

**PRE-EMPLOYMENT POLICE DEPARTMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER**

We make decisions regardless of race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Name _____ Date _____ SS No. _____

Address _____

City, State, Zip _____

Home Telephone _____ Secondary Telephone _____

Have you ever filed an application with the City before? Yes No If yes, give date _____

Have you ever been employed with the City before? Yes No If yes, give date _____

Date available for work, _____ Full Time Part Time

Type of employment desired: Police Officer Reserve Officer Correctional Officer
 Communications Officer Clerical Personnel

Are you at least 20 years of age? Yes No

Drivers License Number _____ State _____ Expiration Date _____

Are you a citizen of the United States? Yes No (Proof of citizenship status will be required upon employment.)

SCHOOL	NAME & ADDRESS OF SCHOOL	GRADUATE?	DEGREE
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you a Certified Police/Correctional Officer? Yes No Police Correctional

If yes, what State? _____

If your answers to the above questions were no, are you presently enrolled in any program to obtain certification?
 Yes No

Name of Institution _____ Date of completion _____

Indicate any foreign language you can speak, read and write.

1. _____ Check all that apply. Speak Read Write

2. _____ Check all that apply. Speak Read Write

Have you ever been convicted of a felony? Yes No

Explain:

Skills and Qualifications:

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for the position with the City of Slidell Police Department for which you have applied.

Military Services:

Branch of Service _____ (Requires a DD-214) From _____ To _____

Describe your duties and any special training:

References:

List name and telephone number of three personal references who are **not** related to you.

NAME	TELEPHONE	YEARS KNOWN

The pre-employment application you have completed is for the purpose of entering the testing procedure for the Slidell Police Department. The criteria for employment as a Police Department employee consists of the following:

- | | |
|-----------------------------|---------------------------------------|
| 1. Written Examinations | 5. Physical Agility Test |
| 2. Polygraph | 6. Extensive Background Investigation |
| 3. Psychological Evaluation | 7. Personal Interview |
| 4. Drug Screening | |

CERTIFICATION: I hereby certify that all the information I have provided on BOTH SIDES of this application form is true, complete and correct to the best of my knowledge and belief, and is made in good faith. I agree and understand that all statements made by me are subject to being investigated for verification. I further agree and understand that any misstatement of facts contained in this application may disqualify me for any employment or result in my removal from employment with the City of Slidell Police Department.

Signature of Applicant

Date

If you are a person with a qualifying disability and require reasonable accommodation during the testing and evaluation process, you must give the Director of Human Resources formal notice of this need at the time you submit this application.

City of Slidell

Voluntary Affirmative Action Data

PLEASE NOTE: COMPLETION OF THIS FORM IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

TO BE COMPLETED BY APPLICANT ON A VOLUNTARY BASIS, NOT FOR INTERVIEW PURPOSES, FILE SEPARATELY FROM APPLICATION.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, which may apply, we request you complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any employment decision. This information will be used and kept confidential in accordance with applicable laws and regulations.

Applicant Information

Position(s) Applied For: _____

Referral Source:

- | | | |
|---------------------------------------------------------|------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Governmental Employment Agency | <input type="checkbox"/> Private Employment Agency | <input type="checkbox"/> Current Employee |
| <input type="checkbox"/> Walk-In
Other _____ | <input type="checkbox"/> School | <input type="checkbox"/> |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Advertisement - Located In: _____ | |

Person who referred you, if applicable: _____

Please select one of the following Equal Employment Opportunity Identifiers:

- | | | |
|---------------------------------------|----------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> White Male | <input type="checkbox"/> Hispanic Male | <input type="checkbox"/> Asian or Pacific Islander Male |
| <input type="checkbox"/> White Female | <input type="checkbox"/> Hispanic Female | <input type="checkbox"/> Asian or Pacific Islander |
| Female | | |
| <input type="checkbox"/> Black Male | <input type="checkbox"/> Native American/Alaskan Native Male | |
| <input type="checkbox"/> Black Female | <input type="checkbox"/> Native American/Alaskan Native Female | |

Are you Handicapped? (Impairment which substantially limits one or more of a
person's life activities.) Yes No

Are you a Disabled Veteran? (30% VA Compensation or discharged because of disability
incurred in line of duty.) Yes No

Are you a Vietnam Era Veteran? (180 days Active Duty between 8/15/64 and 5/7/75.) Yes No

For Administrative Use

Position(s) Applied For: Current Opening No Current Opening



Invitation to Self Identify under VEVRAA Invitation to Self Identify under VEVRAA

1. The City of Slidell is a government entity subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires the city to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) armed forces service medal veterans. These classifications are defined as follows:
 - A "disabled veteran" is one of the following:
 - a veteran of the U. S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
 - A "recently separated veteran" means any veteran during the three- year period beginning on the date of such veteran's discharge or release from active duty in the U. S. Military, ground, naval or air service.
 - An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
 - An "Armed forces service medal veteran" means a veteran who, while servicing on active duty in the U. S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government entity subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.

I AM NOT A PROTECTED VETERAN.