



# CROWLEY POLICE DEPARTMENT APPLICATION

Full-Time \_\_\_\_\_ Reserve \_\_\_\_\_ Position Applied for \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name Suffix

\_\_\_\_\_  
Physical Address City State Zip Code

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Personal Email Address Home Number Cell Number

\_\_\_\_\_  
Date of Birth Social Security Number Driver's License #/State Number

## PRE-EMPLOYMENT ELIGIBILITY REQUIREMENTS

1. Must have a High School Diploma or G.E.D./Hi-Set equivalency diploma.
2. Consent to a driving and criminal history background check.
3. Must be able to perform the physical duties of a Police Officer.
4. Consent to a departmental physical, drug screen, CVSA/polygraph, and psychological exam.
5. Obtain a passing score of 75% or higher on the Louisiana Civil Service entrance exam.
6. Be capable of passing any other entrance requirements as set forth by Louisiana Law and the Crowley Police Department.
7. Must not have Felony convictions, nor a misdemeanor Domestic Violence convictions.

I attest that all information provided in this application booklet is complete, accurate, and true. I understand that deliberate misstatements or omissions of any information may result in the application being rejected, which can also disqualify myself from the application process of this agency and may later result in being dismissed from employment of the Crowley Police Department. I understand that an incomplete application booklet will disqualify me from the application process.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application



# CROWLEY POLICE DEPARTMENT APPLICATION

## AUTHORIZATION FOR RELEASE OF INFORMATION

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Sex</b>	<b>Race</b>	<b>Date of Birth</b>
<b>PLACE OF BIRTH</b>	<b>CITY</b>	<b>PARISH/COUNTY</b>	<b>STATE</b>	<b>COUNTRY</b>	

This release constitutes my consent and authority for a duly authorized representative of the Crowley Police Department to obtain statements and information regarding my background and to acquire copies and abstracts of my records.

Specifically, I authorize the release to the Crowley Police Department and its authorized agent the following data or records: Employment; Educational; Medical; Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations or any variation; and the UNDELETED copy of the separation document and medical records from the National Personnel Records and Military Personnel Records Center.

This authorization is given in connection with a background investigation being conducted relative to my application for employment with the Crowley Police Department. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation.

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 with the Crowley Police Department. I understand that all materials pertaining to this background investigation become property of the Crowley Police Department and will not be returned.

I agree to indemnify and hold harmless the person whom this request is presented and his/her agent(s) and/or employee(s) for and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the confidential information or source(s) of information will not be revealed to me. It is further understood that a photocopy of this release form will be considered legally binding and with full authority.

Signature of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Chief: \_\_\_\_\_ Date: \_\_\_\_\_



# CROWLEY POLICE DEPARTMENT APPLICATION

## Personal History Statement

### Note to Applicant

The following pages are important to our review of your employment opportunity. It is your responsibility to complete this form and provide all required information along with presenting any required paperwork. In the event a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.

If your response requires more space, use page 15 the supplemental information section of this application booklet, and identify the additional information by the section and question number.

**AN INCOMPLETE BOOKLET WILL DISQUALIFY YOU FROM THE APPLICATION PROCESS**

<b>Section 1</b>	<b>PERSONAL INFORMATION</b>
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1. Legal Name- First, Middle, Maiden, Last

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2. Have you ever used another name, including nicknames? \_\_\_Yes \_\_\_No

If yes, please list and explain.

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3. Are you a U.S. Citizen or possess a U.S. Citizenship \_\_\_ Yes \_\_\_ No (please provide documentation if applicable)

4. Are you a registered voter in the State of Louisiana? \_\_\_Yes \_\_\_No

5. List organizations, clubs, and associations of which you are or have been a member, or with which you are or have been associated. \_\_\_\_\_

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6. List hobbies and/or special skills:

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# CROWLEY POLICE DEPARTMENT APPLICATION

## Section 2 Marital

1. Marital Status (check one) \_\_\_ Single \_\_\_ Married \_\_\_ Engaged  
\_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

2. Name of Spouse or Fiancé/Fiancée (Include Maiden Name)  
\_\_\_\_\_

3. If married, are you living with your spouse? \_\_\_ Yes \_\_\_ No If not, state reasons  
\_\_\_\_\_

4. If you have ever been separated or divorced, explain \_\_\_\_\_  
\_\_\_\_\_

5. Give the following information concerning your spouse's or Fiancé/Fiancée's parents:

Name	Address	Phone
Father:		
Mother:		

6. List below every child born to you:

Name	Date of Birth	Place of Birth	Whom they reside with
1.			
2.			
3.			
4.			

7. Are you now supporting all children born to you, adopted by you and stepchildren?  
\_\_\_ Yes \_\_\_ No If not, give reasons \_\_\_\_\_  
\_\_\_\_\_

8. Have you ever been involved as a defendant in a paternity proceeding? \_\_\_ Yes \_\_\_ No  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_



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## Section 3 | PERSONAL REFERENCES

1. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality, and other qualities

Name	Address	Contact Number	Email

2. List your parents, brothers, and sisters

Relation	Name	Complete Address Include Zip Code	Email	Phone Number
Father				
Mother				
Bro/Sis				
Bro/Sis				
Bro/Sis				

3. If any member of your immediate family has been arrested or convicted of a felony offense, explain below:

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# CROWLEY POLICE DEPARTMENT APPLICATION

## Section 4 | EXPERIENCE AND EMPLOYMENT

### JOB EXPERIENCE

- List ALL jobs you have had, including part-time, temporary, self-employment, and volunteer work. (Begin with the current or most recent)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List All Periods of unemployment.
- If more space is needed continue your response on the supplemental sheet at the end of the booklet.

1. Place of Current Employment #1		
Employer/Military Unit	Dates (MM/YYYY – MM/YYYY)	
Address	City/State/ Zip	Contact Number
Job Title/Rank	Type of Employment – FT/PT/TEMPORARY/SELF EMPL/VOLUNTEER	
Duties/Assignments	Reason for Leaving	
Supervisor 1.	Contact Number	Email
Co-Workers: 1.  2.	Contact Number	Email
Would there be a problem if we contacted your current employer? ____ Yes ____ No If yes, explain:		

2. Period of Unemployment (Check if Applicable)		
___ STUDENT ___ BETWEEN JOBS ___ LEAVE OF ABSENCE ___ TRAVEL ___ OTHER: _____	FROM MM/YYYY	TO MM/YYYY



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<b>3. Place of Employment #2</b>		
Employer/Military Unit		Dates (MM/YYYY – MM/YYYY)
Address	City/State/ Zip	Contact Number
Job Title/Rank	Type of Employment – FT/PT/TEMPORARY/SELF EMPL/VOLUNTEER	
Duties/Assignments	Reason for Leaving	
Supervisor 1.	Contact Number	Email
Co-Workers: 1.  2.	Contact Number	Email

<b>4. Period of Unemployment (Check if Applicable)</b>		
<input type="checkbox"/> STUDENT <input type="checkbox"/> BETWEEN JOBS <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER: _____	FROM MM/YYYY	TO MM/YYYY

<b>5. Place of Employment #3</b>		
Employer/Military Unit		Dates (MM/YYYY – MM/YYYY)
Address	City/State/ Zip	Contact Number
Job Title/Rank	Type of Employment – FT/PT/TEMPORARY/SELF EMPL/VOLUNTEER	
Duties/Assignments	Reason for Leaving	
Supervisor 1.	Contact Number	Email
Co-Workers: 1.  2.	Contact Number	Email



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## Section 4.1 WORK HISTORY

1. Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member?  Yes  No If yes, give details:

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2. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service give details \_\_\_\_\_

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3. Have your employers always treated you fairly?  Yes  No If not, give details:

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4. Do you object to wearing a uniform?  Yes  No

5. Do you object to working nights?  Yes  No

6. Do you object to working shifts?  Yes  No

7. Do you have previous law enforcement experience? Yes  No   
(Please list full time, part time or reserve experience and the Department)

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8. Do you work well in a team setting?  Yes  No If not, please explain.

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9. Do you have computer experience?  Yes  No  
If yes, please list the programs you are familiar with.

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## Section 5 | MILITARY SERVICE

1. Were you ever in the U.S. Military Service or any other military organization? \_\_\_\_ Yes \_\_\_\_ No

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Date of Enlistment \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Service Number \_\_\_\_\_ Highest Rank \_\_\_\_\_

2. List medals and decorations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Type of Discharge: \_\_\_\_\_

4. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

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

## Section 6 | EDUCATION

- List all schools attended

Name of School	Location	From (MM/YYYY)	To (MM/YYYY)	Years Completed
High School				
College or University				
Trade or Technical School				
Other				



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<b>Section 7</b>	<b>ARREST AND MILITARY DISCIPLINARY</b>
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Answer all the following questions completely and accurately. Any falsifications or misstatements of facts may be sufficient to disqualify you. (Exclude minor traffic violations.)

1. Have you ever been arrested or detained by police? \_\_\_ Yes \_\_\_ No

If yes, give details below. Crime Charged \_\_\_\_\_

Police Agency \_\_\_\_\_ Date \_\_\_\_\_

Disposition of Case \_\_\_\_\_

Crime Charged \_\_\_\_\_

Police Agency \_\_\_\_\_ Date \_\_\_\_\_

Disposition of Case \_\_\_\_\_

Crime Charged \_\_\_\_\_

Police Agency \_\_\_\_\_ Date \_\_\_\_\_

Disposition of Case \_\_\_\_\_

2. Have you ever been placed on probation? \_\_\_ Yes \_\_\_ No If yes, give details below

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

3. Have you ever been required to pay a fine? \_\_\_ Yes \_\_\_ No If yes, give details below.

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

4. Have you ever been reported as a missing person or as a runaway? \_\_\_ Yes \_\_\_ No If yes, give complete details, including jurisdiction, dates and outcome \_\_\_\_\_

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

5. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces? \_\_\_ Yes \_\_\_ No If yes, give details below

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



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6. List any disciplinary action taken against you in the National Guard or other reserve unit:

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7. If you have ever been fingerprinted by a policy agency other than for an arrest, give details below. Your answers will be checked with the F.B.I. and other agencies.

Agency \_\_\_\_\_ Date \_\_\_\_\_

Purpose \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_

Purpose \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_

Purpose \_\_\_\_\_

8. Do you possess a valid driver's license from the State of Louisiana? \_\_\_Yes \_\_\_ No

LA Driver's License Number \_\_\_\_\_ Year Issued \_\_\_\_\_

Expiration Date \_\_\_\_\_

9. Do you possess or have ever possessed a driver's license in any other state than Louisiana?

\_\_\_ Yes \_\_\_ No State \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Year Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

10. Was your license ever suspended or revoked? \_\_\_Yes \_\_\_ No If yes, state whether suspended or revoked and give reasons \_\_\_\_\_.

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11. Was your license ever restored? \_\_\_Yes \_\_\_ No When? \_\_\_\_\_

12. Have you ever been refused an operator's license by any state? \_\_\_Yes \_\_\_ No If yes, explain.

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13. Have your driving privileges ever been restricted? \_\_\_Yes \_\_\_ No If yes, give details.

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14. Has a motor vehicle being driven by you ever been involved in an accident? \_\_\_ Yes \_\_\_ No  
If yes, give complete details for each accident whether collision or non-collision.

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Police Investigation: \_\_\_ Yes \_\_\_ No Cause of Accident: \_\_\_\_\_

Other Information: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Police Investigation: \_\_\_ Yes \_\_\_ No Cause of Accident: \_\_\_\_\_

Other Information: \_\_\_\_\_

15. List any minor traffic convictions.

Location	Approx Date	Nature of Violation	Disposition

16. Have you ever had your record expunged? Yes \_\_\_ No \_\_\_  
(Please explain your answer)

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

<b>Section 8</b>	<b>ATTITUDE AND PERCEPTION</b>
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1. What do you consider to be the current social problems of greatest concern?

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

2. What are your experiences and beliefs concerning the use of alcoholic beverages?

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



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3. What are your experiences and beliefs concerning the use of marijuana and/or other mind-altering drugs?

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4. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

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5. Briefly explain your reasons for applying for this position.

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6. List employees you know within the department.

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Section 9	RESIDENCE HISTORY
LIST OF RESIDENCES	
<ul style="list-style-type: none"> <li>List of residences during the last 10 years</li> <li>Provide complete addresses (street addresses only, no PO Boxes.)</li> <li>If the residence was a military base or college dorm provide the base/college address, nearest city, state, zip code.</li> <li>If more space is needed, continue your response on the supplemental page.</li> </ul>	

1. Current Residence		
Address You Live Now		From (MM/YYYY) To (MM/YYYY) PRESENT
City	State/Zip	If Renting: Property Manager/Owner
Mailing address of Property Manager/Owner		Contact Number ( )
City, State, Zip		Email of Property Manager/Owner
Name(s) of those with whom you live:		



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2. Previous Residence		
Former Address (Number /Street/Apt)		From (MM/YYYY) To (MM/YYYY)
City	State/Zip	If Renting: Property Manager/Owner
Mailing address of Property Manager/Owner		Contact Number ( )
City, State, Zip		Email of Property Manager/Owner
Name(s) of those with whom you lived:		
Reason for Moving:		

3. Previous Residence		
Former Address (Number /Street/Apt)		From (MM/YYYY) To (MM/YYYY)
City	State/Zip	If Renting: Property Manager/Owner
Mailing address of Property Manager/Owner		Contact Number ( )
City, State, Zip		Email of Property Manager/Owner
Name(s) of those with whom you lived:		
Reason for Moving:		



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Section 10 | SUPPLEMENTAL PAGE FOR ADDITIONAL INFORMATION



# CROWLEY POLICE DEPARTMENT APPLICATION

## Documentation Checklist

Please check off and attach all Documentation that you have prior to turning the Application in for processing.

- \_\_\_\_\_ Copy of Voter Registration Card
- \_\_\_\_\_ Copy of High School Diploma, G.E.D./HiSet Equivalency Certificate, or Transcripts
- \_\_\_\_\_ Copy of any Certificates or Licenses pertaining to Law Enforcement.
- \_\_\_\_\_ Copy of your current Birth certificate, Driver's License, and Social Security Card
- \_\_\_\_\_ Copy of your Louisiana Civil Service Test Score or Confirmation of testing date.
- \_\_\_\_\_ Copy of all Military Separation Documents.

## Notice to Applicant

1. This application is for employment with the Crowley Police Department and upon being notified of becoming a prospective employee of the Crowley Police Department, I agree to take the required physical examination, drug screening, psychological test and any other test that are required for employment. I further understand that I am subject to random drug testing and alcohol testing which is required by the City of Crowley. I understand that failure to pass the required test may result in my termination from the Crowley Police Department.
2. I have been made aware that there is a physical fitness standard required of me to complete the basic police training academy and without passing this requirement and any other requirement set by the Police Officer Standards and Training (P.O.S.T.) Council, the Crowley Police Department, or the Academy, I may be terminated from employment upon the Departments notification of my failure to do so.
3. I also agree to abide by the rules of the Department Policy and Procedure Manual, which will be assigned to me upon my employment of the Crowley Police Department.
4. Should I be offered employment with the Crowley Police Department, I consent to signing and entering into an employment contract agreement presented by the City of Crowley and Crowley Police Department.





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- 5. I agree to return all equipment/property issued to me by the City of Crowley and the Crowley Police Department upon my leaving the Department. I am responsible for the care and maintenance of the said equipment issued to me. If damages are incurred due to negligence on my behalf, I understand that I may be subject to pay for said damages and/or deductibles entailed.
- 6. I understand should the basis of my employment with the Crowley Police Department require the City of Crowley to send me to the basic Police Academy, that I agree to continue my employment for a two (2) year period upon my graduation of said Police Academy. Should I choose to resign my position with the Crowley Police Department prior to the expiration of this agreement, I will have the responsibility of paying the tuition and other schooling or equipment purchased through the City of Crowley.
- 7. I consent to the release of information concerning my capability, fitness by employer, educational institutions, law enforcement agencies and other individual or agencies, to duly accredited investigators. Civil Service board members or appointed members of the Crowley Police Department, for the purpose of a thorough background investigation prior to my employment.
- 8. Should I be employed by the Crowley Police Department, I understand and consent to submitting a DNA sample to the Crowley Police Department in accordance with Louisiana Revised State 40:2405.4.

I attest that all information provided in this application booklet is complete, accurate, and true. I understand that deliberate misstatements or omissions of any information may result in the application being rejected, which can also disqualify myself from the application process of this agency and may later result in being dismissed from employment of the Crowley Police Department.

I have read each of the above employment agreements and understand my responsibilities set forth in my signature below.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Chief of Police Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date of Acceptance

**Thank you for your interest in employment with the Crowley Police Department. The Crowley Police Department is an equal opportunity employer we do not discriminate based on race, skin color, religion, gender, or national origin. Email your completed application and all documentation to: [recruitment@crowleypolice.com](mailto:recruitment@crowleypolice.com)**