

CITY OF HAMMOND QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in **black ink**.

I Authorize any investigator, officer, or other duly accredited representative of the City of Hammond Police Department (HPD) conducting my background investigation or reinvestigation to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history and inquiry, criminal history record information, and credit information. I authorize the representative of the HPD conducting my investigation to disclose the record of my background investigation to the Appointing Authority (Mayor), or his designee, for the purpose of making a determination of suitability or eligibility for a public trust position.

I authorize any investigator, officer, or other duly accredited representative of the City of Hammond HPD, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a public trust position. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, officer, or other duly accredited representative of HPD authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the City of Hammond and its Police Department only for the purposes provided in this form, and that it may be disclosed by the City of Hammond and Hammond Police Department only as authorized by law.

Photocopies of this authorization with my signature are valid. This authorization is valid for five(5) years from the date signed or upon the termination of my affiliation with the City of Hammond, whichever is sooner.

Signature <i>(Sign in ink)</i>		Full name <i>(Type or print legibly)</i>		Date signed <i>(mm/dd/yyyy)</i>
Other names used			Date of birth	Social Security Number
Current street address Apt.#	City <i>(County)</i>	State	Zip Code	Home telephone number Mobile number

CITY OF HAMMOND QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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FIRE AND POLICE CIVIL SERVICE BOARD APPLICATION FOR COMPETITIVE EXAMINATION

PLEASE PRINT OR TYPE. FAILURE TO ANSWER ALL THE QUESTIONS IN THIS APPLICATION AND FAILURE TO ATTACH ALL REQUIRED DOCUMENTATION TO THIS APPLICATION MAY CAUSE YOUR APPLICATION TO BE 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? G YES G NO		DRIVER'S LICENSE NO: _____ EXPIRATION DATE: _____	

EXAMINATION FOR WHICH YOU ARE APPLYING (FILE A SEPARATE APPLICATION FOR EACH EXAMINATION)

RACE/SEX INFORMATION

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.

G Male	G White	G Black	G Hispanic	G Am. Indian	G Asian
G Female	G Other: _____				

SPECIAL INSTRUCTIONS FOR DOCUMENTATION YOU MUST ATTACH

In accordance with civil service law you must be a citizen of the United States, and of legal age. In addition to these requirements, the local municipal fire and police civil service board in each jurisdiction has adopted its own qualification requirements for each of its competitive classes. Therefore, you must attach the necessary documentation to verify that you meet all the requirements of the civil service board to which you are applying. You must attach a copy of the following documents:

- Proof that you are a citizen of the United States (Original Birth Certificate, Voter's Registration Card, US Passport, or Certificate of Naturalization)
- Proof that you meet the age requirement of the civil service board (Birth Certificate, Driver's License, Selective Service Card)
- Proof that you meet the education requirement as posted by the civil service board to be admitted to the exam
- Proof that you have a valid driver's license (if this is a requirement of the civil service board to be admitted to the exam)
- Proof that you meet all other requirements as posted by the civil service board to be admitted to the exam

AUTHORITY FOR RELEASE OF INFORMATION

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 EMPLOYERS, 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.

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.

DATE	SIGNATURE OF APPLICANT
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FOR USE OF CIVIL SERVICE BOARD ONLY: VERIFICATION THAT APPLICANT MEETS THE BOARD'S REQUIREMENTS

G U.S. Citizen	G Age	G Education	G Driver's License (if a requirement)	G Veteran Pref.
1. Chairman	2. Vice chairman	3.	4.	5.

BACKGROUND INFORMATION

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?

G YES G 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.

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)	LOCATION	DATES ATTENDED	DID YOU GRADUATE?	NO. OF HOURS
TITLE OF INSTRUCTION OR CLASS (ATTACH ADDITIONAL PAGES IF NECESSARY)			G YES G NO	
			G YES G NO	
			G YES G NO	
			G YES G 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 OF 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 COMPUTER PROGRAMS (SOFTWARE) WITH WHICH YOU HAVE A WORKING KNOWLEDGE:

TYPING ABILITY: _____ WPM

VETERAN'S PREFERENCE

Five-point veteran=s preference is granted to veterans who receive passing scores for an entrance class and who were discharged under honorable conditions from active duty in the U.S. Armed Forces during a war, or in a peacetime campaign or expedition for which a campaign badge has been authorized, including the following wartime periods: 06/27/50 - 01/31/55 (Korean Conflict); during the period of more than 180 consecutive days, any part of which occurred between 01/31/55 and 10/15/76 (including the Vietnam era), not including active duty for training in Reserves or National Guard; and from 08/02/90 - 01/02/92 (Gulf War). If your service began after October 15, 1976, you must have received a Campaign Badge, or Expeditionary Medal. Campaigns or expeditions for which such medals have been authorized include El Salvador, Lebanon, Granada, Panama, Southwest Asia, Somalia, Haiti, Kosovo, Bosnia and Herzegovina. Medal holders and Gulf War veterans who originally enlisted after September 7, 1980, (or began active duty on or after October 14, 1982, and have not previously completed 24 months of continuous active duty) must have served continuously for 24 months or the full period called or ordered to active duty. Note: If your DD-214 does not provide proof of entitlement for preference, you must obtain an amended DD-214 or other written documentation showing award of Armed Forces Expeditionary Medal. Should you wish to receive the veteran=s preference points, check the space provided and attach a copy of your DD-214 which verifies your qualification to receive preference.

☐ I QUALIFY FOR THE FIVE-POINT VETERAN'S PREFERENCE AS IDENTIFIED ABOVE, AND HAVE ATTACHED A COPY OF MY DD-214 OR OTHER DOCUMENTATION TO THIS APPLICATION FOR VERIFICATION PURPOSES

REQUEST FOR TESTING ACCOMMODATIONS UNDER THE AMERICANS WITH DISABILITIES ACT

If you require any special testing accommodations because of a disability which limits a major life activity, you must complete this section in order for your request to be considered.

☐ I am requesting testing accommodations under the Americans With Disabilities Act for the following disability (check box and specify disability): _____

REQUIRED DOCUMENTATION TO ATTACH TO YOUR APPLICATION: in order for this civil service board to process your ADA request, you must attach written documentation of your disability, including an assessment of accommodations which might be

What accommodations are you requesting?

WORK EXPERIENCE

Start with your present or most recent position and work back, including any military experience. Use separate blocks if you were promoted or your duties changed materially while working for the same employer. Treat each change as a separate position. For volunteer experience, use work experience blocks and disregard reference to salary. It is to your advantage to completely describe your duties in each position, placing particular emphasis on duties, tasks performed, and responsibility. Attach additional pages, if necessary.

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?	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
MO.	DAY	YR.	MO.	DAY	YR.	<input type="checkbox"/> YES <input type="checkbox"/> NO					
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?	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
MO.	DAY	YR.	MO.	DAY	YR.	<input type="checkbox"/> YES <input type="checkbox"/> NO					
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										
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MO.	DAY	YR.														
MO.	DAY	YR.														
NAME AND TITLE OF IMMEDIATE SUPERVISOR						NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED										
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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: _____ DOB: _____

PHONE: _____ AGE: _____ WEIGHT: _____ HEIGHT: _____

BLOOD PRESSURE: _____ SMOKER YES _____ NO _____

Does the above listed person have any physical condition(s) which would preclude them from participating in any of the following strenuous physical activities during the applicant process?

1.5 MILE RUN	YES _____ NO _____	HANDCUFFING EXERCISES	YES _____ NO _____
SIT - UPS	YES _____ NO _____	TAKEDOWN/HANDCUFFING	YES _____ NO _____
FIREARMS TRAINING	YES _____ NO _____	WEAPONLESS COME-ALONG	YES _____ NO _____
AEROBIC EXERCISES	YES _____ NO _____	PUNCH BLOCKING EXERCISE	YES _____ NO _____
KICKING EXERCISES	YES _____ NO _____	WEAPON RETENTION TECHNIQUES	YES _____ NO _____
ESCAPE EXERCISES	YES _____ NO _____	DOWN-FIGHTING TECHNIQUES	YES _____ NO _____
SEARCHING EXERCISES	YES _____ NO _____	OTHER STRENUOUS ACTIVITY	YES _____ NO _____

If the answer to any of the above is YES, list and explain the physical condition(s) precluding participation:

PHYSICIAN'S EVALUATION AND RECOMMENDATIONS:

Physician's Signature

Physician's Address

Date

Department Administrator's Signature / Title

Date

Applicant Signature

Name of Person to contact in case of emergency: _____

Relationship: _____

Phone: _____

Family Physician: _____

Phone: _____

WAIVER OF LIABILITY

STATE OF LOUISIANA
PARISH OF TANGIPAHOA
CITY OF HAMMOND

KNOW ALL MEN BY THESE PRESENTS:
THAT I, THE UNDERSIGNED,

_____, FOR AND IN
CONSIDERATION OF RECEIVING THE OPPORTUNITY TO PARTICIPATE IN THE HAMMOND
POLICE DEPARTMENT'S PHYSICAL FITNESS TEST, IN TANGIPAHOA PARISH AND THE CITY OF
HAMMOND AND RECOGNIZING THAT SUCH ACTIVITY INVOLVES INHERENT DANGERS, DO
HEREBY AGREE TO ASSUME THE RISKS ATTENDANT TO SUCH ACTIVITY. MOREOVER, I THE
UNDERSIGNED, BINDING MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, DO
HEREBY RELEASE THE HAMMOND POLICE DEPARTMENT, THE CITY OF HAMMOND, AGENTS
AND EMPLOYEES, IN BOTH THEIR CLAIMS, SUITS, DEMANDS OR CAUSES OF ACTION WHICH
MAY ARISE FROM MY PARTICIPATION IN THESE ACTIVITIES.

I REALIZE AND AGREE THAT WHILE PARTICIPATING IN THIS PROGRAM, I WILL NOT BE AN
AGENT, SERVANT OR EMPLOYEE OF THE HAMMOND POLICE DEPARTMENT AND
THEREFORE WILL NOT BE COVERED BY ANY WORKMEN'S COMPENSATION, DEATH OR
DISABILITY BENEFITS.

IT IS FURTHER AGREED THAT THE EXECUTION OF THIS RELEASE SHALL NOT CONSTITUTE A
WAIVER BY THE HAMMOND POLICE DEPARTMENT OF THE DEFENSE OF GOVERNMENTAL
IMMUNITY, WHERE APPLICABLE OR OTHER DEFENSES.

SIGNED, THIS ____ DAY OF

_____, 20____

Signature

Person to notify in case of emergency: _____

Relationship: _____ Phone (Day/Night) _____

STATE OF LOUISIANA
PARISH OF TANGIPAHOA
CITY OF Hammond Police Department

SIGNED AND SWORN TO BEFORE ME THIS ____ DAY OF

_____, 20____

Notary

In some cases email correspondence is the quickest, easiest, and most efficient way to facilitate the hiring process. If you are willing and would like to receive email correspondence in reference to your hiring process, please fill out the section below. Understand that when an email is sent to you in reference to a step within the hiring process, you must respond to said email for verification purposes.

Email: _____

Print Name: _____

Signature: _____