

# PONCHATOULA POLICE DEPARTMENT

195 North Sixth Street • Ponchatoula, LA 70454 Phone: 985-386-6548 • Fax: 985-386-7691

Bry Layrisson Chief of Police

## EMPLOYMENT APPLICATION PACKET

## IMPORTANT NOTICE

CAREFULLY READ ALL FORMS AND INSTRUCTIONS PROVIDED IN THIS PACKET. YOU MUST CORRECTLY COMPLETE THESE FORMS AND PROVIDE ALL INFORMATION REQUIRED. FAILURE TO DO SO MAY RESULT IN A DELAY IN PROCESSING OF YOUR APPLICATION, REJECTION OF YOUR APPLICATION, OR REMOVAL FROM EMPLOYMENT.

## EMPLOYMENT APPLICATION PACKET RECEIPT

I have received an Employment Application Packet, including an Explanation of the Employment Application Process.

NAME:(Print)

SIGNATURE: \_\_\_\_\_

## **EXPLANATION OF EMPLOYMENT APPLICATION PROCESS**

Dear prospective employee:

In accordance with Louisiana Civil Code R. S. 33:423.19, Notwithstanding any other provision of law to the contrary, in and for the city of Ponchatoula, the elected chief of police shall appoint, promote, discipline, and discharge police personnel subject to the budgetary limitations of the mayor and the board of aldermen pertaining to the number of allotted positions for the police department. Any such action shall be taken without regard to race, creed, or color. The provisions of this Section shall be known as the Police Chief David Lane Vitter Act.

In order to be considered for employment with the City of Ponchatoula Police Department, individuals may be required to participate in an applicant selection process. This process applies equally to all City of Ponchatoula Police personnel seeking re-appointment.

Due to the sensitive nature of the law enforcement operations of the Ponchatoula Police Department, all prospective employees will be required to participate in and successfully complete various processes, which may include, but not limited to: background investigation; physical fitness assessment; cognitive and psychological testing; mental and physical health examinations; substance abuse screenings; skill assessment; performance appraisal; interviews; and various types of evaluations. Failure to comply with the requirements for any of these processes may result in immediate disqualification or removal from employment.

- 1. Obtain an Application for Employment Packet and follow the Instructional Information sheet.
- 2. Return the completed Application for Employment Packet to the address listed on the Instructional Information sheet.
- 3. You may be scheduled for interviews and testing as specified by Chief Bry Layrisson. If you meet employment criteria established by him, and assuming you successfully complete all phases of the selection process, a Conditional Offer of Employment may be extended. Upon acceptance of this offer, you will be required to participate as foilows:
  - Submit to a medical examination by a physician selected by the City of Ponchatoula;
  - Submit to substance abuse screening;
  - Submit to a psychological evaluation;
  - Participate in any additional interviews and/or testing specified by the City of Ponchatoula or Chief Bry Layrisson.

You may be temporarily appointed or temporarily re-appointed pending the outcome of your participation in the applicant selection process. Your appointment or re-appointment is conditional upon your successful completion of each step in the process.

A conditional offer of employment may be withdrawn and employment may be terminated at anytime based on your inability or unwillingness to participate or successfully complete any of the aforementioned steps.

Failure to cooperate or to make full disclosure of all requesteed and relevant information during the applicant section process may result in disqualification of your application or removal from employment.

## APPLICATION for EMPLOYMENT INSTRUCTIONAL INFORMATION SHEET

This sheet has been prepared as an aid in executing the application for employment with the Ponchatoula Police Department. If there are questions that are not applicable to you, please indicate this fact with the notation "N/A" in the appropriate space.

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

The application must be clear and legible. We prefer a typewritten application but will accept a legibly printed application in <u>black ink.</u>

Please understand that it may be several weeks before a final decision is made regarding your employment, during which time a full background investigation will be performed.

### **Common Areas of Omission**

Please be sure to include maiden names, middle names, addresses, dates, etc. If you are unable to furnish complete information, give sufficient explanation. An incomplete application will delay a decision on your employment. Please note that willfully withholding information or making false statements on this application may be basis for rejection by, or dismissal from the Ponchatoula Police Department.

#### **Documents**

You will need to furnish the following documents or copies with your application if applicable:

- High school diploma or equivalent
- Birth certificate true and correct copy
- Military discharge papers DD-214
- College diploma
- Driver's license (photocopy)
- Other certifications P.O.S.T., specialized training, etc.
- Social security card

When you have completed the application in full; sign and return the application either in person or by mail to the address below:

#### Ponchatoula Police Department 195 North 6th Street Ponchatoula, La. 70454

All applicants will be given careful, fair, and equal consideration. You will be notified if and when an interview with Chief Bry Layrisson or his representative, is required.

| PONCHATOULA POLICE DEPARTMENT<br>195 North Sixth Street • Ponchatoula, LA 70454<br>Phone: 985-386-6548 • Fax: 985-386-7691 |  |                   |         |  |
|--|--|-------------------|---------|--|
| Bry Layrisson<br>Chief of Police   |  |                   |         |  |
| DATE OF APPLICATION  | //   |                   |         |  |
|  | POSITION APPLYING FOR                          |                   |         |  |
| This   | s application must be typed or neatly print    | ted in black ink. |         |  |
| <ul><li>( ) Police Officer</li><li>( ) Communications</li></ul>  | ( ) Reserve Officer   ( ) Clerica<br>( ) Other | ıl<br>            |         |  |
|  | I. PERSONAL DATA                               |                   |         |  |
| NAME   |  | DATEOF BIRTH      |         |  |
| MAIDEN NAME  |  | SOC. SEC. NO.     |         |  |
| PLACE OF BIRTH E-MAIL ADDRESS  |  |                   |         |  |
| PHYSICAL ADDRESS (STREET / CITY / STATE / ZIP)   |  |                   |         |  |
| MAILING ADDRESS (IF NOT SAME AS ABOVE)   |  |                   |         |  |
| HOME TELEPHONE NUMBER OTHER TELEPHONE NUMBER   |  |                   |         |  |
| NICKNAME(S)  |  | ALIASES           | ALIASES |  |
| ARE YOU A CITIZEN OF THE UNITED STATES? ( ) YES ( ) NO IF NATURALIZED, ATTACH A COPY OF<br>CERTIFICATE                     |  |                   |         |  |
| LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS:   |  |                   |         |  |
| MONTH/YEAR TO/FROM   | STREET ADDRESS                                 | CITY              | STATE   |  |
|  |  |                   |         |  |
|  |  |                   |         |  |
|  |  |                   |         |  |
|  |  |                   |         |  |

II. MARITAL STATUS

| MARITAL STATUS:                               | () MARRIED () SINGLE                                   | ( )                    | SEPARATED ( ) DIVORCE ( ) ENGAGED   |  |
|---|--|------------------------|---|--|
| IE ENGAGED I                                  | PROVIDE INFORMATION ABOUT                              | PFRSPF                 | TIVE SPOUSE UNDER SPOUSE CATEGORIES   |  |
| SPOUSE'S FULL NAME (FIRST / MIDDLE / LAST)    |  | YEARS MARRIED          |   |  |
| SPOUSE'S SOC. SEC. NO.                        |  | OCCUPA                 | ITION OF SPOUSE   |  |
| BUSINESS TELEPHONE NO.                        |  | HOW LONG EMPLOYED      |   |  |
| SPOUSE'S DATE OF BIRTH                        | PLACE OF EMPLOYMENT                                    | BUSINESS TELEPHONE NO. |   |  |
| NO. OF DEPENDENTS                             |  | LIST NA                | L<br>AME(S) OF DEPENDANT(S) AND/OR CHILDREN BELOW:                                    |  |
| NAME  |  |                        | OF BIRTH  |  |
| 1000500                                       |  |                        |   |  |
| ADDRESS                                       |  | RELA                   | TIONSHIP  |  |
| NAME  |  | DATE                   | OF BIRTH  |  |
| ADDRESS                                       |  | RELA                   | TIONSHIP  |  |
| NAME  |  | DATE                   | OF BIRTH  |  |
| ADDRESS                                       |  | RELA                   | TIONSHIP  |  |
| NAME  |  | DATE                   | OF BIRTH  |  |
| ADDRESS                                       |  | RELA                   | TIONSHIP  |  |
|   |  |                        | IP OF ANY OTHER PERSON(S) RESIDING IN YOUR<br>THOSE LISTED WHETHER A RELATIVE OR NOT. |  |
|   |  |                        |   |  |
|   |  |                        |   |  |
| HAVE YOU BEEN MARRIE<br>OF PREVIOUS SPOUSE(S) | D PREVIOUSLY? () YES (<br>AS WELL AS DATE(S) AND LOCAT | ) NO<br>ION(S) (       |   |  |
| , , , ,                                       | · ·  | . ,                    |   |  |
|   |  |                        |   |  |

| III. FINANCIAL INFORMATION  |
|---|
| HAVE YOU EVER HAD WAGES GARNISHED? ( ) YES ( ) NO. IF "YES," EXPLAIN:                               |
|   |
|   |
|   |
|   |
|   |
|   |
| HAS THERE EVER BEEN ANY CIVIL JUDGEMENT(S) AGAINST YOU? ( ) YES ( ) NO. IF "YES," EXPLAIN:          |
|   |
|   |
|   |
|   |
| HAVE YOU EVER FILED BANKRUPTCY? ( ) YES ( ) NO. IF "YES," EXPLAIN:                                  |
|   |
|   |
| IV. LEGAL INFORMATION   |
| HAVE YOU EVER BEEN A PLANTIFF OR DEFENDANT IN A COURT ACTION? ( ) YES ( ) NO. IF "YES," GIVE        |
| DATE, PLACE, COURT, NAME OF PARTIES INVOLVED, NATURE OF ACTION, AND FINAL DISPOSITION.              |
|   |
|   |
|   |
| ARE YOU CURRENTLY PAYING ALIMONY AND/OR CHILD SUPPORT? ( ) YES ( ) NO. IF "YES," EXPLAIN IN         |
| FULL STATING WHETHER OR NOT YOU ARE PAYING BOTH ALIMONY AND CHILD SUPPORT, OR JUST ONE OF THE TWO.  |
| ALSO, INCLUDE YOUR MONTHLY PAYMENTS.  |
|   |
|   |
|   |
|   |
|   |
| IF THE ANSWER TO THE ABOVE IS "YES," PLEASE STATE WHETHER OR NOT YOU ARE DELINQUENT IN ANY OF THESE |
| PAYMENTS. () YES () NO. IF DELINQUENT, STATE HOW MANY   |
| MONTHS DELINQUENT, TOTAL AMOUNT PAST DUE, AND REASON FOR DELINQUENCY.                               |
|   |
|   |
|   |
|   |
| V. EDUCATIONAL BACKGROUND   |
| HIGH SCHOOL:  |
|   |
| DID YOU GRADUATE? ( ) YES ( ) NO. IF "YES," LIST DATE OF GRADUATION AND SCHOOL.                     |
|   |
| NAME OF SCHOOL, CITY/STATE DATE: FROM/TO  |
|   |
| NAME OF SCHOOL, CITY/STATE DATE: FROM/TO  |
|   |
| COLLEGE AND/OR UNIVERSITY:  |
|   |
|   |

| V.  | EDUCATIONAL BACKGROUND   |
|---|--|
| NAME OF INSTITUTION, CITY/STATE   | DATE: FROM/TO  |
| NAME OF INSTITUTION, CITY/STATE   | DATE: FROM/TO  |
| NAME OF INSTITUTION, CITY/STATE   | DATE: FROM/TO  |
| DID YOU GRADUATE? ( ) YES ( ) NO.   | IF "YES," LIST DEGREE OBTAINED. IF "NO," LIST FIELD OF STUDY:  |
| OTHER (INCLUDING G.E.D. CERT., PROFESSIC                                  | NAL TRAINING SCHOOLS AND SEMINARS) SPECIFY LENGTH OF TRAINING: |
| NAME  | DATE: FROM/TO  |
| NAME  | DATE: FROM/TO  |
| NAME  | DATE: FROM/TO  |
| WERE YOU EVER SUSPENDED, EXPELLED, OR<br>() YES () NO. IF "YES," EXPLAIN: | ASKED TO WITHDRAW FROM ANY EDUCATIONAL INSTITUTION?            |
|   |  |
|   |  |
| LIST ANY FOREIGN LANGUAGES YOU SPEAK,                                     | READ, OR UNDERSTAND AND INDICATE PROFICIENCY.                  |
|   |  |
|   |  |
|   |  |
| LIST OFFICE AND OTHER EQUIPMENT OR MA                                     | CHINERY YOU CAN OPERATE AND PROFICIENCY OF SAME.               |
|   |  |
|   |  |
|   |  |
|   |  |
| BRANCH OF SERVICE:  | VI. MILITARY HISTORY DATE: FROM/TO                             |

TYPE OF DISCHARGE. IF OTHER THAN HONORABLE, EXPLAIN:

SERVICE NUMBER

HIGHEST RANK ATTAINED

LIST RESERVE OR NATIONAL GUARD STATUS

WHILE IN THE ARMED SERVICES, WERE YOU SUBJECT TO ANY DISCIPLINARY ACTION? ( ) YES ( ) NO. IF "YES," EXPLAIN:

LIST SPECIFIC MILITARY JOBS AND LENGTH OF TIME IN EACH:

ARE YOU PRESENTLY REGISTERED FOR SELECTIVE SERVICE? ( ) YES ( ) NO. IF "YES," WHERE?

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," EXPLAIN AND GIVE BRANCH OF SERVICE AND DATE(S).

| VII. EMPLOYMENT HISTORY  |                     |                |                   |                                |  |
|--|---------------------|----------------|-------------------|--------------------------------|--|
| BEGINNING WITH YOUR PRESENT EMPLOYER, LIST IN REVERSE CHRONOLOGICAL ORDER; EXCLUDE NONE. |                     |                |                   |                                |  |
| COMPANY NAME   |                     |                | DATE: FROM / TO   |                                |  |
| ADDRESS  |                     |                | SALARY (optional) |                                |  |
| TELEPHONE NUMBER   | SUPERVISOR'S NAME   |                |                   | JOB DUTIES/TITLE               |  |
| REASON FOR LEAVING?  |                     |                |                   |                                |  |
| COMPANY NAME   |                     | DATE: FROM/TO  |                   |                                |  |
| ADDRESS  |                     |                | SALARY (optional) |                                |  |
| TELEPHONE NUMBER   | SUPERVISOR'S NAME   | I              |                   | JOB DUTIES/TITLE               |  |
| REASON FOR LEAVING?  |                     |                |                   |                                |  |
| COMPANY NAME   | DATE: FROM/TO       |                |                   |                                |  |
| ADDRESS  | Si                  |                | SALARY (optional) |                                |  |
| TELEPHONE  | SUPERVISOR'S NAME   |                |                   | JOB DUTIES/TITLE               |  |
| REASON FOR LEAVING   |                     |                |                   |                                |  |
| IF YOU HAVE HAD EMPLOYMENT OTHER   | R THAN LISTED IN TH | E PROVIDED SPA | CES               | , LIST ON ADDITIONAL PAGE.     |  |
| () ADDITIONAL INFORMATION REGA   |                     |                |                   |                                |  |
| EXPLAIN ANY LAPSE OF TIME BETWEEN EMPLOYMENT:  |                     |                |                   |                                |  |
|  |                     |                |                   |                                |  |
| LIST ANY COMPANY(IES) OR BUSINESS(E  | S) YOU PRESENTLY (  | OWN OR IN WHIC | СН Ү              | OU HOLD A FINANCIAL INTEREST:  |  |
|  |                     |                |                   |                                |  |
|  |                     |                |                   |                                |  |
| WERE YOU EVER SUBJECT TO ANY DISCI   | PLINARY ACTION OR   | PROCEEDINGS I  | N CC              | ONNECTION WITH ANY EMPLOYMENT? |  |
| ( ) YES ( ) NO. IF "YES," EXPLA  | IN:                 |                |                   |                                |  |
|  |                     |                |                   |                                |  |
|  |                     |                |                   |                                |  |

| HAVE YOU EVER BEEN DISMISSED FROM ANY EMPLOYMENT           | 「? ( )YES ( )NO. IF "YES," EXPLAIN: |  |  |  |  |
|--|-------------------------------------|--|--|--|--|
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
| VIII. LAW ENFORCEME  | NT EMPLOYMENT                       |  |  |  |  |
| HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH A LAW ENFORG     | CEMENT ORGANIZATION IN THE PAST?    |  |  |  |  |
| ( ) YES ( ) NO. IF "YES," FOR WHAT POSITION DID YOU APPLY? |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
| WHICH AGENCY?  | WHEN WAS THE APPLICATION FILED?     |  |  |  |  |
|  |                                     |  |  |  |  |
| REASON NOT EMPLOYED (IF APPLICABLE)                        |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
| ARE YOU LOUISIANA P.O.S.T. CERTIFIED? ( ) YES ( ) NO.      | IF "YES," LIST LOCATION OF TESTING. |  |  |  |  |
|  |                                     |  |  |  |  |

LIST TOTAL NUMBER OF YEARS IN LAW ENFORCEMENT:

| HAVE YOU RECEIVE  | D ANY TRAFFIC CITATIONS IN THE I | AST FIVE (5) YEARS?      |                                  |
|-------------------|----------------------------------|--------------------------|----------------------------------|
| MO/YEAR           | CHARGE/VIOLATION                 | CITY/STATE               | DISPOSITION                      |
| MO/YEAR           | CHARGE/VIOLATION                 | CITY/STATE               | DISPOSITION                      |
| MO/YEAR           | CHARGE/VIOLATION                 | CITY/STATE               | DISPOSITION                      |
| MO/YEAR           | CHARGE/VIOLATION                 | CITY/STATE               | DISPOSITION                      |
| HAVE YOU EVER BE  | EN ARRESTED OR RECEIVED A SUM    | MONS BY ANY LAW ENFOR    | CEMENT AGENCY?()YES()NO          |
| IF "YES," COMPLET | E THE FOLLOWING, INCLUDING CHA   | ARGES REFUSED, NOLLE PRO | DSEQUI, DISMISSED, CONVICTION(S) |
| AND FINES PAID.   |                                  |                          |                                  |
| MO/YEAR           | CHARGE/VIOLATION                 | CITY/STATE               | DISPOSITION                      |
| MO/YEAR           | CHARGE/VIOLATION                 | CITY/STATE               | DISPOSITION                      |
| MO/YEAR           | CHARGE/VIOLATION                 | CITY/STATE               | DISPOSITION                      |
| MO/YEAR           | CHARGE/VIOLATION                 | CITY/STATE               | DISPOSITION                      |
| COMMENTS, IF DES  | SIRED, ON FACTS PERTAINING TO A  | RREST AND/OR CONVICTIO   | NS.                              |
|                   |                                  |                          |                                  |
|                   |                                  |                          |                                  |

| Χ.   | PONCHATOULA POLICE REFERENCES |              |
|------|-------------------------------|--------------|
| NAME | POSITION                      | RELATIONSHIP |
|      |                               |              |
| NAME | POSITION                      | RELATIONSHIP |
|      |                               |              |
| NAME | POSITION                      | RELATIONSHIP |
|      |                               |              |

| XI. PERSONAL REFERENCES   |   |              |                    |           |             |                    |          |
|---|---|--------------|--------------------|-----------|-------------|--------------------|----------|
| GIVE NAME(S) OF PERSONA   | L REFERENCE(S), NC                      | T RELATIVES  | OR PREVIO          | US SUPER  | VISORS      |                    |          |
| NAME  |   | ADDRESS      |                    |           |             |                    |          |
| OCCUPATION TELEPHONE NUMBER                                     |   | ONE NUMBER   | YEARS              |           | YEARS KNOWN | ARS KNOWN          |          |
| NAME  |   |              | ADDRESS            |           |             |                    |          |
| OCCUPATION  | TELEPHO                                 | ONE NUMBER   | YEARS KNOWN        |           | l           |                    |          |
| NAME  |   |              | ADDRESS            |           |             |                    |          |
| OCCUPATION  | TELEPHO                                 | ONE NUMBER   |                    |           | YEARS KNOWN | l                  |          |
|   | XII. DRIVER'S LI                        | CENSE AND \  | /EHICLE INFO       | ORMATIO   | N           |                    |          |
| HAS YOUR DRIVER'S LICENSE EN<br>OR REVOKED? ( ) YES (           | VER BEEN DENIED, SUS<br>) NO. IF "YES," |              | DRIVER'S LICE      | ENSE NUMB | ER/STATE    |                    | _        |
| DO YOU OWN A MOTOR VEHIC  | CLE? ( ) YES ( )                        | NO. IF "YES  | 6," COMPLETE       | THE FOLLO | OWING INFOR | MATION:            |          |
| REGISTERED OWNER'S NAME   |   |              |                    |           |             |                    |          |
| ADDRESS OF OWNER  |   |              |                    |           |             |                    |          |
| YEAR MAI  | KE OF VEHICLE                           | VEHICLE MOD  | DEL LICENSE #/YEAR |           | STATE       |                    |          |
| REGISTERED OWNER'S NAME   |   |              |                    |           |             |                    |          |
| ADDRESS OF OWNER  |   |              |                    |           |             |                    |          |
| YEAR MAI  | KE OF VEHICLE                           | VEHICLE MOD  | DEL                | LICENSE # | /YEAR       | STATE              |          |
|   | XIII. MIS                               | CELLANEOUS   | SINFORMAT          | ION       |             |                    |          |
| ARE YOU PREJUDICED TOWARD<br>EXPLAIN:                           |   |              |                    |           | N? ( ) YES  | ( ) NO. IF "YES    | "'<br>'' |
| DID YOU EVER BRIBE OR ATTEN                                     | MPT TO BRIBE A LAW E                    | NFORCEMEN    | T OFFICER? (       | ) YES     | ()NO. II    | F "YES," EXPLAIN:  |          |
| DID YOU EVER ACCEPT A BRIBE                                     | ? () YES () N                           | O. IF "YES," | EXPLAIN:           |           |             |                    |          |
|   |   |              |                    |           |             |                    |          |
| DID YOU EVER COMMIT PREJURY? ( ) YES ( ) NO. IF "YES," EXPLAIN: |   |              |                    |           |             |                    |          |
| HAVE YOU EVER COMMITTED A                                       | A CRIME FOR WHICH Y                     | OU WERE NEV  | VER ARRESTED       | D? () YE  | ES ( ) NO.  | IF "YES," EXPLAIN: |          |
| HAVE YOU BEEN TRUTHFUL IN                                       | THE INFORMATION YO                      | OU HAVE PRO  | VIDED IN THIS      | APPLICAT  | ION? ( ) YE | S () NO.           |          |

DO YOU UNDERSTAND THAT YOU MAY BE REQUIRED TO SUBMIT A COMPUTERIZED VOICE STRESS ANALYSIS EXAMINATION PRIOR TO AND DURING EMPLOYMENT WITH THE PONCHATOULA POLICE DEPARTMENT? ( ) YES

DID YOU EVER TRY, USE, OR SMOKE MARIJUANA? ( ) YES ( ) NO. IF "YES," EXPLAIN & INDICATE DATE OF LAST USE:

HAVE YOU EVER BEEN INVOLVED IN THE USE, PURCHASE, POSSESSION, DISTRIBUTION OR SALE OF CONTROLLED DANGEROUS SUBSTANCES EXCEPT AS PRESCRIBED BY A LICENSED PHYSICIAN? ( ) YES ( ) NO. IF "YES," EXPLAIN:

DO YOU UNDERSTAND THAT YOU WILL BE REQUIRED TO SUBMIT TO DRUG/ALCOHOL TESTING PRIOR TO AND DURING EMPLOYMENT WITH THE PONCHATOULA POLICE DEPARTMENT? ( ) YES SIGNATURE\_\_\_\_\_\_

#### XIV. AVAILABILITY OF APPLICATION

EARLIEST DATE AVAILABLE FOR EMPLOYMENT:

As indicated by my signature below, I understand and agree that if I leave the department during the course of my P.O.S.T. training or within two (2) years of completion of my P.O.S.T. training, I will be required to reimburse the department for the cost of my P.O.S.T. training as defined in the "Acknowledgment of Indebtedness and Agreement to Repay," which I agree to enter into prior to commencing my employment.

Signature:

#### XVI. ACKNOWLEGMENT

#### **Purpose**

The principal purpose of the employment application form is to collect information needed to determine qualifications, suitability, and availability of applicant for employment with the Ponchatoula Police Department. Your completed application may be used to examine, rate, and/or assess your qualifications; to determine suitability and restrictions based on residency requirements; and to contact you concerning availability and/or for an interview. All or part of your Ponchatoula Police Department application form may be disclosed outside the department to the following:

- 1. Federal, State and Local agencies if you express an interest in and availability for such employment consideration.
- 2. Appropriate Federal, State, and Local law enforcement aencies charged with the responsibility of investigating a violation or potential violation of the law.

## Authority

In accordance with Louisiana Civil Code R. S. 33:423.19, Notwithstanding any other provision of law to the contrary, in and for the city of Ponchatoula, the elected chief of police shall appoint, promote, discipline, and discharge police personnel subject to the budgetary limitations of the mayor and the board of aldermen pertaining to the number of allotted positions for the police department. Any such action shall be taken without regard to race, creed, or color. The provisions of this Section shall be known as the Police Chief David Lane Vitter Act.

#### Oath

I understand that, in many parts of the Ponchatoula Police Department, it has been necessary to establish regular night, midnight, and 12-hour shifts; in view of which, I must be completely available for such assignments as the need might arise. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application may be basis for rejection by, or dismissal from the Ponchatoula Police Department. I agree to these conditions, and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

You are hereby authorized to make any investigations of my personal and financial records through any investigative agency or bureaus of your choice. In making this application for employment, I understand that an investigative report may be made, whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. I understand that if I am a successful candidate for employment, I will be required to take a physical examination. I further understand that any appointment issued to me by the City of Ponchatoula Police Department may be revoked at any time, with or without cause, by Chief Bry Layrisson.

Print Full Name:\_\_

Signature of Applicant:\_\_\_

(Application must be signed prior to submitting)

Date:\_

## NOTICE TO CITY OF PONCHATOULA POLICE APPLICANT OF FULL DISCLOSURE REQUIRING BACKGROUND INVESTIGATION

You are applying for law enforcement or other security-sensitive position with the City of Ponchatoula Police Department. As such, you have consented to, and Chief Layrisson has authorized, a comprehensive investigation of your background.

During the course of the applicant background investigation and selection process, you will be required to disclose a great deal of personal information both in written background questionnaires and oral interviews. You are hereby notified that your entire background, including any and all activities occurring both prior to and subsequent to your written application and/or any interviews, are subject to consideration during the course of the investigation. You are expected to make full, truthful disclosures of all requested information, and to cooperate completely during the application and selection process. Information concerning your background and activities will be maintained in strict confidence.

Chief Layrisson recognizes that situations may arise and personal circumstances may change after your initial application and/or interview. As such, you are required to notify Chief Layrisson in a timely manner, in writing, of any such changes so that the information can be incorporated into the investigation of our background and activities. Any omission of pertinent information concerning your background or activities will result in a delay in the processing of your application. Any attempt to or deliberate withholding of falsification of facts by you may result in rejection of your application, or your removal from employment in the event you are eventually hired.

The below listed incidents describe those types of incidents that employees of the City of Ponchatoula Police Department will be obligated by policy to report to the Police Department. As you are applying for consideration for employment, you, too, are now agreeing to and obligated to disclose this same type of information to Chief Layrisson in a timely manner.

Information that you must report to Chief Layrisson during the course of the background investigation and selection process includes, but is not limited to:

- Your change of residence address or telephone number;
- Change in your marital status;
- Change of your employment status, including reason for separation and identity of new employer, their address, telephone number, and the name of your supervisor;
- Any civil action or law suit initiated against you in any federal, state, parish, municipal, city, or justice of the peace court as well as any civil action or law suit initiated by you against any other person or entity;

## NOTICE TO CITY OF PONCHATOULA POLICE APPLICANT OF FULL DISCLOSURE REQUIRING BACKGROUND INVESTIGATION

## **Continued:**

- Any allegation of civil rights violation or misconduct against you resulting in a complaint being filed with your current or former law enforcement employer;
- Your being called as a witness or subject before a federal or state grand jury;
- Your being the subject of or witness on a criminal investigation conducted by a federal, state, or local law enforcement agency;
- Your being wanted by any law enforcement agency on a warrant, attachment, capias, subpoena, or summons;
- Any criminal action initiated against you by any federal, state, or local law enforcement agency involving;
  - Detention by law enforcement authorities;
  - Arrest;
  - Summons to appear in court on any felony or misdemeanor charge;
  - Traffic citation or complaint (ticket);
  - Indictment;
  - Conviction, including guilty plea or plea of nolo contender;
  - Fine, confinement, probation, or deferred prosecution;
  - Includes any offense wherein charges are ultimately reduced, dismissed or nol- prossed;
- Your detention, arrest, courts martial, UCMJ charge, or non-judicial punishment by any military authority;
- Suspension or revocation of your driving privileges or vehicle registration privileges (even if privileges are reinstated);
- Your illegal use of drugs, including abuse of prescribed medications;
- Your involvement in or knowledge of any illegal activities;
- Your association with any convicted felon or person under indictment;
- Your involvement in any criminal organization or enterprise, club, gang, group, or private or public organization or association that has or is engaged in illegal or subversive activities.

## CITY OF PONCHATOULA POLICE DEPARTMENT BRY LAYRISSON, CHIEF

## **AUTHORITY TO RELEASE INFORMATION**

I hereby authorize Chief Layrisson and the City of Ponchatoula, his designee, or other authorized entity bearing this release, or a copy thereof, to obtain any information in your files, or copies or any documents, notes or records, pertaining to my military; educational; academic; employment; prior law enforcement application; promotional; achievement; attendance; athletic; criminal (arrest, conviction, juvenile); credit or financial history; driving history; or other personal history information; as health counseling; substance abuse testing, diagnosis, or counseling; physician or nurse/technician reports and notes; job performance information; or any other information that you may possess about any aspect of my background, character, work performance, health, or social history.

I hereby release you, as custodian of such records, and any local, state or federal government agency or department, school, college, university, repository of medical records, physician, nurse, psychologist or psychiatrist, counselor or mental health professional, credit bureau or consumer reporting agency, individual business entity, including its officers, employees, or related personnel, both individual and collectively, from any and all liability from any damages, which may result to me at any time, as well as to my heirs, family, or associates, due to compliance with this authorization and request to release information, or any attempt to comply with it. It is further understood that Chief Layrisson, his designee, as well as the City of Ponchatoula has my permission and authority to execute at any time after the date signed by me, and at any time after I am employed or associated with the City of Ponchatoula Police Department to secure additional information, as needed, while I am employed or associated with the City of Ponchatoula Police Department.

SIGNATURE: \_\_\_\_\_

| PRINT NAME: |  |
|-------------|--|
|-------------|--|

DATE: \_\_\_\_\_/ \_\_\_\_ TIME:\_\_\_\_\_

## CITY OF PONCHATOULA POLICE DEPARTMENT BRY LAYRISSON, CHIEF

### NOTICE TO CITY OF PONCHATOULA POLICE APPLICANT Of FULL DISCLOSURE REQUIRED DURING BACKGROUND INVESTIGATION

I, \_\_\_\_\_\_, am in receipt of this notice and understand the aforementioned requirements. I agree to abide by same during the course of the applicant investigation and selection process. I understand that in the event of any of the listed incidents or circumstances, of which I have been provided a copy, I must notify Chief Layrisson or his designee of the situation, in writing, in a timely manner. I fully understand that any omission of pertinent information concerning my background or activities will result in a delay in the processing of my application for employment. I also fully understand that any attempt to or deliberate withholding or falsification of facts on my part may result in rejection of my application or my removal from employment in t he event I am eventually hired.