



TOM ARCENEUX  
MAYOR

## SHREVEPORT POLICE DEPARTMENT

1234 TEXAS AVENUE ♦ SHREVEPORT ♦ LOUISIANA ♦ 71101

[www.shreveportla.org/police](http://www.shreveportla.org/police)



WAYNE SMITH  
CHIEF OF POLICE

### SELECTION DOCUMENT COMPLETION INSTRUCTIONS

Your interest in the Shreveport Police Department is greatly appreciated. In an effort to secure employees with high levels of honesty and integrity, we provide you with this set of instructions for completing an application. Read and follow these instructions carefully and precisely.

The selection process of the Shreveport Police Department consists of the following components:

1. PT Testing
2. COE
3. Preliminary Police Interview
4. Selection Documents Completion
5. Background Investigation
6. Applicant Interview Board
7. Polygraph
8. Psych Testing
9. Psych Evaluation
10. Medical Evaluation
11. Chief Selection

**ALL DOCUMENT, COPIES OF DOCUMENTS, APPLICATIONS, TEST AND EVALUATIONS USED OR SUBMITTED DURING THE SELECTION PROCESS BECOME THE PROPERTY OF THE SHREVEPORT POLICE DEPARTMENT.**

**BE PREPARED TO SUPPLY THE FOLLOWING DOCUMENTS.**

Birth Certificate	High School Diploma or Approved GED	Valid Driver's License	DD214(if Available)	Social Security Card	College Transcript (if applicable)
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This packet contains the Personal History Questionnaire, Application Agreement & Release of Personal Information and Personal Inquiry Waiver, which must be completed and returned to the Recruiting Office of the Shreveport Police Department located at 1234 Texas Avenue, Shreveport, Louisiana 71101. For your application to be processed, **all documents must be returned within five (5) days.** You may elect to return to the documents by mail as long as they are received by the Department within the required time limit. If mailing documents, please send to:

**Recruiting Office  
Shreveport Police Department  
1234 Texas Avenue  
Shreveport, LA 71101**

Feel free to contact the Recruiting Officers at 318-673-7157. **CONTACT WITH OTHER ENTITIES OF THE DEPARTMENT REGARDING YOUR APPLICATION OR EMPLOYMENT WILL BE VIEWED ADVERSELY AND CAUSE YOUR APPLICATION TO BE WITHDRAWN FROM THE SELECTION PROCESS.**





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## PERSONAL INQUIRY WAIVER Authority for Release of Information

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I respectfully request and authorize you to furnish the Shreveport Police Department with all information you may have concerning me, including all information of a confidential or privileged nature, and Photostats of same if requested. This information is to be used to assist in determining qualifications and fitness for the position I am seeking with the Shreveport Police Department.

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

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Witness' Signature

“TO SERVE AND PROTECT”

<b>MILITARY SERVICE:</b>						
HAVE YOU PERFORMED MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES", WHICH BRANCH AIR FORCE ARMY MARINES NAVY COAST GUARD			CURRENT STATUS: DISCHARGED ACTIVE RESERVE INACTIVE RESERVE NATIONAL GUARD	
IF SO, HIGHEST RANK HELD: _____						
Please list any specific education or job experience you may have acquired during military service that you believe would be useful on the job:						
RESIDENCE CO-OCCUPANCY (List any individual of the age of eighteen and above with whom you reside):						
NAME:		(Last)	(First)	(M.I)	DATE OF BIRTH	EMPLOYER
NAME:		(Last)	(First)	(M.I)	DATE OF BIRTH	EMPLOYER
NAME:		(Last)	(First)	(M.I)	DATE OF BIRTH	EMPLOYER
NAME:		(Last)	(First)	(M.I)	DATE OF BIRTH	EMPLOYER
RESIDENCE HISTORY (Beginning with the most recent, list all residences for the last ten years):						
FROM		TO		ADDRESS AND STREET	APARTMENT #	CITY AND STATE
Month	Year	Month	Year			
1.						
2.						
3.						
4.						
5.						
6.						
EMPLOYMENT HISTORY (Beginning with the most recent, list all employers for the last ten years):						
From		To		Name of Employer	Street Address:	
Month	Year	Month	Year			
Position:		Last Salary:		Immediate Supervisor's Name:		Telephone Number:
Reason For Leaving:						

EMPLOYMENT HISTORY (Beginning with the most recent, list all employers for the last ten years):

FROM		TO		Name of Employer:	Street Address:
Month	Year	Month	Year		
Position:		Last Salary:		Immediate Supervisor's Name	Telephone Number:

Reason For Leaving:

FROM		TO		Name of Employer:	Street Address:
Month	Year	Month	Year		
Position:		Last Salary:		Immediate Supervisor's Name	Telephone Number:

Reason For Leaving:

FROM		TO		Name of Employer:	Street Address:
Month	Year	Month	Year		
Position:		Last Salary:		Immediate Supervisor's Name	Telephone Number:

Reason For Leaving:

FROM		TO		Name of Employer:	Street Address:
Month	Year	Month	Year		
Position:		Last Salary:		Immediate Supervisor's Name	Telephone Number:

Reason For Leaving:

FROM		TO		Name of Employer:	Street Address:
Month	Year	Month	Year		
Position:		Last Salary:		Immediate Supervisor's Name	Telephone Number:

Reason For Leaving:

Have you ever been terminated or asked to resign relative to disciplinary action?  Yes  No

If so, explain the circumstances: \_\_\_\_\_

Have you ever resigned relative to any potential or pending disciplinary action?  Yes  No

If so, explain the circumstances: \_\_\_\_\_

Have you ever applied to the Shreveport Police Department?  Yes  No

If so, explain when, and the disposition of your application: \_\_\_\_\_

Have you ever applied to the City of Shreveport?  Yes  No

If so, explain when, and the disposition of your application: \_\_\_\_\_

Have you ever applied to any other law enforcement agency?  Yes  No

If so, explain when, name of the agency and the disposition of your application: \_\_\_\_\_

FROM	TO	Name of Employer:	Street Address:
Month Year	Month Year		
Position:	Last Salary:	Immediate Supervisor's Name	Telephone Number:
Reason For Leaving:			

**COURT ACTIONS:**

Are you currently or have you ever been held in contempt criminally/civilly or violated a Court Order?  Yes  No

If so, explain the circumstances:

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**TRAFFIC CITATION HISTORY (List all citations received within the last five years):**

Offense	Date Occurred	City, County/Parish or State	Disposition; fined, Dismissed, etc.
1.			
2.			
3.			
4.			
5.			
6.			

Has your license ever been suspended or revoked?  Yes  No

If so, explain the circumstances:

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**HISTORY OF ARRESTS:** List all arrests including those affected as a juvenile. An arrest/conviction will not necessarily disqualify you for the position for which you are applying. A conviction will be judged on its own merits with respect with time, circumstances and seriousness.

Offense	Date Occurred	City, County/Parish or State	Disposition; fined, Dismissed, etc.
1.			
2.			
3.			
4.			
5.			
6.			

**ALCOHOL AND DRUG USE:**

Do you currently consume alcoholic beverages of any form?  Yes  No

If so, explain:

Do you currently experiment with or use any illegal drugs?  Yes  No

If so, describe:

Do you currently experiment with or use any legal drugs not prescribed to you?  Yes  No

If so, describe:

**HISTORY OF THEFT:**

Have you ever committed a theft?  Yes  No

If so, complete the following:

Item	Month\Year	Value	From Whom
1.	\		
2.	\		
3.	\		
4.	\		
5.	\		
6.	\		

Have you ever changed a price tag?  Yes  No

If so, complete the following:

Item	Month\Year	Original Price	Price Paid	Location
1.	\			
2.	\			
3.	\			
4.	\			
5.	\			

Have you ever purchased or accepted an item that you knew, or suspected, was stolen?  Yes  No

If so, complete the following:

Item	Month\Year	Value	From Whom
1.	\		
2.	\		
3.	\		
4.	\		
5.	\		
6.	\		

OTHER CRIMINAL ACTS (List all criminal acts committed, but not arrested for or charged with):

Offense	Date	Location	Total No. Of Times Offense
1.			
2.			
3.			
4.			
5.			
6.			

PERSONAL REFERENCES (Do not list family members, employers or other persons previously mentioned within the Selection Process):

Name	Address	Telephone	Occupation	Years
1.				
2.				
3.				
4.				
5.				
6.				

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with, or without, reasonable accommodations?  Yes  No

Please describe any accommodations required:

ADDITIONAL COMMENTS (Add any additional comments you deem pertinent to your personal history that are not included in this questionnaire):

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**I certify that the information submitted is true, and acknowledge that any falsification, misrepresentation, or omission of any information will be cause for the rejection of my application.**

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Signature of Applicant

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Date