

# BROUSSARD POLICE DEPARTMENT

## *Minimum qualifications for employment with the Broussard Police Department;*

1. Must be 21 years of age
2. Must be a high school graduate
3. Must conform to and abide by laws of the United States, the State of Louisiana and any subdivisions thereof
4. Must have a valid driver's license and good driving history
5. Must have:
  - A – No Felonies
  - B – No misdemeanor charges that would prohibit you from carrying a firearm.
6. Must be able to pass a physical which includes a drug and back screen through the City of Broussard's appointed physicians
7. Must be in good physical shape in order to complete police training
8. Must be a registered voter

## *Procedures prior to beginning date of employment;*

1. Submit completed application, along with **copies** of any **certifications, driver's license, and voter registration card** attached
2. If applying for reserve status, you will follow the same procedures as a full-time applicant.
3. Applicant will be screened through prior employment history, criminal history, and DL check.
4. Applicant will be contacted by either the Chief or the Chief Clerk, to set up an appointment for the interview, **only in the event of an opening & you are selected as a candidate**
5. If accepted for employment, arrangements will be made for physical, drug screening and psychological test through the City Clerk or the Chief Clerk
6. The City Clerk must be supplied with "Prior Service Certificate" if applicable.
7. Prior to beginning date, applicant will be supplied with the City of Broussard Drug Policy, and must see the City Clerk for signing of all appropriate paperwork.
8. Then receive Policy Manual, equipment etc, from either the Chief Clerk or the Services Commander.
9. Complete Property Sheet with the Services Commander.
10. Applicant will receive appropriate paperwork from the Chief Clerk to get sworn to duty and receive commission card before being turned over to his FTO (Field Training Officer).

**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  
 BROUSSARD POLICE DEPARTMENT  
 414 EAST MAIN STREET  
 BROUSSARD, LOUISIANA 70518**

**PHONE (337) 837-6259 FAX (337) 839-1219**

LEAVE THIS AREA BLANK:  
 FINGERPRINTED BY: \_\_\_\_\_  
 PHOTOGRAPHED BY: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 PHYSICAL/DRUGSCREEN: \_\_\_\_\_  
 START DATE: \_\_\_\_\_  
 ACCEPTED: Y / N  
 IF NO: \_\_\_\_\_

POSITION APPLIED FOR:					DATE OF APPLICATION:		
<i>CHECK ONE: FULL TIME ( ) RESERVE OFFICER ( ) CLERICAL ( )</i>							
1. LAST NAME		FIRST	MIDDLE	MAIDEN\OTHER			
PRESENT STREET ADDRESS			APT. #	CITY		STATE	ZIP CODE
AGE	D.O.B.	SOCIAL SECURITY #		RESIDENCE PHONE		CELL PHONE	
SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	PLACE OF BIRTH		
DISTINGUISHING MARKS: PHYSICAL DEFECTS, BIRTHMARKS, SCARS, ETC;							
DRIVERS LICENSE #		STATE		TYPE		EXPIRATION DATE	

**2. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Please indicate which group describes you. (Check one).**

<b>American Indian</b>		<b>Oriental American</b>		<b>Caucasian</b>	
<b>Black American</b>		<b>Spanish Surname or Spanish Origin</b>		<b>Other</b>	

<i>CHECK ONE MARTIAL STATUS: MARRIED ( ) SINGLE ( ) ENGAGED ( ) SEPARATED ( ) DIVORCED ( ) WIDOWED ( )</i>							
3. NAME OF PRESENT SPOUSE (MAIDEN\OTHER)				D.O.B.	SOCIAL SECURITY #		
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	ADDRESS (IF DIFFERENT)			
4. COMPLETE THE FOLLOWING INFORMATION REGARDING EX-SPOUSE:							
NAME (MAIDEN\OTHER)					DATE OF BIRTH		
5. RELATIVES: LIST YOUR CHILDREN INCLUDING STEP / ADOPTED CHILDREN:							
NAME		DATE OF BIRTH			RESIDENCE		

Even though a relative is deceased, give all information requested and indicate last residence.

<b>A. FATHER'S NAME</b>	<b>DATE OF BIRTH</b>	<b>RESIDENCE ADDRESS</b>
<b>MOTHER'S NAME</b>	<b>DATE OF BIRTH</b>	<b>RESIDENCE ADDRESS</b>
<b>B. STEPFATHER'S NAME</b>	<b>DATE OF BIRTH</b>	<b>RESIDENCE ADDRESS</b>
<b>STEPMOTHER'S NAME</b>	<b>DATE OF BIRTH</b>	<b>RESIDENCE ADDRESS</b>
<b>C BROTHER'S NAME (S)</b>	<b>DATE OF BIRTH</b>	<b>RESIDENCE ADDRESS</b>
<b>SISTER'S NAME (S)</b>	<b>DATE OF BIRTH</b>	<b>RESIDENCE ADDRESS</b>
<b>D. FATHER-IN-LAW'S NAME</b>	<b>DATE OF BIRTH</b>	<b>RESIDENCE ADDRESS</b>
<b>MOTHER-IN-LAW'S NAME</b>	<b>DATE OF BIRTH</b>	<b>RESIDENCE ADDRESS</b>
<b>E. BROTHER-IN-LAW'S NAME (S)</b>	<b>DATE OF BIRTH</b>	<b>RESIDENCE ADDRESS</b>

SISTER-IN-LAW'S NAME (S)	DATE OF BIRTH	RESIDENCE ADDRESS

List all relatives employed by the Town of Broussard or Police Department:

FULL NAME	RELATIONSHIP	DEPARTMENT

**6. Residences:** *(List all residences for the past ten (10) years beginning with your present addresses. Include off-base residences when in the service and/or dormitories when in college.)*

MONTH	YEAR	ADDRESS	CITY	STATE

**7. Character References:** *(List three (3) persons **not employees or relatives** who know you well enough to give current or former information about you.)*

NAME	ADDRESS <i>(INCLUDE ZIP CODE)</i>	HOME PHONE	BUSINESS PHONE	OCCUPATION

**8. Employment History:** *List all jobs held in the past five (5) years regardless of length of time employed. Start with your present place of employment.*

<b>A. FROM</b>	<b>NAME OF EMPLOYER</b>	<b>JOB TITLE</b>	<b>NAME OF SUPERVISOR</b>
<b>TO</b>	<b>ADDRESS OF EMPLOYER</b>	<b>SALARY</b>	<b>TELEPHONE NUMBER</b>
<b>DESCRIPTION OF DUTIES</b>		<b>REASON FOR LEAVING</b>	
<b>B. FROM</b>	<b>NAME OF EMPLOYER</b>	<b>JOB TITLE</b>	<b>NAME OF SUPERVISOR</b>
<b>TO</b>	<b>ADDRESS OF EMPLOYER</b>	<b>SALARY</b>	<b>TELEPHONE NUMBER</b>
<b>DESCRIPTION OF DUTIES</b>		<b>REASON FOR LEAVING</b>	
<b>C. FROM</b>	<b>NAME OF EMPLOYER</b>	<b>JOB TITLE</b>	<b>NAME OF SUPERVISOR</b>
<b>TO</b>	<b>ADDRESS OF EMPLOYER</b>	<b>SALARY</b>	<b>TELEPHONE NUMBER</b>
<b>DESCRIPTION OF DUTIES</b>		<b>REASON FOR LEAVING</b>	
<b>D. FROM</b>	<b>NAME OF EMPLOYER</b>	<b>JOB TITLE</b>	<b>NAME OF SUPERVISOR</b>
<b>TO</b>	<b>ADDRESS OF EMPLOYER</b>	<b>SALARY</b>	<b>TELEPHONE NUMBER</b>
<b>DESCRIPTION OF DUTIES</b>		<b>REASON FOR LEAVING</b>	
<b>E. FROM</b>	<b>NAME OF EMPLOYER</b>	<b>JOB TITLE</b>	<b>NAME OF SUPERVISOR</b>
<b>TO</b>	<b>ADDRESS OF EMPLOYER</b>	<b>SALARY</b>	<b>TELEPHONE NUMBER</b>
<b>DESCRIPTION OF DUTIES</b>		<b>REASON FOR LEAVING</b>	

F. FROM	NAME OF EMPLOYER	JOB TITLE	NAME OF SUPERVISOR
TO	ADDRESS OF EMPLOYER	SALARY	TELEPHONE NUMBER
DESCRIPTION OF DUTIES		REASON FOR LEAVING	

**9. Education:** *List your education, including high school, colleges, business and technical school:*

SCHOOL NAME	ADDRESS	FROM	TO	GRADUATE
				Yes ( ) No ( )
				Yes ( ) No ( )
				Yes ( ) No ( )
				Yes ( ) No ( )
				Yes ( ) No ( )

**10. Do you have any knowledge or training of business machines? If yes, please explain below:**


**11. Have you ever applied for a position with the Broussard Police Department?**

Yes	No	IF YES, EXPLAIN BELOW:

**Have you ever applied for a position with another Law Enforcement or other Government Agency?**

Yes	No	IF YES, EXPLAIN BELOW:

**12. Have you ever or do you now have any of the following illnesses:**

ILLNESSES	YES	NO	ILLNESSES	YES	NO
SYPHILIS			TUBERCULOSIS		
DIABETES			CRAMPS IN LEGS		
CANCER			KNEE PROBLEMS		
KIDNEY TROUBLE			FREQUENT OR SEVERE HEADACHES		
HEART TROUBLE			DIZZINESS OR FAINTING SPELLS		
STOMACH TROUBLE			NEVEROUS TROUBLE OF ANY SORT		
RHEUMATISM / ARTHRITIS			ANY DRUG OR NARCOTIC		
EPILEPSY			LOSS OF ARM, LEG, FINGER OR TOE		
EYE TROUBLE			CAR, TRAIN, SEA OR AIR SICKNESS		
SWOLLEN OR PAINFUL JOINTS			WEAR GLASSES		
EXCESSIVE DRINKING			WEAR AN ARTIFICIAL EYE		
HIGH OR LOW BLOOD PRESURE			WEARING HEARING AIDES		
AIDS			SUTTER OR STAMMER		
MULTIPLE SCLEROSIS			ATTEMPTED SUICIDE		

**a. Have you ever had any operations within the past five (5) years?**

Yes	No	IF YES, PLEASE EXPLAIN BELOW, GIVING DATE (S) AND TYPE OF SURGERY OR SURGERIES:

**b. Do you have any other physical or emotional condition that would limit your job performance or endanger others?**

Yes	No	IF YES, EXPLAIN BELOW:

**13. Do you or your spouse have any immediate civil/criminal action pending against you?**

Yes	No	IF YES, EXPLAIN BELOW:

**a. Have you ever received a traffic citation or been involved in a traffic accident?**

Yes	No	IF YES, EXPLAIN BELOW:

**b. Have you ever been arrested or convicted of a felony?**

Yes	No	IF YES, EXPLAIN BELOW:

**c. List all misdemeanor arrests and/or convictions below:**

DATE	CHARGE (S)	DETAINING OR ARRESTING AGENCY	PENALTY

**14. Have you or your spouse ever had your wages garnished?**

Yes ( )      No ( )

**a. Have you or your spouse ever been party to a small claims or other court action?**

Yes ( )      No ( )

**b. If employed by the Broussard Police Department, do you anticipate any income other than your incoming police income?**

Yes ( )      No ( )

**c. Have you ever been refused a life, auto, health or other insurance policy?**

Yes ( )      No ( )

**15. When the answer to any of the above questions is yes, please explain below:**


**16. List all organizations, clubs and social groups of which you are now, or have been a member:**


**17. If it became necessary, in the course of your police duties, to take a human life, would you have any reluctance to do so because of religious or other beliefs?**

Yes ( ) No ( )

**18. Have you ever served in the Army, Navy, Marine Corps, Air Force, R.O.T.C., or other military or semi-military organizations?**

Yes	No	ORGANIZATION	ENLISTMENT DATE	DISCHARGE DATE	TYPE	RANK

**Present draft classification:**

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**19. We are looking for a permanent employee and will make an investment in training. Is there any reason why you would not expect to finish training and stay with the department?**

Yes ( ) No ( )



**I am aware that any misrepresentations or falsifications made in connection with my obtaining employment with the Broussard Police Department will be grounds for rejection or dismissal. The facts set forth in my application for employment are true and correct. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal and financial record through any investigative agencies or bureaus of your choice. In making this application for employment, I also 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 successful candidate for employment, I will be required to take a physical examination, psychological test, drug screen and perhaps appear in front of the Mayor and Council Members.**

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**APPLICANTS SIGNATURE**

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**WITNESS (COMPANY INTERVIEWER)**

**I have applied for employment with the Broussard Police Department for the position of \_\_\_\_\_, which requires a personal background check. I hereby authorize their investigation of my previous record and character and to ascertain any and all information which may concern my record and character, whether the same is of record or not. This authorization includes, but is not limited to bank, credit, school, selective services, physical, hospital, or employer records, and releases all persons, organizations, corporations from any charges because of furnishing said information. A photo static copy of this authorization shall be considered as effective and valid as the original.**

**By signing below, you agree to enter into a contract with the department in reference to: If you voluntarily leave the Broussard Police Department within 362 days of your employment, you will be required to reimburse the department for the cost of your employment, your pre-employment physical, your pre-employment drug test, uniforms, training and police academy fees(if applicable) and any other costs that are spent on the employee during the training period. You also agree to pay all legal costs incurred by the Broussard Police Department to enforce this contract, and agree that any amount due can be withheld from your final pay or any retirement accumulated.**

**TO BE COMPLETED BY APPLICANT:**

\_\_\_\_\_  
**(PRINT NAME)**

\_\_\_\_\_  
**(SIGNATURE)**

\_\_\_\_\_  
**(ADDRESS)**

\_\_\_\_\_  
**(DATE)**

**Why do you want to become employed with the Broussard Police Department?**  
*(In your own handwriting)*
