

Gramercy Police Department **Required Minimum Criteria**

All Applicants must meet the following requirements:

Please Check	
	18 years of age
	Must be United States citizen or lawful permanent alien resident
	High School Graduate or GED
	Able to perform the essential functions of the job for which applying, with or without reasonable accommodation.
	Have a solid stable work history free of repeated disciplinary actions, suspensions, terminations and resignations.
	Achieved satisfactory evaluations and favorably completed at least one year of employment unless position is designated by the Gramercy Police Department as a critical need position at the time of application
	Free of convictions involving domestic abuse or violence
	Free of convictions of any felony
	Free of misdemeanor convictions involving perjury or false statements
	Free of convictions or pleads of nolo contendere to any misdemeanor within the last three (3) years.
	Have not been dishonorably discharged from any of the Armed Forces of the United States.
	Possess a valid Drivers License
	If driving a vehicle is a job requirement, the following applies: must present proof of automobile insurance upon offer of employment, (if you own an automobile) free from "at fault" accidents or convictions for violation(s) of traffic law to include adjudication withheld for the past twelve (12) months for Police Officer. A good driving record will include no Drivers License suspensions in the past one (1) year for Non-Sworn; (5) years for Police Officer.
	Have not used marijuana in the three (3) years prior to employment application submission; all other illegal drug use in the five (5) years prior to employment application submission

I certify that I have read the above information and meet all of the required minimum criteria. I fully understand non-compliance of the criteria is grounds for rejection of my application or termination

SIGNATURE OF APPLICANT

DATE

Gramercy Police Department

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(Please type or Print)

POSITION APPLIED FOR					DATE OF APPLICATION	
LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX (SR, JR, AND ECT.)	
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE	
MAILING ADDRESS (IF DIFFERENT)						
TELEPHONE NUMBER (S)				SOCIAL SECURITY NUMBER		
					YES	NO
HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE?					<input type="checkbox"/>	<input type="checkbox"/>
(IF YES, GIVE DATE _____)					<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER BEEN EMPLOYED WITH THE TOWN OF GRAMERCY BEFORE?					<input type="checkbox"/>	<input type="checkbox"/>
(IF YES, GIVE DATE _____)					<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU CURRENTLY EMPLOYED?					<input type="checkbox"/>	<input type="checkbox"/>
DOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE?					<input type="checkbox"/>	<input type="checkbox"/>
MAY WE CONTACT YOUR CURRENT EMPLOYER?					<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? (PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS REQUIRED)					<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU CURRENTLY ON A "LAYOFF" STATUS AND SUBJECT TO RECALL?					<input type="checkbox"/>	<input type="checkbox"/>
DO YOU HAVE A VALID DRIVER'S LICENSE? DL# _____ STATE _____					<input type="checkbox"/>	<input type="checkbox"/>
IF REQUIRED, CAN YOU TRAVEL?					<input type="checkbox"/>	<input type="checkbox"/>
					YES	NO
ARE YOU ABLE TO WORK SHIFT WORK?					<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU ABLE TO WORK HOLIDAYS?					<input type="checkbox"/>	<input type="checkbox"/>

ARE YOU ABLE TO WORK OVERTIME?		
ARE YOU FAMILIAR WITH MICROSOFT WINDOWS?		
ARE YOU ABLE TO USE MICROSOFT WORD?		
ARE YOU POST CERTIFIED IN THE STATE OF LOUISIANA? IF YES, GIVE ACADEMY LOCATION _____ GRADUATION DATE _____		

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AVAILABLE START DATE

EMPLOYMENT STATUS APPLING FOR

<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/> AUXILIARY

EDUCATION

SCHOOL	NAME/ ADDRESS	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/ DEGREE
ELEMENTARY SCHOOL				
SECONDARY SCHOOL				
HIGH SCHOOL / GED (Diploma / GED required)				
UNDERGRADUATE COLLEGE				
GRADUATE COLLEGE				
OTHER				

FOREIGN LANGUAGE SKILLS

LANGUAGE	SPEAK	READ	WRITE	FLUENT	GOOD	FAIR

LAW ENFORCEMENT TRAINING, SCHOOLS, OR CLASSES

SCHOOL / CLASS	LOCATION	COMPLETION DATE

EMPLOYMENT EXPERIENCE

START WITH PRESENT OR LAST JOB, CONTINUE ON SEPARATE SHEET OF PAPER IF NEEDED

EMPLOYER		DATES EMPLOYED		WORK PERFORMED	
		FROM	TO		
ADDRESS					
TELEPHONE NUMBER (S)		HOUR RATE SALARY			
		START	FINAL		
REASON FOR LEAVING					
JOB TITLE	SUPERVISOR				
EMPLOYER		DATES EMPLOYED			WORK PERFORMED
ADDRESS		FROM	TO		
TELEPHONE NUMBER (S)		HOUR RATE SALARY			
		START	FINAL		
REASON FOR LEAVING					
JOB TITLE	SUPERVISOR				
EMPLOYER		DATES EMPLOYED		WORK PERFORMED	
ADDRESS		FROM	TO		
TELEPHONE NUMBER (S)		HOUR RATE SALARY			
		START	FINAL		
REASON FOR LEAVING					
JOB TITLE	SUPERVISOR				
EMPLOYER		DATES EMPLOYED			WORK PERFORMED
ADDRESS		FROM	TO		
TELEPHONE NUMBER (S)		HOUR RATE SALARY			
		START	FINAL		
REASON FOR LEAVING					
JOB TITLE	SUPERVISOR				
EMPLOYER		DATES EMPLOYED		WORK PERFORMED	
ADDRESS		FROM	TO		
TELEPHONE NUMBER (S)		HOUR RATE SALARY			
		START	FINAL		
REASON FOR LEAVING					
JOB TITLE	SUPERVISOR				

Personal Reference & Acquaintances

Personal Reference: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men and women, who have known you well for the past 5 years.

Complete Name:	
Yrs. Acq.	
Occupation	
Home Address	
City, State & Zip	
Home Phone	
Business Address	
City, State & Zip	
Business Phone:	

Complete Name:	
Yrs. Acq.	
Occupation	
Home Address	
City, State & Zip	
Home Phone	
Business Address	
City, State & Zip	
Business Phone:	

Complete Name:	
Yrs. Acq.	
Occupation	
Home Address	
City, State & Zip	
Home Phone	
Business Address	
City, State & Zip	
Business Phone:	

Social Acquaintances: Give three (3) Social Acquaintances in your own age group (including both sexes) who have known you for at least 5 years.

Complete Name:	
Yrs. Acq.	
Occupation	
Home Address	
City, State & Zip	
Home Phone	
Business Address	
City, State & Zip	
Business Phone:	

Complete Name:	
Yrs. Acq.	
Occupation	
Home Address	
City, State & Zip	
Home Phone	
Business Address	
City, State & Zip	
Business Phone:	

Complete Name:	
Yrs. Acq.	
Occupation	
Home Address	
City, State & Zip	
Home Phone	
Business Address	
City, State & Zip	
Business Phone:	

Neighborhood Reference

List Three Neighbors you have had in the last 3 years. If you cannot list three neighbors you must give a reason.

Complete Name:	
Dates when this person was a neighbor	
Home Address	
City, State & Zip	
Home Phone	

Complete Name:	
Dates when this person was a neighbor	
Home Address	
City, State & Zip	
Home Phone	

Complete Name:	
Dates when this person was a neighbor	
Home Address	
City, State & Zip	
Home Phone	

Reason for not listing three neighbors:

Arrest History/ Court Data

1. Have you ever been charged (plead guilty, nolo contendere) of any crime other than a traffic violation?

Yes No If Yes Please attach explanation, including arresting agency, date, sentence and original charge if different from plea.

2. Have you ever been investigated, charged, or convicted of domestic violence?

Yes No If Yes Please attach explanation, including arresting agency, date, sentence and original charge if different from plea.

3. Have you ever been investigated, charged, or convicted as a juvenile?

Yes No If Yes Please attach explanation, including arresting agency, date, sentence and original charge if different from plea

4. Have you ever received a traffic ticket or been convicted of a traffic offense other than parking?

Yes No If Yes Please attach explanation, including arresting agency, date, sentence and original charge if different from plea

5. Have you **EVER** been detained by a law enforcement officer for **ANY** reason?

Yes No If Yes Please attach explanation, including arresting agency, date, sentence and original charge if different from plea

6. To the best of your knowledge, have you ever been the subject of a criminal investigation?

Yes No If Yes Please attach explanation, including arresting agency, date, sentence and original charge if different from plea

7. To the best of your knowledge, has anyone in your immediate family ever been arrested for anything other than traffic violations?

Yes No If Yes Please attach explanation, including arresting agency, date, sentence and original charge if different from plea

8. Have you ever been finger printed?

Yes No if Yes Please attach explanation, including agency& date.

Driving History

1. Have you ever been involved in a traffic accident?

Yes No if Yes Please attach explanation, including location & date.

2. Has your driver's license ever been suspended?

Yes No if Yes Please attach explanation.

3. Have you ever had a license in any other state other than the one provided on page 1

Yes No If Yes State ____ and number if known _____

4. Have you ever been denied automobile insurance or have been dropped by your insurance?

Yes No if Yes Please attach explanation.

5. Have you ever have any traffic accidents that were work related?

Yes No if Yes Please attach explanation.

6. Did any of the work related traffic accidents result in discipline?

Yes No if Yes Please attach explanation.

Residence History

Please list all residences for the last 20 year, attach additional pages if needed

Street Address, City State and Zip	
Dates Occupied/lived	
Dates	
Owner	
Land lord Name	
Land Lord Address	

Street Address, City State and Zip	
Dates Occupied/lived	
Dates	
Owner	
Land lord Name	
Land Lord Address	

Residence History (continued)

Street Address, City State and Zip	
Dates Occupied/lived	
Dates	
Owner	
Land lord Name	
Land Lord Address	

Street Address, City State and Zip	
Dates Occupied/lived	
Dates	
Owner	
Land lord Name	
Land Lord Address	

Street Address, City State and Zip	
Dates Occupied/lived	
Dates	
Owner	
Land lord Name	
Land Lord Address	

Miscellaneous

1. Have you ever used, purchased, sold, or supplied marijuana?

Yes No if Yes

a. Circumstances _____

b. Number of times used, purchased, sold, or supplied marijuana? _____

c. First time used purchased, sold, or supplied marijuana? _____

d. Last time used purchased, sold, or supplied marijuana? _____

2.

2. Have you ever used, purchased, sold, or supplied any other narcotics or controlled dangerous substance such as but not limited to, LSD, MDMA, Amphetamines, cocaine, heroin, steroids or any drugs or substances of a similar nature ? (Excluded lawfully prescribed medications)

Yes No if Yes

Credit Data

Have you are your spouse ever declared bankruptcy? Yes No

Have you are your spouse ever had a legal judgment against you related to your debt? Yes No

Have you are your spouse ever been subject to a tax lien? Yes No

If yes to any above questions please provide details. Attach additional pages as needed.

Are you or your spouse indebted to anyone? Yes No

If yes, please list all debts over \$500, include student loans, credit cards, charge accounts ect. List any past due debts also.

Creditor	Address	Amount	Loan or Account Number

Louisiana P.O.S.T. – Fire Arms- Intoxilzyer

As a condition of employment as a fulltime officer you will be required to complete with in one (1) year of your hire date, and or maintain Louisiana P.O.S.T certification including but not limited to firearms certification.

You will be required to provide your own duty weapon, duty belt, handcuffs, and handcuff case. Failure to maintain Louisiana P.O.S.T certification and or Firearm certification may result in termination of employment.

You may be required to achieve and maintain Intoxilzyer certification. Failure to maintain certification may result in termination of employment.

I agree to the above conditions

SIGNATURE OF APPLICANT

DATE

I certify that I am able to legally possess a firearm and body armor in accordance with Louisiana revised Statute 14:95.1 and 14:95.3

SIGNATURE OF APPLICANT

DATE

Shift - Overtime- Unit Conditions

I understand that I may be required to work strange and unusual hours including, but not limited to, every Christmas Eve, New Years Eve, and Halloween.

I understand that my shift may be changed at any time.

I understand that in case of a hurricane or other emergencies that I may:

- Have to report to work
- Be recalled from vacation
- Required to sleep at the Police Station or other designated area
- Work extended hours
- Required to be "on call"

I understand that I may be called out to perform overtime duties.

I understand that should I receive a "take home" unit, and I live outside of the corporate limits of the Town of Gramercy, I may be subject to fuel surcharges and other conditions imposed by the Chief of Police or the Town of Gramercy.

I agree to abide by all policies, standing orders, rules and regulations of the Town of Gramercy, Town of Gramercy Police Department, Chief of Police, and superior officers.

I understand that failure to abide by these conditions may result in termination of employment.

SIGNATURE OF APPLICANT

DATE

LIST OR SUMMARIZE ANY SKILLS OR OTHER QUALIFICATIONS YOU FEEL MAY BE HELPFUL IN YOUR EMPLOYMENT

PLEASE SUMMARIZE, WHY, YOU WOULD LIKE TO BE EMPLOYED BY THE GRAMERCY POLICE DEPARTMENT; AND WHAT DO YOU THINK, YOU CAN BRING TO THIS AGENCY
(25-100 WORDS)

APPLICANT'S STATEMENT

I CERTIFY THAT ANSWERS, STATEMENTS, ANY OTHER INFORMATION GIVEN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. THIS APPLICATION SHALL BE HELD ON FILE FOR A PERIOD OF 45 DAYS.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS AGENCY IS OF AN "AT WILL NATURE", WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT MAY NOT BE CHANGED UNLESS AUTHORIZED IN WRITING BY THIS AGENCY'S CHIEF EXECUTIVE.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES REGULATION AND POLICIES OF THE GRAMERCY POLICE DEPARTMENT AND THE TOWN OF GRAMERCY.

SIGNATURE OF APPLICANT

DATE

BACK GROUND AUTHORIZATION

I UNDERSTAND THAT EMPLOYMENT WITH THE GRAMERCY POLICE DEPARTMENT WILL REQUIRE AN EXTENSIVE BACK GROUND CHECK; WHICH MAY INCLUDED, BUT NOT LIMITED TO, ALL OR SOME OF THE FOLLOWING: PERSONAL CRIMINAL HISTORY, DRIVING RECORDS, PAST EMPLOYMENT PERFORMANCE, INTERVIEW OF FRIENDS AND FAMILY, POLYGRAPHS, VOICE STRESS TEST, AND REFERENCE CHECKS.

THEREFORE I HEREBY AUTHORIZE THE GRAMERCY POLICE DEPARTMENT PERMISSION TO CONDUCT A BACK GROUND CHECK FOR THE PURPOSE OF PRE EMPLOYMENT SCREENING AND VERIFYING THE INFORMATION CONTAINED ON THE EMPLOYMENT APPLICATION.

SIGNATURE OF APPLICANT

DATE

EQUAL OPPORTUNITY EMPLOYER

DEPARTMENT USE ONLY

ARRANGE INTERVIEW _____

INTERVIEWER _____

REMARKS AND NOTES:

EMPLOYED _____ **DATE OF EMPLOYMENT** _____

JOB TITLE _____

HOURLY RATE _____

APPROVED BY _____ **DATE** _____

Please attach any required additional information