

CITY OF BOSSIER CITY
BOSSIER CITY POLICE RESERVES

Your interest in the Bossier City Police Department is greatly appreciated. In an effort to secure Reserves with high levels of honesty, integrity, and moral character, we provide you with this set of instructions for completing an application for the Bossier Police Reserves. Read and follow these instructions carefully and precisely. **FAILURE TO COMPLY WITH SAME WILL RESULT IN REJECTION OF YOUR APPLICATION.**

REQUIREMENTS FOR SUBMITTING APPLICATION:

1. Please type or fill out the application in ink and in your own best handwriting.
2. Answer **fully** every question that applies to you. **WHEN YOU ARE ASKED FOR AN ADDRESS, BE SURE TO SUPPLY THE COMPLETE MAILING ADDRESS, INCLUDING THE ZIP CODE.** Sign and date the application.
3. You **must** attach a copy of the following documents to your application before you return it. **BOSSIER CITY POLICE DEPARTMENT PERSONNEL WILL NOT MAKE PHOTOSTATIC COPIES FOR YOU.**
 - A. **Proof of United States Citizenship and proof of age: Birth Certificate if born in the United States, Certificate of Naturalization or U. S. Passport**
 - B. **Copy of High School Diploma or GED Equivalency Certificate issued by a State Department of Education**
 - C. **Copy of Valid Louisiana Driver's License (Active Military Exempt)**
 - D. **Form DD-214, if you have prior military service**
4. You **must** provide the names and **complete** mailing addresses of three (3) personal references, not to be relatives or employers on the sheet provided. Please include the length of time you have known each reference and the line of work in which each is employed. **Applicant background checks are accomplished by mail; therefore, it is imperative that you supply complete mailing addresses.**
5. If you answer yes to criminal conviction (felony or misdemeanor), attach a signed statement to your application giving complete details, including the date, place, charge, outcome, and a full explanation of the circumstances for each and every instance. **In reference to this matter, you should be advised that the Bossier City Police Department routinely checks out applicants.**
6. In order to avoid imposing on your time, please note the following:
 - A. If you have been discharged from military service and received a dishonorable discharge, the Board's general policy is not to accept such applicants.
 - B. It is the policy of this Department not to hire individuals who have recently used illegal drugs or narcotics.
7. You **must** sign a Personal Inquiry Waiver for release of personal information and return it with your completed application. Sign the form, date it, and have someone witness your signature.
8. If you have a current application on file, it **shall be the responsibility of the applicant to notify the Bossier City Police Department of any change in address or telephone number.**

REQUIREMENTS FOR POLICE RESERVE OFFICER:

- 1. Must be not less than 21 years of age at time of application.**
- 2. Be a citizen of the United States and be fluent in the English language.**
- 3. Must have a high school diploma or a valid certificate of equivalency issued by a state department of education.**
- 4. Must have a valid Louisiana driver's license (Active military exempt).**
- 5. Present a certificate of health from a competent physician certifying he/she is in good physical condition.**
- 6. Have never been convicted of a felony crime.**
- 7. Submit to a drug screen at the expense of the police department.**
- 8. Submit to a background investigation and a polygraph test, paid for by the police department.**
- 9. Successfully complete a basic training course of not less than eighty (80) hours.**
- 10. Must have a high school diploma or a valid certificate of equivalency issued by a state department of education.**

BOSSIER POLICE RESERVE APPLICATION

PLEASE PRINT OR TYPE. FAILURE TO ANSWER ALL QUESTIONS IN THIS APPLICATION MAY CAUSE YOUR APPLICATION TO BE DELAYED OR REJECTED.

NAME: FIRST			MIDDLE			LAST			
STREET ADDRESS/P.O. BOX NO.				CITY/TOWN			STATE/ZIP		
HOME TELEPHONE NUMBER (WITH AREA CODE) ()					OFFICE TELEPHONE NUMBER (WITH AREA CODE) ()				
SOCIAL SECURITY NUMBER					DATE OF BIRTH MONTH/DATE/YEAR:				
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO					ARE YOU A REGISTERED VOTER OF THE STATE OF LOUISIANA? <input type="checkbox"/> YES <input type="checkbox"/> NO				

RACE/SEX INFORMATION	
<p>The Federal government requires that we request the following race and sex information for statistical reporting purposes. Completion of this section is voluntary, and your application will not be rejected if you choose not to provide this information.</p>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____

Please attach copies of the following applicable documents:

- ✓ Proof of U. S. Citizenship & age: Birth Certificate if born in the U.S.; Cert of Naturalization; U. S. Passport
- ✓ High School Diploma or GED Equivalency Certificate issued by a State Department of Education
- ✓ Valid Louisiana Driver's License (active military exempt)
- ✓ Form DD-214. if you have prior military service

AUTHORITY FOR RELEASE OF INFORMATION	
<p>I HAVE COMPLETED THIS APPLICATION WITH THE KNOWLEDGE AND UNDERSTANDING THAT ANY OR ALL ITEMS CONTAINED HEREIN MAY BE SUBJECT TO INVESTIGATION PRESCRIBED BY LAW, AND I CONSENT TO THE RELEASE OF INFORMATION CONCERNING MY CAPACITY AND FITNESS BY EMPLOYER, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES, AND OTHER INDIVIDUALS AND AGENCIES, TO DULY ACCREDITED INVESTIGATORS, CIVIL SERVICE BOARD MEMBERS AND OTHER AUTHORIZED EMPLOYEES OF THE GOVERNMENT FOR THAT PURPOSE.</p>	
<p>I CERTIFY THAT THE ANSWERS I HAVE GIVEN TO ALL QUESTIONS IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I KNOW THAT ANY MISREPRESENTATION HEREIN MAY CAUSE MY APPLICATION TO BE REJECTED, MY NAME REMOVED FROM THE ELIGIBLE LIST AND/OR MAY SUBJECT ME TO DISMISSAL FROM EMPLOYMENT.</p>	
DATE	SIGNATURE OF APPLICANT

BACKGROUND INFORMATION

IF YOU ARE APPLYING FOR A JOB WHICH REQUIRES THE ABILITY TO DRIVE A VEHICLE, PLEASE PROVIDE YOUR DRIVER'S LICENSE NUMBER:

DRIVER'S LICENSE NUMBER & ISSUING STATE: _____

1. WITHIN THE PAST 5 YEARS, HAVE YOU BEEN TERMINATED, OR RESIGNED IN LIEU OF TERMINATION, FROM ANY POSITION FOR REASONS OTHER THAN A REDUCTION IN FORCE?

YES NO

NOTE: IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE PROVIDE AN EXPLANATION IN THE EXPLANATION BLOCK PROVIDED BELOW.

2. HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES NO

3. HAVE YOU BEEN CONVICTED OF A MISDEMEANOR DURING THE LAST 3 YEARS?

YES NO

NOTE: IF YOU ANSWERED "YES" TO EITHER OF THE ABOVE QUESTIONS, PLEASE PROVIDE AN EXPLANATION IN THE EXPLANATION BLOCK BELOW. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM THE JOB FOR WHICH YOU ARE APPLYING. A CONVICTION WILL BE JUDGED ON ITS OWN MERITS WITH RESPECT TO TIME, CIRCUMSTANCES, AND SERIOUSNESS.

EXPLANATION: PLEASE USE THE SPACE PROVIDED BELOW TO EXPLAIN ANY "YES" ANSWERS TO THE ABOVE THREE QUESTIONS. ATTACH ADDITIONAL PAGES IF NECESSARY.

Empty space for providing explanations for "YES" answers to the background questions.

TRAINING/EDUCATION

A. HIGH SCHOOL

DIPLOMA OR EQUIVALENCY CERTIFICATE

DATE RECEIVED: _____

I DID NOT GRADUATE, BUT COMPLETED GRADE: _____

NAME AND ADDRESS OF HIGH SCHOOL ISSUING DIPLOMA OR OF STATE DEPARTMENT OF EDUCATION ISSUING GED OR EQUIVALENCY CERTIFICATE:

B. COLLEGE

NAME OF COLLEGE OR UNIVERSITY/LOCATION	YEARS ATTENDED	CREDIT HOURS EARNED	DEGREE(S) RECEIVED	DATE OF DEGREE	MAJOR

C. OTHER FORMAL TRAINING (BUSINESS, TRADE, MILITARY, ETC., CLASSES OR SEMINARS) TITLE OF INSTRUCTION OR CLASS (ATTACH ADDITIONAL PAGES IF NECESSARY)	LOCATION	DATES ATTENDED	DID YOU GRADUATE?	NO. OF HOURS PER WEEK
			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	

SPECIAL QUALIFYING EXPERIENCE, CERTIFICATIONS, OR LICENSES

PLEASE LIST BELOW ANY PROFESSIONAL LICENSES OR CERTIFICATIONS THAT ARE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING.
(ATTACH ADDITIONAL PAGES IF NECESSARY)

	NO. 1	NO. 2	NO. 3
NAME OF LICENSE OR TYPE OF CERTIFICATION			
NAME AND COMPLETE ADDRESS OF AGENCY OR INSTITUTION ISSUING LICENSE OR CERTIFICATION			
DATE LICENSE OR CERTIFICATION ACQUIRED			
EXPIRATION DATE, IF APPLICABLE			
RESTRICTIONS, IF APPLICABLE			

LIST ANY SPECIAL COURSE WORK, TRAINING, OR EXPERIENCE WHICH MAY BE BENEFICIAL IN THE JOB FOR WHICH YOU ARE APPLYING, OR WHICH MAY SATISFY ANY SPECIAL QUALIFICATION REQUIREMENTS.

IF YOU HAVE COMPUTER EXPERIENCE, PLEASE LIST ANY SOFTWARE PACKAGES OR COMPUTER LANGUAGES WITH WHICH YOU HAVE A WORKING KNOWLEDGE:

TYPING ABILITY: _____ WPM

NAME AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS					
						TITLE OF YOUR POSITION					
DATES OF EMPLOYMENT						WAS THIS FULL-TIME EMPLOYMENT?		AVERAGE NUMBER OF HOURS WORKED PER WEEK:		BEGINNING SALARY	ENDING SALARY
FROM:		TO:				<input type="checkbox"/> YES <input type="checkbox"/> NO					
MO.	DAY	YR.	MO.	DAY	YR.						
NAME AND TITLE OF IMMEDIATE SUPERVISOR						NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED					
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)											

NAME AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS					
						TITLE OF YOUR POSITION					
DATES OF EMPLOYMENT						WAS THIS FULL-TIME EMPLOYMENT?		AVERAGE NUMBER OF HOURS WORKED PER WEEK:		BEGINNING SALARY	ENDING SALARY
FROM:		TO:				<input type="checkbox"/> YES <input type="checkbox"/> NO					
MO.	DAY	YR.	MO.	DAY	YR.						
NAME AND TITLE OF IMMEDIATE SUPERVISOR						NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED					
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NAME AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS					
						TITLE OF YOUR POSITION					
DATES OF EMPLOYMENT						WAS THIS FULL-TIME EMPLOYMENT?		AVERAGE NUMBER OF HOURS WORKED PER WEEK:		BEGINNING SALARY	ENDING SALARY
FROM:		TO:				<input type="checkbox"/> YES <input type="checkbox"/> NO					
MO.	DAY	YR.	MO.	DAY	YR.						
NAME AND TITLE OF IMMEDIATE SUPERVISOR						NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED					
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)											

NAME AND COMPLETE ADDRESS OF EMPLOYER	TYPE BUSINESS			
	TITLE OF YOUR POSITION			

DATES OF EMPLOYMENT FROM:	TO:	WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY

NAME AND TITLE OF IMMEDIATE SUPERVISOR	NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED
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DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)

NAME AND COMPLETE ADDRESS OF EMPLOYER	TYPE BUSINESS			
	TITLE OF YOUR POSITION			

DATES OF EMPLOYMENT FROM:	TO:	WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY

NAME AND TITLE OF IMMEDIATE SUPERVISOR	NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED
--	---

DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)

NAME AND COMPLETE ADDRESS OF EMPLOYER	TYPE BUSINESS			
	TITLE OF YOUR POSITION			

DATES OF EMPLOYMENT FROM:	TO:	WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY

NAME AND TITLE OF IMMEDIATE SUPERVISOR	NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED
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DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)

APPLICANT'S PERSONAL REFERENCE SHEET

Three (3) Required

1. Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

How long you have known person: _____

Their line of work: _____

2. Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

How long you have known person: _____

Their line of work: _____

3. Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

How long you have known person: _____

Their line of work: _____



CITY OF BOSSIER CITY
POLICE DEPARTMENT
P.O. BOX 6216
BOSSIER CITY, LOUISIANA 71171-6216

PERSONAL INQUIRY WAIVER

AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish the Bossier City Police Department any and all information that you may have concerning me, my work record, school record, my reputation, my financial and credit status. Please include any and all medical, physical and mental records or reports, including all information of a confidential or privileged nature, and photostatic copies of same if requested. This information is to be used to assist the Department in determining my qualifications and fitness for the position I am seeking with the Bossier City Police Department.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested above.

Applicant's Signature

Date

Address

Witness

Address