



Scott Police Department

129 Lions Club Rd. P.O. Box 810 Scott, LA 70583
(337) 233-3715 Fax (337) 261-0568

This sheet has been prepared as an aid in executing the application for employment with the Scott Police Department. If there are questions not applicable to you, please indicate such by notating "N/A" in the appropriate space.

If additional space is needed for section or questions, or is your wish to provide additional information, attach page(s) of the same size to the application and indicate the question you are answering.

This application must be clear and legible. We prefer type written applications, but will accept a legibly printed application in **BLACK INK**.

Common Areas of Omission

Please make sure to include maiden names, middle names, addresses, date. If you are unable to furnish complete information, provide a sufficient explanation. An incomplete application will delay a decision on your employment. Please note that willingly withholding information or making false statements on this application will be basis for rejection or dismissal from Scott Police Department.

Civil Service

The Scott Police Department is a civil service agency. If you do not have a valid civil service test score, please check the State Examiner's website for a scheduled entrance exam for the position of which you wish to apply. The website is: www.ose.louisiana.gov.

Documents

You must furnish the following documents or copies with your application:

- One of the following: High School Diploma, General Education Development (G.E.D.) certificate, high school transcript, affidavit from the issuing school, associate's or bachelor's degree, or college transcript. (Any one of which must indicate that graduation has occurred or a degree awarded. A certification of completion shall not be sufficient to substitute for a diploma of G.E.D)
- Birth Certificate
- Military Discharge Papers – DD214 (if applicable)
- Copy of a valid driver's license
- Copy of a Social Security Card
- Other certifications (POST, Specialized Training, etc.)
- Original, signed letter from the civil service board, where you Entrance Exam was administered, that indicates your test score (if applicable).

When you have completed the application in its entirety, sign and return it to:

Scott Police Department
129 Lions Club Rd.
P.O. Box 810
Scott, LA 70583
Attention: Chief of Police

**APPLICANTS ARE GIVEN CAREFUL, FAIR, AND EQUAL
CONSIDERATION. IF IT IS DETERMINED THE CHIEF OF
POLICE WISHES AN INTERVIEW, YOU WILL BE NOTIFIED.**

Application for Employment

Scott Police Department
129 Lions Club Rd. ~ P.O. Box 810
Scott, La 70583
(337) 233-3715

Last Name: _____

Date of Application: _____

Position Applying For: Uniform Police Officer Clerical/Department Records Clerk

Instructions

Application must be typewritten or legibly printed in BLACK ink. All questions must be answered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number the answers to correspond with the questions.

Personal Information

1. Name					
2. Sex	3. Height	4. Weight	5. Hair Color	6. Eye Color	
7. Maiden Name	8. Date of Birth	9. Age	10. Driver's License Number & State		
11. Place of Birth			12. Social Security Number		
13. Physical Address					
14. Mailing Address					
15. Home Phone Number			16. Cell Phone Number		
17. Nickname or Aliases			18. Email Address		
19. Are you a citizen of the United States of America (If naturalized, attach a copy of certificate)					

First Name: _____

Middle Name: _____

List Residence(s) Over the Past Ten (10) Years

Month/Year to Month/Year	Street Address	City	State

20. Have you ever resided outside the State of Louisiana or the United States? Yes No

If so, provide location(s), dates, and explanation: _____

21. Do you have or have you ever applied for a passport? Yes No

Passport Number: _____

Marital/Family Information

22. Marital Status: Married Single Separated Divorced Engaged Widowed

If engaged, provide information about prospective spouse under spouse categories.

23. Spouse's Full Name (First/Middle/Maiden)		24. Date of Birth	25. Social Security Number
26. Occupation			27. Place of Employment
28. How Long Employed	29. Work Number		30. Cell Phone Number

31. Children/Dependents

Child's Name	Date of Birth	Relationship	Address

32. List the Name(s), Date of Birth(s), and Relationship of any person(s) residing in your residence now or within the last year, other than those listed above.

Name	Date of Birth	Relationship

33. List any previous spouse(s)'s current and maiden name(s) as well as the dates and location(s) of the marriage.

Name	Month/Year to Month/Year	Location

34. List all relatives employed by the City of Scott.

Name	Relationship	Position

Education/Training

35. High School Name & Address	Years Attended	Graduate?	Type of Diploma

36. College/University Name & Address	Years Attended	Graduate?	Type of Diploma

37. Trade/Vocational/Business Name & Address	Years Attended	Graduate?	Type of Diploma

38. Law Enforcement Academies/Military Name & Address	Years Attended	Graduate?	Type of Diploma

39. Were you ever suspended, expelled, or asked to withdraw from any educational institution? Yes No
 If Yes, please explain:

40. Indicate any proficiency in any languages:

Speak: _____

Write: _____

Read: _____

41. Indicate any special skills you may have or equipment you can operate related to this position:

42. Words Per Minute: Typing: _____ wpm Shorthand: _____ wpm

Employment History

43. List all places of employment (Full, Part, Summer) for the past ten (10) years starting with the most recent. Include any periods of unemployment.

Name/Address/Phone of Employer	Month/Year to Month/Year	Gross Ending Salary per Month	Title/Job	Supervisor	Reason for Leaving

(Employment History Continued)

Name/Address/Phone of Employer	Month/Year to Month/Year	Gross Ending Salary per Month	Title/Job	Supervisor	Reason for Leaving

44. Do you have reliable transportation to work? Yes No

45. Employment with the Scott Police Department entails working 8 hour and/or 12 hour shifts, working overtime, and working holidays, weekends, and nights. Would you have any difficulty working these hours or schedules?

Yes No

If yes, please explain:

46. Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you during any employment?

Yes No

If yes, please explain:

47. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

Yes

No

If yes, please explain:

48. May we contact your current employer?

Yes

No

49. Have you ever applied to or performed services for a Law Enforcement Agency not listed as an employer?

Yes

No

If yes, please explain:

50. Do you own a business or are you a partner or corporate officer in any business or organization not previously listed as an employer?

Yes

No

If yes, please explain:

Military History

51. List any military service and indicate whether it was active or reserve.

Dates of Duty	Branch of Service	Service Number	Highest Rank	Discharge Type

52. While in the military, were you subjected to any disciplinary action(s)?

Yes

No

If yes, please explain:

53. List your specific military jobs and duties.

54. Are you presently registered for Selective Service? No Yes Where? _____

55. Have you ever been rejected for enlistment, reenlistment, or induction into any branch of the Armed Forces of The United States?

Yes

No

If yes, please explain:

Arrest, Detentions, and Litigation

56. List any charge for a criminal offense or violation wither by arrest, indictment, summons, or Bill of Information in Louisiana or any other state, country, or jurisdiction regardless of the disposition or final outcome of the charge or violation. Include all matter even if no formal charges were made or no court appearance occurred, or in adjudication was held, or the matters settled by payment of fine or forfeiture of collateral. Include all matters expunged or set aside.

Minor traffic violations need not be listed but DWI's must be included. Include juvenile charges even if sealed.

Date	Charge	City/State	Disposition	Arresting Agency

57. To your knowledge, has any member of your family ever been arrested?

Yes

No

If yes, please explain:

58. Have you or your spouse ever been a plaintiff and/or defendant in a court action?

Yes

No

If yes, please explain:

59. Have you ever been detained and/or questioned by a law enforcement officer?

Yes

No

If yes, please explain:

60. Have you ever been the subject of or a suspect in any criminal investigation?

Yes

No

If yes, please explain:

61. Have you ever been fingerprinted for any reason?

Yes

No

If yes, please explain:

Driver/Vehicle Information

62. Driver's License Number: _____ Date of Expiration: _____

License Type: _____

Restrictions: _____

63. Do you hold or have you ever held an operator of chauffeur's license in any other state or country?

Yes

No

If yes, please explain:

64. List any and all traffic tickets or moving violations with dates.

Date	Charge/Violation	Issuing Agency

65. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

Yes

No

If yes, please explain:

Organization Membership

66. List all clubs and societies of which you are or have been a member.

Dates	Organization	City/State	Position Held

67. Are you or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of The United States, or which seeks to alter the form of government of The United States by unconstitutional means? Yes No

68. Have you ever made a financial or material contribution to any organization of the type described above?

Yes

No

If yes, please explain:

Business Interest and Licenses

69. Do you nor or have you ever owned any stock or interest in any firm, partnership, or corporation dealing wholly with or partly in the sale or distribution of alcoholic beverages?

Yes

No

If yes, please explain:

Credit Data

70. List all sources of income other than the salary of you or your spouse.

71. Have you, your spouse, or a company owned by you ever filed for bankruptcy?

Yes

No

If yes, please explain:

Emergency Contact Information

72.	Name	Address	Phone Number
	Father		
	Mother		
	Sibling		
	Sibling		
	Mother-in-law		
	Father-in-law		

Miscellaneous Information

73. Are you prejudiced toward any particular race, color, creed, gender, or organization?

Yes

No

If yes, please explain:

74. Did you ever bribe or attempt to bribe a law enforcement officer?

Yes

No

If yes, please explain:

75. Have you ever accepted a bribe?

Yes

No

If yes, please explain:

76. Have you ever committed perjury?

Yes

No

If yes, please explain:

77. Have you ever committed a crime for which you were never arrested?

Yes

No

If yes, please explain:

78. Did you ever try, use, or smoke marijuana?

Yes

No

If yes, please explain:

79. Have you ever been involved in the use, purchase, been in possession, distribute, or sale controlled substances except as prescribed by a physician?

Yes

No

If yes, please explain:

80. Is there anything in your life which could embarrass the Scott Police Department?

Yes

No

If yes, please explain:

81. Have you been truthful in all the information you have provided in this application?

Yes

No

82. Do you understand that you will be required to submit to drug testing prior to and during employment with the Scott Police Department?

Yes

No

Personal References and Acquaintances

83. Provide complete information about three (3) references who are responsible adults of reputable standing who are not relatives and have known you for the past five (5) years. Also, provide three (3) references from social acquaintances in your own general age group who have known you well for at least five (5) years.

References

Name & Address	Occupation	Work Phone Number	Home/Cell Phone Number

Social Acquaintances

Name & Address	Occupation	Work Phone Number	Home/Cell Phone Number

Availability of Applicant

84. Earliest date for Employment: _____

85. By signing below, you agree to the following terms:

- *If you voluntarily leave the Scott Police Department within 365 days of your employment, you will be required to reimburse Scott Police Department for the cost of your employment, your pre-employment physical, your pre-employment drug test, uniforms, and your training and police academy fees (if applicable).*
- *You agree to pay all legal costs incurred by the Scott Police Department to enforce this contract.*
- *You agree that any amount due can be withheld from your final pay and any retirement accumulated.*

Signature of Applicant: _____ Date signed: _____

Important

When you turn in your application at Scott Police Department, please allow approximately 30 minutes to complete Inquiries #86 and #87 at that time.

Applicants for the position of Police Officer may be given an interview by the Patrol Commander. If the Patrol Commander is satisfied with the initial interview, the applicant will be asked to participate as a Ride-Along on 2 12 hour shifts with a Field Training Officer.

(Please see waiver attached)

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

WHEREAS, I, _____ NOT BEING A MEMBER OF THE Scott Police Department, have made a voluntary request to ride as a guest in a vehicle assigned to the Department and to accompany a member, or members, during the performance of their duties and;

WHEREAS, the Scott Police Department is willing to allow me to ride in a vehicle assigned to the Department and to accompany a member, or members, of said Department during the performance of their official duties on the following conditions:

1. That I am aware the work of the Police Department is inherently dangerous and I may be subjected to the risk of death or personal injury or damage to my property by accompanying a member, or members, during the performance of their official duties. I freely, voluntarily and with such knowledge assume the risk arising from, or in any way connected with, the use of weapons, unlawful acts or forcible resistance by law violators, assault, riot, breach of peace, fire, explosion, gas, electrocution, etc., or the escape of radioactive substance while accompanying a member, or members, of the Scott Police Department during the performance of their official duties.
2. That the City of Scott, Chief of Police and his sureties, all members of the Scott Police Department, and their sureties, and each of them shall not be responsible or liable to me for any injury, damage, loss, or expense incurred while riding in any vehicle assigned to the Scott Police Department and resulting from any negligent act or omission on the part of any member of the Scott Police Department while performing their official duty.
3. The ride-along is to act only as the observer. The only actions taken by the ride-along is to utilize the radio for assistance in any emergency situation. At no time is the ride-along allowed to actively participate in any police-related action other than radio transmission in the case of an emergency.
4. In consideration of being granted such permission, I hereby, assume any and all risks involved in connection with my accompaniment of the said officers, and I, my heirs, executors, and administrators to defend and indemnify, also agree to hold the City of Scott, its agencies, employees, and/agents harmless from any and all liability, whether for personal injury, property damage, or otherwise, which might arise or which I might sustain during the period in which I am accompanying the said officers or otherwise exercising the permission thus granted.

I hereby represent that I have carefully read and understood the contents of this document and sign the same of my own free will.

DATE: _____ SIGNATURE: _____

DATE: _____ WITNESS: _____

*****CAUTION*****

READ THIS DOCUMENT IN FULL BEFORE SIGNING!

PATROL LEUITENANT : _____ DATE : _____

ASST. CHIEF : _____ DATE : _____

CHIEF : _____ DATE : _____

**SCOTT POLICE DEPARTMENT
PAYROLL DEDUCTION POLICY**

NAME: _____
(print)

The City of Scott makes available a variety of insurance policies for you and your family that can be paid for through payroll deduction. Examples of the insurance policies include, but are not limited to:

- | | |
|-------------------------------------------------------------------------|----------------------|
| Life Insurance | Disability Insurance |
| Accident Insurance | Specialty Insurance |
| Health Insurance (To Include City Provided Insurance for Employee Only) | Vision Insurance |
| Dental Insurance | Cancer Insurance |

During open enrollment, an independent agent will meet with you to offer this coverage. Even though these insurance companies are not affiliated with the city of Scott, the city makes it convenient for you to pay the premiums through payroll deduction. The policies can only be canceled at open enrollment and a form of *Authorization to Cancel* must be completed.

Any time your salary is reduced or you are no longer employed by the city of Scott, it will be **YOUR** responsibility to inform the insurance company's agent to make other payment arrangements for your premiums. It will also be **YOUR** responsibility to inform the city clerk and accounts payable clerk at city hall to stop payroll deduction.

If you fail to make the proper notifications and the city continues to meet your premium obligations through payroll deduction, you shall repay the city for any premiums paid after your employment ended.

By signing the lower portion of this letter, you are indicating that you understand this policy and agree to repay the city for any premiums paid through payroll deduction after your employment with the city has ended.

Employee signature

Date signed

Chief Chad Leger
Scott Police Department
Chief of Police

Certification, Acknowledgement of Conditions for Employment and Authority to Release Information

The Scott Police Department recruits, hires, trains, and promotes all persons without regard to race, color, sex, religion, national origin, marital and familial status, political beliefs, and physical and mental disability, except in those instances where physical and mental abilities are a bona fide occupational qualification, and accommodation would constitute an undue hardship to Ute Scott Police Department. It is further the policy of the Scott Police Department to base all decisions on employment so as to further equal employment opportunity.

I am applying to Chief Chad Leger and the Scott Police Department for employment. To determine my eligibility for employment and for security clearance purposes, I hereby authorize and request that solicited entities or individuals furnish to the Scott Police Department any and all information, whether written or non-written, including opinions, that these entities and/or individuals may have or acquire concerning information given on this application form, as well as information regarding my character, reputation, and suitability for employment.

I hereby release, hold harmless, and indemnify from any and all liability Chief Chad Leger, the Scott Police Department, employees of the Scott Police Department, and the individuals, agencies, and/or entities who receive and supply information as noted above.

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that information on this application will be subject to investigation and verification, and that any misrepresentation or material omission may cause my application to be delayed, rejected, disqualified, and/or subject me to dismissal from employment from the Scott Police Department.

I understand that nothing in this application or in the granting of an interview creates a contract between the Scott Police Department and myself for either employment or for providing any benefits. No promises have been made to me, and I understand that no such promise or guarantee is binding upon the Scott Police Department unless made in writing by the Scott Police Department and signed by me. If an employment relationship is established, I acknowledge that I will be required to submit to, and successfully complete a drug test, in depth criminal records check, financial background investigation, and a thorough physical examination including a mental history check to determine if I can perform the essential functions of the position for which I am applying with or without reasonable accommodations. I further understand that failure to comply with the prerequisites of employment, after the conditional offer of employment is accepted by me, will be treated as a rejection of the offer of employment.

I acknowledge that no consideration has been furnished to the Scott Police Department for my employment other than my services, and I understand that employment with the Scott Police Department is strictly **at will employment**, and that I have the right to terminate my employment at any time, with or without cause, and that the Scott Police Department has the same right, as well as the right to transfer me to any division, section, or shift that the Chief or his designee so chooses and at his sole discretion.

A photo static copy of my signature shall be accepted as an original authorizing any person, firm, or organization to release any information to the Scott Police Department regarding the verification of information provide herein.

Signature of Applicant

Date

Printed Full Name (First, Middle, Last)

RECEIVED BY: _____
Name Position Date