will be kept separate and confidential and will not be used in any unlawful way to make any employment decision.***

Are you 21 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:
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Please answer below based upon what you consider yourself to be. We understand that it may be difficult to choose a single identity if you have a multicultural heritage. Nevertheless, to comply with legal guidelines we would like you to choose only one.

<input type="checkbox"/> WHITE (not Hispanic origin): All persons not classified in one of the following five specific ethnic categories.	<input type="checkbox"/> AFRICAN-AMERICAN (not of Hispanic origin): All persons having origin in any of the black racial groups.	<input type="checkbox"/> HISPANIC : All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> ASIAN or Pacific Islanders other than Filipinos: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands.	<input type="checkbox"/> FILIPINO : All persons having origins in the peoples of the Philippine Islands.	<input type="checkbox"/> AMERICAN INDIAN or Alaskan Native: All persons having origins of the original peoples of North America.

Veteran of the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Service:
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Recruitment Information – How did you first learn of this job? (Check one only)

1. <input type="checkbox"/> Newspaper Notice	6. <input type="checkbox"/> School placement office: School name:
2. <input type="checkbox"/> Contact with a City Department	7. <input type="checkbox"/> Local Cable Channel
3. <input type="checkbox"/> Newspaper: If so, which one?	8. <input type="checkbox"/> Organization or group: Name:
4. <input type="checkbox"/> Trade or professional publication: Name:	9. <input type="checkbox"/> City web site
5. <input type="checkbox"/> Friend or Relative	10. <input type="checkbox"/> Other:

CITY OF MANY POLICE DEPARTMENT

955 San Antonio Avenue – Many, LA 71449

Phone (318) 256-5617 – Fax: (318) 256-4007

Roger Freeman
Chief of Police

17. EXPERIENCE: Please provide complete information to allow for review and evaluation of your work experience. This section must be completed. *Failure to do so may be grounds for disqualification.* List the positions you have held starting with your *current or most recent* job. Include relevant volunteer experience. If additional space is needed, attach a sheet of paper using the same format as below.

A resume may be attached but will not be accepted in place of this section.

Dates of Employment To	Employer (Business or Agency name)	Address	City	State
Hours Per Week	Title of your Position	No. Employees Supervised By You:	Supervisor's Name and Phone No. () -	
Salary \$ Monthly	Type of Work Performed (Be Specific)			
Reason for Leaving:				
Dates of Employment To	Employer (Business or Agency name)	Address	City	State
Hours Per Week	Title of your Position	No. Employees Supervised By You:	Supervisor's Name and Phone No. () -	
Salary \$ Monthly	Type of Work Performed (Be Specific)			
Reason for Leaving:				
Dates of Employment To	Employer (Business or Agency name)	Address	City	State
Hours Per Week	Title of your Position	No. Employees Supervised By You:	Supervisor's Name and Phone No. () -	
Salary \$ Monthly	Type of Work Performed (Be Specific)			
Reason for Leaving:				

18. May we contact all employers listed in section 17? Yes No. If "No" indicate exceptions:

19. REFERENCES: List names and addresses of three people, other than relatives, that we may contact who have knowledge of your job skills, experience, and ability. You may use past employers.

Name	Address	Telephone Number	Business or Occupation
		() -	
		() -	
		() -	

Application Certification: PLEASE READ CAREFULLY BEFORE SIGNING. I CERTIFY the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to deny City employment or for disciplinary action including dismissal after employment. I agree and understand that if I do not meet the announced requirements, I will be eliminated from the examination at whatever time this may be determined. I also consent to the investigation of all facts provided and authorize the Many Police Department to conduct a through background check using all practical resources.

X

/ /

Signature

Date

City of Many Police Department

Automatic and Discretionary Disqualifier Questionnaire

NOTE: FAILURE TO ANSWER ALL OF THE FOLLOWING QUESTIONS IN DETAIL MAY DISQUALIFY YOUR APPLICATION

AUTOMATIC DISQUALIFIERS

The City of Many Police Department will automatically disqualify any individual who can answer "Yes" to any of the following questions. *Please read and answer the following automatic disqualifiers:*

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony or any offense that would be a felony if committed in Louisiana?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever sold, produced, cultivated, or transported marijuana, narcotics or dangerous drugs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used any hallucinogenic drug including hallucinogenic mushrooms (except during religious ceremonies)? Hallucinogenic drugs also include LSD?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever illegally used dangerous drugs or narcotics, other than marijuana, for any purpose within the past seven years? <i>Examples of a dangerous drug or narcotic drug would be, but is not limited to: cocaine, crack, etc.; Methamphetamine (Crystal Methamphetamine or "Speed" of any kind); ,except prescription only or FDA approved over the counter preparations.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used illegally any other dangerous drugs or narcotics for any purpose within the past 7 years before the age of 21 years? (No use over the age of 21)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used illegally any dangerous drugs or narcotics (marijuana included) other than for experimentation? The use of an illegal drug is presumed to be not for experimentation by the Many Police Department if: 1. The use of marijuana exceeds a total of 20 times or exceeds 5 times since the age of 21 years. 2. The use of dangerous drugs or narcotics, other than marijuana, exceeds a total of 5 times before the age of 21 years.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been dishonorably discharged from the United States armed forces?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a pattern of abusing prescription medication?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you lied during any stage of the hiring process?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you falsified your questionnaire or application?

IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS PLEASE WITHDRAW YOUR APPLICATION

DISCRETIONARY DISQUALIFIERS

The following disqualifiers may, upon review by the Many Police Department, may make you ineligible to become an employee of the City of Many Police Department. *Please read and answer the following discretionary disqualifiers:*

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you engaged in unlawful sexual misconduct?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had excessive traffic violations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been involved in the commission of a felony?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received a discharge from the United States armed forces that was other than an honorable?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Have you demonstrated an unwillingness to honor fiscal contracts or just debts?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Have you engaged in any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the profession?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had your Louisiana Driver's license suspended as a result of excessive traffic violations or any other act that would automatically suspend your driver's license or received a suspended driver's license from another state as a result of similar circumstances?

If one or more of these disqualifiers pertains to you, be prepared to fully disclose the facts, circumstances, or details as part of a thorough background investigation and polygraph phase of the selection process.

I certify that I have read and understand the Automatic and Discretionary Disqualifiers associated with the City of Many's Police Department positions.

Applicant's signature	Date

MILITARY SERVICE

Did you serve in the military?

Yes No

If "Yes", what branch of service did you serve?

Did you receive an Honorable Discharge?

Yes No

If "No", please indicate the type of separation and explain in the space provided:

ARREST RECORD

List all incidents in which you were arrested, cited, accused, or charged with a crime other than minor traffic violations.

Note: Reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are **NOT** considered minor traffic offenses.

Date	Location	Agency	Charge	Court Disposition/Action

CIVIL ACTIONS

List all civil actions in which you were a party. (i.e. civil suits, etc)

Date	Location	Action or Proceeding	Court Disposition/Action

Continuation Section

ILLEGAL USE OF DRUGS / CONTROLLED SUBSTANCES

Type of Drug	Have you ever tried?	If "Yes", How many times?	How many times after age 21?	Date first used:	Date last used:	Have you ever sold, smuggled or transported for sale or personal gain?
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Cocaine / Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Methamphetamine / Speed	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Opium	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
LSD / Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Mescaline	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other illegal drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
Illegal use of prescription medications	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" on any of the areas listed above, please provide a full explanation on a separate sheet of paper. Include, if applicable, the following information:

- | | |
|--|---|
| a) How the drug was ingested or consumed | b) The duration of usage |
| c) The motivation for using the drug | d) How the drug was obtained |
| e) Why you stopped using the drug | f) Any other factors you believe are relevant |

I hereby certify that this supplemental questionnaire was completed by me and all statements contained herein are true and complete to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this application, removal of my name from the eligibility list, and/or discharge from City service. I understand that this information is subject to verification by any federal, state, and local agencies.

Applicant's Name (printed)

Date

City of Many Police Department
Disclosure and Authorization
Pertaining to Consumer Reports
Pursuant to the Fair Credit Reporting Act

This is a release for the Many Police Department to obtain one or more consumer / credit reports about you in connection with your application for employment or in the course of your employment with the Many Police Department. One or more reports about you may be obtained for employment purposes, including evaluating your fitness for employment, promotion, reassignment, retention, or access to sensitive information.

I, _____ hereby authorize the Many Police Department to obtain such report (s) from any consumer / credit reporting agency for employment purposes.

Signature: _____ Date: ____/____/____

Printed Name: _____ SSN: _____-____-_____

United States of America · State of Louisiana · Many Police Department

LAW ENFORCEMENT AGENT SECURE INFORMATION DISCLOSURE BINDING CONTRACT

In employment, whether by compensated or voluntary of the Many Police Department, the undersigned hereby agrees and acknowledges:

1. That during the course of my employment there may be disclosed to me certain contents of information of the Many Police Department;
said contents of information consisting of:
 - a) Technical information: Criminal Intelligence, Photographs, Electronic Equipment, Specialized Training, Access to Intelligence Database's, and Confidential statements of persons involved in criminal activity.
 - b) Criminal History Records, Credit Reports, Bank Statements, Medical Records, Dental Records, and all other protected information.
2. I shall not during, or at any time after the termination of my employment with the Many Police Department, use for myself or others, or disclose or divulge to others any intelligence, confidential information, or any other data of the Many Police Department or other agency in violation of this agreement.
3. That upon the termination of my employment from the Many Police Department:
 - a) I shall return to the Department all documents relating to my duties, including but not necessarily limited to: drawings, blueprints, reports, manuals, correspondence, person lists, computer programs, and all other materials and all copies thereof relating in any way to the Many Police Department's business, or in any way obtained by me during the course of my employment. I further agree that I shall not retain any copies of the foregoing.
 - b) The Many Police Department may notify any future or prospective employer of the existence of this agreement.
 - c) This agreement shall be binding upon me and my personal representatives and successors in interest, and shall inure to the benefit of the the Many Police Department, its successors and assigns.
 - d) The unenforceability of any provision to this agreement shall not impair or affect any other provision.
 - e) In the event of any breach of this agreement, the Many Police Department shall have full rights to injunctive relief, in addition to any other existing rights, without requirement of posting bond.
 - f) That the Many Police Department, The State of Louisiana, and The United States Government may initiate criminal and civil proceedings against me for disclosure of information to any party outside the scope of an investigation I was involved in or had knowledge of.
 - g) That as an employee, all knowledge regardless of transmission type I receive, while performing my duties as a Law Enforcement Agent is hereby confidential unless expressly authorized by the Chief of Police in writing, unless, expressly allowed by Municipal, State or Federal Law, and that I, by no means shall distribute this information to any person and hereby acknowledge that any information I receive while performing my duties as an employee for the City of Many shall forever remain the property of the City of Many, the State of Louisiana, and the United States Government.

I have read, and fully understand the above binding Security Disclosure.

Signature of Applicant: _____ Date: ____/____/____

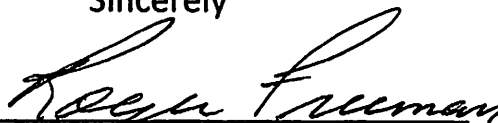
LAW ENFORCEMENT SENSITIVE DOCUMENT- NOT A PUBLIC RECORD

WEAPONS

EFFECTIVE 05-4-2017

All Officers Of The Many Police Department Will Be Required to Carry A 9MM Or A 40 Cal. Semi-auto Duty Weapon While Employed By The Many Police Department.

Sincerely

A handwritten signature in black ink that reads "Roger Freeman". The signature is written in a cursive style with a horizontal line underneath the name.

Roger Freeman Chief Of Police