

# PERSONAL DATA QUESTIONNAIRE

For  
Department of Public Safety  
Public Safety Services  
Security Sensitive Positions



**This section to be completed by Department Section**

Submitted to IA by:		
Section/Troop:		Date:
Applicant's Name:		
Position applied for:		
Background completed:	<input type="checkbox"/> Request IA Investigation	<input type="checkbox"/> Section Investigator
Investigator Name:		
Section/Unit:		Phone Number:

NOTE: **Original** background packet must be forwarded to the Internal Affairs Section, investigators should work from a copy of the packet. The completed investigative summary and backup information should be forwarded to Internal Affairs for placement in the applicant's file.

## **The Investigative Process**

Background investigations for security sensitive positions are conducted to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal. Public Safety Services (PSS) employees, regardless of rank or classification, have access to records that directly affect the safety and security of residents of the State of Louisiana. For this reason, all positions of PSS are considered to be "safety-sensitive" or "security-sensitive".

## **Personal Interview for the Background Investigation Process**

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled. You will be asked to bring identification with your picture on it, such as a valid state driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include documentation of any legal name change, Social Security card, and/or birth certificate. You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

## **General Instructions to Applicant**

Follow all instructions given to you for completion of this form.

All information provided by you must be completely truthful. You are reminded that any misstatement, deception, or falsification on your part could be cause for rejection or dismissal of your application. If there are questions or doubts in your mind concerning any particular area covered by the questionnaire, it is your responsibility to bring the matter to the attention of the Louisiana State Police Internal Affairs Section (225) 925-6189.

Type (preferred) or legibly print your answers in black ink. If your form is not legible, it will not be accepted.

Your failure to provide complete and accurate answers will delay the processing of your background investigation.

It is mandatory that all questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."

All time periods in your background must be accounted for in all of the requested areas. Any time gaps must be explained.

You must supply all requested information on the questionnaire regarding employers and references including names, addresses, telephone numbers, and dates. It is your responsibility to find particular names, addresses, telephone numbers, and dates.

All telephone numbers must include area codes. The 5-digit postal ZIP codes are needed to speed the processing of your investigation.

All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 8, 1978, should be shown as 6/8/78.

## **General Instructions to Applicant (Continued)**

If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use copies of the supplemental sheets which are attached at the end of this packet. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security Number at the top of the page.

You must sign and date, in black ink, an original form for submittal. You should retain a copy of the completed form for your records. The Louisiana State Police will not provide you a copy of this form once it has been submitted.

You must notify Louisiana State Police Internal Affairs if your physical or mailing address changes, or if you have a change in your telephone numbers listed.

You are assured that the information supplied by you in this questionnaire will be considered confidential and not disclosed to unauthorized persons. The information is for official use only and will be utilized to investigate and evaluate your suitability for appointment with this agency. However, the above guarantee of confidence will be considered void in the event that subsequent investigation discloses criminal acts or participation on your part involving you in unlawful or illegal activities.

### **CERTIFICATION**

I have read and understand the General Instructions and agree that failing to provide complete and accurate answers will delay the processing of my background investigation.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

## **General Considerations**

Each year the State Police receives hundreds of applications for a very limited number of available positions. All applications are judged competitively with other candidates.

The State Police has special requirements which necessitate the use of certain employment criteria. Our investigations process includes an evaluation of the applicant's personal and professional qualifications, as well as other criteria.

This comprehensive review may result in a decision that you will not be offered employment and/or be removed from consideration. In this regard, the decision of the State Police is final, and no statement of specific reasons for the decision will be provided.

The personal data questionnaire, along with any submitted documents, including information gathered during the background investigation process, is the sole property of the Louisiana State Police. Such documents are not available to applicant and are considered by the Department to be confidential and privileged per LRS 44:1 et seq.

### **CERTIFICATION**

I have read and understand and agree to the General Considerations. If I am not selected, I understand that no statement of the reason for that decision will be provided to me.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

## **The State Police Security Process**

The use of the polygraph examination, under strictly controlled conditions, provides a reliable method of verification of the information furnished by candidates on both their applications and during their interviews.

Polygraph examinations rely on the applicant's own physiological response to relevant questions regarding the applicant's character, integrity, and loyalty.

It is the State Police policy to use polygraph examinations only on applicants applying for security sensitive positions.

Any applicant applying for a security sensitive position who declines to submit to a polygraph examination may be excluded from employment.

The State Police polygraph experts administer a standardized examination to ensure that all applicants are fairly and equally examined no matter where or by who examined. Your polygraph expert will advise you before any test of the questions that will be asked.

The above procedure has proven to be a reliable security process. If during the polygraph examination process an applicant is identified as being involved in present or past serious criminal activity, the information may be released to the proper authorities.

If an applicant consents to a polygraph and an examination date has been scheduled, it is the responsibility of the applicant to contact the Internal Affairs Section at (225) 925-6189 if they are not able to attend their scheduled appointment. Additionally, if an applicant wishes to withdraw their consent to a polygraph examination, it must be provided in writing to the Internal Affairs Section. Any applicant that fails to appear for a scheduled polygraph examination will be deemed as having failed to complete the background process and their name will be removed from the hiring process.

### **CERTIFICATION**

I have read and understand the State Police Security Screening Process. With full knowledge of the above, I hereby declare that:

☐ I do voluntarily and freely consent and hereby request the security clearance polygraph examination.

☐ I decline the polygraph examination.

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**DATE**

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**SIGNATURE OF APPLICANT**

## **FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION**

### **DISCLOSURE**

In considering you as an applicant for employment or as a current employee, we may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

### **AUTHORIZATION**

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

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**(SIGNATURE)**

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**(DATE)**

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**(PRINTED)**

**LOUISIANA STATE POLICE**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records concerning myself to a duly authorized agent of the State Police, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including but not limited to hospitals, clinics, private practitioners, public facilities and the U.S. Veteran's Administration; employment and pre-employment records, including background reports; polygraph reports and charts; efficiency ratings; complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the State Police. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photo copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

**PRINTED NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**HOME TELEPHONE #:** \_\_\_\_\_

**CELL TELEPHONE #:** \_\_\_\_\_

**PHYSICAL ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

**MAILING ADDRESS (IF DIFFERENT):**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

## Domestic Violence Questionnaire

*The Domestic Violence Questionnaire Section applies to commissioned officer applicants only*

The Gun Control Act of 1968 was amended to prohibit the possession or transportation of a firearm by anyone who has ever been convicted of a misdemeanor crime of domestic violence.

As defined in the Gun Control Act, a “misdemeanor crime of domestic violence” means an offense that:

1. is a misdemeanor under Federal or State Law; and
2. has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

This definition includes all misdemeanors that involve the use or attempted use of physical force (e.g., simple assault, assault and battery) if the offense is committed by one of the defined parties. This is true whether or not the State statute or local ordinance specifically defines the offense as a domestic violence misdemeanor. For example, a person convicted of misdemeanor assault against his or her spouse would be prohibited from receiving or possessing firearms or ammunition. Moreover, the prohibition applies to persons convicted of such misdemeanors at any time, even if the conviction occurred prior to the new law’s effective date, September 30, 1996. As of the effective date of the new law, such a person may no longer possess a firearm or ammunition. However, with respect to all persons, a conviction would not be disabling if it has been expunged, set aside, pardoned, or the person has had his or her civil rights restored (if the law of the applicable jurisdiction provides for the loss of civil rights under such an offense **AND** the person is not otherwise prohibited from possessing firearms or ammunition.)

### MY SIGNATURE BELOW VERIFIES THE TRUTHFULNESS OF THE FOLLOWING DECLARATION.

☐ NO – I AM NOT under the definition listed, restricted from possessing a firearm under the misdemeanor DOMESTIC VIOLENCE AMENDMENT to the Gun Control Act of 1968.

☐ YES – I AM under the definition listed, restricted from possessing a firearm under the misdemeanor DOMESTIC VIOLENCE AMENDMENT to the Gun Control Act of 1968 (\*\*Provide required information below).

**\*\*\*If you answered YES to the above question, then provide the following information with respect to the conviction and attach any certified copies of judgments/offense reports that you have:**

COURT/JURISDICTION: \_\_\_\_\_

DOCKET/CASE NUMBER: \_\_\_\_\_

STATUS/CHARGE: \_\_\_\_\_

DATE SENTENCED: \_\_\_\_\_

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**SECTION 1 - Identity Data- This information will be used to verify your identity**

Complete Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Are you able to provide documentation that you are able to legally work in the US? ☐ YES ☐ NO

Are you willing to move to LA if offered employment? (If not a LA resident) ☐ YES ☐ NO

Do you have a valid driver's License? ☐ YES ☐ NO

Issuing State: \_\_\_\_\_ Home Phone: \_\_\_\_\_

License #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Class: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Expiration: \_\_\_\_\_ Email: \_\_\_\_\_

**PHYSICAL ADDRESS:**

**MAILING ADDRESS (IF DIFFERENT):**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any birthmarks, scars, and tattoos (Type and Location): \_\_\_\_\_

\_\_\_\_\_

Have you ever had your name legally changed? If yes, please provide details:

(Previous name, date changed, court, etc.) \_\_\_\_\_

\_\_\_\_\_

Have you ever used an alias or even a nickname? If yes, please provide details:

(Name/s used, dates of use, reason for use, etc.) \_\_\_\_\_

\_\_\_\_\_

What qualification are you using to apply for this position? (**State Police Cadet Applicants Only**)

☐ Law Enforcement: \_\_\_\_\_ ☐ Military: \_\_\_\_\_ ☐ College: \_\_\_\_\_  
(Fulltime years of service w/arrest power) Active duty years of service Credit hours attained



## SECTION 2 – Address, Location and Family Information

List all places you have resided since age 18. Begin with current residence. Account for all time periods and do not leave any time gaps. (If more space is needed, use separate sheet.)

FROM Month-Year	TO Month-Year	ADDRESS OF RESIDENCE	CITY & STATE

Who do you currently reside with? (Include Name & DOB): \_\_\_\_\_

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Has any person that you reside with been convicted of a felony (including those set aside under Article 893 or for which they have been pardoned)? ☐ YES ☐ NO

If yes, please give detailed information below: (i.e. name, dates, charges, parish/county, and dispositions):

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**SECTION 2 – Address, Location and Family Information - continued**

Provide the name, address, relationship, date and place of birth for all of your direct relatives and dependents. This includes your father, mother, brother(s), sister(s), son(s), daughter(s). Step, half and adopted relatives and dependents should also be included. Only those you have not previously listed:

Last, First, MI, Maiden Name	Relationship	Address	Date and Place Of Birth
	Father		
	Mother		

**What is your present marital status? (Check One:)**

☐ Single    ☐ Married    ☐ Divorced    ☐ Widowed

If married or separated, complete the following information:

Spouse's Name: \_\_\_\_\_ / \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MAIDEN)

Is your spouse's current address the same as your current address: ☐ YES    ☐ NO    If no, then list their current address? \_\_\_\_\_

Spouse's DOB: \_\_\_\_\_

Spouse's SSN: \_\_\_\_\_

Spouse's DL#: \_\_\_\_\_

Marriage Date: \_\_\_\_\_

## SECTION 2 – Address, Location and Family Information - continued

If you are legally separated, provide date of separation: \_\_\_\_\_

If you have ever been divorced, or widowed, provide the following information for all former spouse(s) (Use separate page if more than one):

Former Spouse's Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) / (MAIDEN)

Present Address: \_\_\_\_\_

Marriage Date: \_\_\_\_\_

Date of Divorce, Death, etc.: \_\_\_\_\_

Location and Court/Source of Jurisdiction: \_\_\_\_\_

Has any member of your family ever been convicted of a felony (including those set aside under Article 893 or for which they have been pardoned)? ☐ YES ☐ NO

If yes, please give detailed information below: (i.e. name, dates, charges, parish/county, and dispositions):

\_\_\_\_\_  
\_\_\_\_\_

List all relatives who are currently employed or were previously employed by the Department of Public Safety:  
(Include DPS Agency / Section)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 3- Vehicle and Driving Information

If you own a vehicle(s), complete the following information:

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

VIN: \_\_\_\_\_

License: \_\_\_\_\_ State: \_\_\_\_\_

Registered Owner(s): \_\_\_\_\_

\_\_\_\_\_

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

VIN: \_\_\_\_\_

License: \_\_\_\_\_ State: \_\_\_\_\_

Register Owner(s): \_\_\_\_\_

\_\_\_\_\_

Have you ever been licensed to drive in another state? ☐ YES ☐ NO If yes, provide the Driver's License Number, State Issued, and Date of Expiration for each license:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had your Driver's License suspended or your driving privileges revoked for any reason?  
☐ YES ☐ NO If yes, list details including reason, dates, places, etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any traffic citations you have received and any traffic accidents in which you were involved.

DATE	CITY & STATE	LIST OFFENSE and DISPOSITION (Required)

#### SECTION 4 - Military Service

Are you registered with Selective Service? ☐ YES ☐ NO ☐ NOT REQUIRED

\* You can check your registration by going to: <http://www.sss.gov>. (State Police Cadet Applicants - please print and bring copy to the Physical Assessment.

Have you ever enlisted or served in the Armed Forces of the United States? ☐ YES ☐ NO

Have you ever attempted to enlist in the Armed Forces of the United States? ☐ YES ☐ NO

\* You must attach the most current and complete DD-214 to your application. Also, you are required to fill out the Request for Military Records form located at the end of this questionnaire. (If applicable)

If you ever enlisted or served in the Armed Forces of the United States, complete the following information:

Branch of Service: \_\_\_\_\_

Entry Date: \_\_\_\_\_

Separation Date: \_\_\_\_\_

SSN: \_\_\_\_\_

Highest Rank Obtained: \_\_\_\_\_

MOS(s) # and name: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Discharge Conditions: \_\_\_\_\_

If you ever received a Court Martial, Article 15, Captain's Mast, or other disciplinary action while in the military service, explain the circumstances in detail below. You must list dates and nature of offense, type of punishment, and disposition of the charges. Show any and all fines, restrictions, and confinement in detail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently in the Armed Forces Reserves or National Guard ☐ YES ☐ NO

If yes, then provide the following information:

Branch: \_\_\_\_\_

Entry Date: \_\_\_\_\_

Current Rank: \_\_\_\_\_

MOS # Name: \_\_\_\_\_

Unit Name/#: \_\_\_\_\_

Address: \_\_\_\_\_

C/O Name: \_\_\_\_\_

C/O Telephone: \_\_\_\_\_

Projected Date of Separation: \_\_\_\_\_

## SECTION 5 - Education and Certifications

### HIGH SCHOOL

School Name and Address	Dates Attended MM/YYYY to MM/YYYY	Graduate Yes or No	Diploma or GED

### UNIVERSITY/COLLEGE(S) \*\*\*A certified copy of your transcript is required

School Name and Address	Dates Attended MM/YYYY to MM/YYYY	Graduate Yes or No	Diploma or Certificate Received Also list your field of study/major and the total credit hours earned.

### GRADUATE/PROFESSIONAL SCHOOLS \*\*\*A certified copy of your transcript is required

School Name and Address	Dates Attended MM/YYYY to MM/YYYY	Graduate Yes or No	Diploma or Certificate Received Also list your field of study/major and the total credit hours earned.

### Professional Licenses, Registration, or Certifications (Engineering, Medical, Pilot, Ministerial, Pharmaceutical, Marine, Etc.)

Name and Address of licensing/certifying agency	Date Obtained and Expiration Date	License Type/Name Also list any restrictions or exemptions if applicable.

## SECTION 6 - Financial Information

Your Present Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_

Other Income Source: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Other Income Source: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

List Bills, Loans, Etc. including Rent or Home Mortgage (Use separate page if necessary)

Organization and Address	Total Owed	Monthly Payment

If you have ever had an automobile repossessed, been involved personally in bankruptcy proceedings, had liens and/or judgments placed against you, had your salary garnished or currently owe back taxes, back child support or defaulted on student loans, supply all pertinent information: (Use supplemental sheets if you need more space)

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Use the following space to clarify and/or explain any matters relating to your credit report/history: (If applicable)

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If you have ever instituted civil or criminal action against any person or organization or if any person or organization has ever instituted civil or criminal action against you, explain in detail below, listing any and all settlements, attorneys, etc.: (include out of court settlements.) (Use supplemental sheets if you need more space)

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## SECTION 7 - Employment Information

Have you ever applied for employment with any law enforcement agency? ☐ YES ☐ NO

If yes, list below the dates of application, name of agency, position for which you applied, and the surrounding circumstances (reason for your rejection, declination, etc.)

Agency Name and Address	Date(s) Applied	Position Applied For	Result of Application (Hired, Rejected, Declined, etc...) If you were not hired, list the reasons provided to you.

Do you have any paid full-time commissioned law enforcement experience?

☐ YES ☐ NO

If yes, give total amount of service credit (years, months): \_\_\_\_\_

Are you currently certified through Louisiana Peace Officer Standard and Training (POST) Council?

☐ YES ☐ NO

If you are a former employee who was separated from the Louisiana Department of Public Safety for any reason (resigned, suspended, terminated, etc.), give all pertinent information regarding this prior employment (date of appointment, date of separation, reason for termination of employment, unit of assignment, immediate supervisor's name, etc.), below:

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***You will now be asked to provide your employment history information on the next several pages. You are required to list ALL places of employment since age 18 beginning with your current employer. It is your responsibility to locate and provide employers' names, supervisor's names, addresses, telephone numbers and dates of employment.***



**SECTION 7 - Employment Information - continued**NAME/COMPLETE ADDRESS OF **CURRENT** EMPLOYER

TYPE OF WORK

TITLE OF YOUR JOB

May we contact your current employer? ☐ YES ☐ NO

If no, list reason: \_\_\_\_\_

Telephone Number: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

Dates of Employment:

**From:** Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ **To:** Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Average No. Hours Worked Per Week: \_\_\_\_\_ Full-Time? \_\_\_\_\_ Part-Time? \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Your Immediate Supervisor: \_\_\_\_\_

Number/Job Titles of Employees You Supervised: \_\_\_\_\_

Indicate Specific Area or Place of Employment: \_\_\_\_\_

Describe Your Duties in Detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

During the course of this employment did you receive any disciplinary actions or suspensions? ☐ YES ☐ NO

If so, give dates, times and final disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 7 - Employment Information - continued

NAME/COMPLETE ADDRESS OF **PREVIOUS** EMPLOYER

TITLE OF YOUR JOB

Telephone Number: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

Dates of Employment:

**From:** Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ **To:** Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Average No. Hours Worked Per Week: \_\_\_\_\_ Full-Time? \_\_\_\_\_ Part-Time? \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Your Immediate Supervisor: \_\_\_\_\_

Number/Job Titles of Employees You Supervised: \_\_\_\_\_

Indicate Specific Area or Place of Employment: \_\_\_\_\_

Describe Your Duties in Detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

During the course of this employment did you receive any disciplinary actions or suspensions? ☐ YES ☐ NO

If so, give dates, times and final disposition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you terminated or did you resign to avoid termination during this employment? ☐ YES ☐ NO

If so, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 7 - Employment Information - continued**NAME/COMPLETE ADDRESS OF **PREVIOUS** EMPLOYER

TYPE OF WORK

TITLE OF YOUR JOB

Telephone Number: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

Dates of Employment:

**From:** Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ **To:** Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Average No. Hours Worked Per Week: \_\_\_\_\_ Full-Time? \_\_\_\_\_ Part-Time? \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Your Immediate Supervisor: \_\_\_\_\_

Number/Job Titles of Employees You Supervised: \_\_\_\_\_

Indicate Specific Area or Place of Employment: \_\_\_\_\_

Describe Your Duties in Detail: \_\_\_\_\_

During the course of this employment did you receive any disciplinary actions or suspensions? ☐ YES ☐ NO

If so, give dates, times and final disposition: \_\_\_\_\_

Were you terminated or did you resign to avoid termination during this employment? ☐ YES ☐ NO

If so, please provide details: \_\_\_\_\_

**SECTION 7 - Employment Information - continued**NAME/COMPLETE ADDRESS OF **PREVIOUS** EMPLOYER

TYPE OF WORK

TITLE OF YOUR JOB

Telephone Number: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

Dates of Employment:

**From:** Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ **To:** Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Average No. Hours Worked Per Week: \_\_\_\_\_ Full-Time? \_\_\_\_\_ Part-Time? \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Your Immediate Supervisor: \_\_\_\_\_

Number/Job Titles of Employees You Supervised: \_\_\_\_\_

Indicate Specific Area or Place of Employment: \_\_\_\_\_

Describe Your Duties in Detail: \_\_\_\_\_

During the course of this employment did you receive any disciplinary actions or suspensions? ☐ YES ☐ NO

If so, give dates, times and final disposition: \_\_\_\_\_

Were you terminated or did you resign to avoid termination during this employment? ☐ YES ☐ NO

If so, please provide details: \_\_\_\_\_

**SECTION 7 - Employment Information - continued**NAME/COMPLETE ADDRESS OF **PREVIOUS** EMPLOYER

TYPE OF WORK

TITLE OF YOUR JOB

Telephone Number: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

Dates of Employment:

**From:** Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ **To:** Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Average No. Hours Worked Per Week: \_\_\_\_\_ Full-Time? \_\_\_\_\_ Part-Time? \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Your Immediate Supervisor: \_\_\_\_\_

Number/Job Titles of Employees You Supervised: \_\_\_\_\_

Indicate Specific Area or Place of Employment: \_\_\_\_\_

Describe Your Duties in Detail: \_\_\_\_\_

During the course of this employment did you receive any disciplinary actions or suspensions? ☐ YES ☐ NO

If so, give dates, times and final disposition: \_\_\_\_\_

Were you terminated or did you resign to avoid termination during this employment? ☐ YES ☐ NO

If so, please provide details: \_\_\_\_\_

**SECTION 7 - Employment Information - continued**

NAME/COMPLETE ADDRESS OF <b>PREVIOUS</b> EMPLOYER	TYPE OF WORK
	TITLE OF YOUR JOB

Telephone Number: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

Dates of Employment:

**From:** Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ **To:** Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Average No. Hours Worked Per Week: \_\_\_\_\_ Full-Time? \_\_\_\_\_ Part-Time? \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Your Immediate Supervisor: \_\_\_\_\_

Number/Job Titles of Employees You Supervised: \_\_\_\_\_

Indicate Specific Area or Place of Employment: \_\_\_\_\_

Describe Your Duties in Detail: \_\_\_\_\_

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During the course of this employment did you receive any disciplinary actions or suspensions? ☐ YES ☐ NO

If so, give dates, times and final disposition: \_\_\_\_\_

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Were you terminated or did you resign to avoid termination during this employment? ☐ YES ☐ NO

If so, please provide details: \_\_\_\_\_

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**SECTION 7 - Employment Information - continued**NAME/COMPLETE ADDRESS OF **PREVIOUS** EMPLOYER

TYPE OF WORK

TITLE OF YOUR JOB

Telephone Number: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

Dates of Employment:

**From:** Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ **To:** Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Average No. Hours Worked Per Week: \_\_\_\_\_ Full-Time? \_\_\_\_\_ Part-Time? \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Your Immediate Supervisor: \_\_\_\_\_

Number/Job Titles of Employees You Supervised: \_\_\_\_\_

Indicate Specific Area or Place of Employment: \_\_\_\_\_

Describe Your Duties in Detail: \_\_\_\_\_

During the course of this employment did you receive any disciplinary actions or suspensions? ☐ YES ☐ NO

If so, give dates, times and final disposition: \_\_\_\_\_

Were you terminated or did you resign to avoid termination during this employment? ☐ YES ☐ NO

If so, please provide details: \_\_\_\_\_

## SECTION 8 - Lifestyle

It is important to remember that any misstatement on your part concerning the following information may be cause for rejection or dismissal.

Please provide the information listed in the following table. **Do not include medication legally prescribed to you by a licensed physician** and taken by you as prescribed. (Examples of Use - Smoked, Inhaled, Injected, Ingested, Etc...)

Drug	Dates used First / Last	Maximum possible times used	How used	Age used	Never
Marijuana	_____	_____	_____	_____	[ ]
Hashish	_____	_____	_____	_____	[ ]
PCP	_____	_____	_____	_____	[ ]
Codeine	_____	_____	_____	_____	[ ]
Amphetamine	_____	_____	_____	_____	[ ]
Barbiturates	_____	_____	_____	_____	[ ]
Quaaludes	_____	_____	_____	_____	[ ]
LSD	_____	_____	_____	_____	[ ]
Cocaine	_____	_____	_____	_____	[ ]
Morphine	_____	_____	_____	_____	[ ]
Valium	_____	_____	_____	_____	[ ]
Angel Dust	_____	_____	_____	_____	[ ]
Percodan	_____	_____	_____	_____	[ ]
Crack	_____	_____	_____	_____	[ ]
Heroin	_____	_____	_____	_____	[ ]
Speed	_____	_____	_____	_____	[ ]
Methaqualone	_____	_____	_____	_____	[ ]
Opium	_____	_____	_____	_____	[ ]
Rohypnol	_____	_____	_____	_____	[ ]
GHB	_____	_____	_____	_____	[ ]
Oxycontin	_____	_____	_____	_____	[ ]
Lortab	_____	_____	_____	_____	[ ]
Ketamine	_____	_____	_____	_____	[ ]
Ecstasy	_____	_____	_____	_____	[ ]
Xanax	_____	_____	_____	_____	[ ]
Darvocet	_____	_____	_____	_____	[ ]
Vicodin	_____	_____	_____	_____	[ ]
Ritalin	_____	_____	_____	_____	[ ]
Percocet	_____	_____	_____	_____	[ ]
Steroids	_____	_____	_____	_____	[ ]
Adderall	_____	_____	_____	_____	[ ]
Hydrocodone	_____	_____	_____	_____	[ ]
<b>Drug</b>	<b>Dates used First / Last</b>	<b>Maximum possible times used</b>	<b>How used</b>	<b>Age used</b>	<b>Never</b>
<b>Sniff/Inhaled:</b>					
Glue	_____	_____	_____	_____	[ ]
Paint	_____	_____	_____	_____	[ ]
Acetone	_____	_____	_____	_____	[ ]
Ice	_____	_____	_____	_____	[ ]



## SECTION 8 – Lifestyle - continued

If there are other drugs that you have ever used, please list them below. (Indicate dates and number of times)

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Have you ever been involved in the illegal purchase, manufacture, trafficking, production, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis?

☐ YES ☐ NO

If yes, explain: \_\_\_\_\_

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Have you ever misused, abused, or sold any drug prescribed by a licensed physician for you?

☐ YES ☐ NO

If yes, explain: \_\_\_\_\_

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Have you ever used any drug prescribed by a licensed physician for someone else?

☐ YES ☐ NO

If yes, explain: \_\_\_\_\_

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Do you use alcoholic beverages?

☐ YES ☐ NO

If so, to what extent? \_\_\_\_\_

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Have you ever participated in any form of illegal gambling?

☐ YES ☐ NO

If yes, please give details: \_\_\_\_\_

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## SECTION 8 – Lifestyle - continued

List your reasons for wanting to be an employee of this agency:

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Have you ever been arrested, detained, charged, indicted, or summoned to answer and appear for **any criminal offense or violation in Louisiana or any other jurisdiction** regardless of the disposition or final outcome of the event? You must list **all offenses**, including those which have been dismissed or set aside, or for which you were pardoned.

☐ YES      ☐ NO

If yes, provide details below and attach documentation to provide disposition. If additional space is needed, use the supplemental sheet at the back of this packet.

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Have you ever been convicted for any law violation other than traffic violations listed on page 11?

☐ YES      ☐ NO

If you answered “yes” to either of the above questions, list details, including arresting agency, date, location, charge, disposition, and copies of any court documentation:

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## SECTION 9 - References

List four of your close friends and associates. (Must be filled out in entirety) (Do not include relatives)

NAME	ADDRESS	HOME PHONE	PLACE OF EMPLOYMENT	BUSINESS PHONE

I certify that the statements on all pages of this personal data questionnaire are true to the best of my knowledge. I understand that all statements will be investigated for accuracy. I realize that any misstatement on my part may be a cause for my rejection or dismissal from the process.

I fully recognize that any commitment of appointment to a position with the state police is subject to a review of character investigation and employment check and that I must be within reach on the current list of eligible applicants.

The state police may, following a review and audit of the above mentioned investigations and examinations, rescind or cancel my appointment.

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**DATE**

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**SIGNATURE OF APPLICANT**

**SECTION 10 – Supplemental Sheet**

Use the following space if you require more room than was provided in the preceding sheets. Please reference the section and page number for each entry.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SECTION 10 – Supplemental Sheet**

Use the following space if you require more room than was provided in the preceding sheets. Please reference the section and page number for each entry.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.