

**WALKER POLICE**  
**EMPLOYMENT APPLICATION**  
 City of Walker is an Equal Opportunity Employer

Position applying for: \_\_\_\_\_

BELOW FOR OFFICE USE ONLY
Date received in WPD: _____ / _____ / _____ <small>MO. DAY YEAR</small>
BACKGROUND INFO. FORM NOTARIZED DMV RECORD (WITHIN 1 YR FROM STATE LICENSURE) DD-214 (MEMBER #4 FORM) at time of application for past military BIRTH CERTIFICATE HIGH SCHOOL DIPLOMA OR GED CERTIFICATE APPROVED BY: _____ DATE: _____

**GENERAL INFORMATION**

- PLEASE TYPE OR PRINT IN INK.
  - TO BE CONSIDERED FOR EMPLOYMENT, COMPLETE YOUR APPLICATION IN ITS ENTIRETY, PROVIDING REQUESTED SIGNATURE (S).
  - THE WALKER POLICE DEPARTMENT MUST RECEIVE YOUR APPLICATION IN A TIMELY MANNER.
- ALL INFORMATION SUBMITTED IS SUBJECT TO VERIFICATION.
  - THE CITY OF WALKER HIRES ONLY THOSE LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES.
  - IF YOU REQUIRE SPECIAL DISABILITY ACCOMMODATIONS, INDICATE THIS IN THE APPROPRIATE AREA OF THE APPLICATION.

**APPLICANT INFORMATION**

YOUR NAME: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> <span>LAST</span> <span>FIRST</span> <span>MIDDLE</span> </small>	DOB: _____ SSN: _____ - _____ - _____
MAILING ADDRESS: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> <span>CITY</span> <span>STATE</span> <span>ZIP</span> </small>	HOME PHONE: (____) _____ WORK PHONE: (____) _____ E-mail: _____

**EDUCATION**

<b>HIGH SCHOOL</b> NAME AND ADDRESS: _____ DATE LAST ATTENDED: _____	RECEIVED: <input type="checkbox"/> DIPLOMA <input type="checkbox"/> OTHER (specify): _____ OR HIGHEST GRADE COMPLETED: _____
YOUR NAME, IF DIFFERENT, WHILE ATTENDING THIS SCHOOL: _____	

COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOL					
NAME OF SCHOOL	LOCATION	LAST DATE ATTENDED	MAJOR COURSE OF STUDY	CREDIT HOURS EARNED	DEGREE EARNED
YOUR NAME, IF DIFFERENT, WHILE ATTENDING THIS SCHOOL: _____					

JOB RELATED TRAINING OR COURSEWORK (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, MILITARY, ETC.)					
NAME OF SCHOOL	LOCATION	LAST DATE ATTENDED	COURSE OF STUDY	CREDIT HOURS EARNED	TRAINING COMPLETED?
YOUR NAME, IF DIFFERENT, WHILE ATTENDING THIS SCHOOL: _____					

**LICENSURE, REGISTRATION, CERTIFICATION**  
 (DRIVER'S LICENSE, TEACHING CERTIFICATION, RN, PE, CPA, ETC.)

NAME LICENSE, REGISTRATION OR CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	AUTHORIZING AGENCY

# PERIODS OF EMPLOYMENT

DESCRIBE YOUR WORK EXPERIENCE IN DETAIL, BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB. USE A SEPARATE BLOCK TO DESCRIBE EACH POSITION. INCLUDE MILITARY SERVICE (INDICATE RANK), JOB RELATED VOLUNTEER WORK AND NUMBER OF EMPLOYEES SUPERVISED, IF APPLICABLE. PROVIDE AN EXPLANATION OF ANY GAPS IN EMPLOYMENT. IF NEEDED, ATTACH ADDITIONAL SHEETS, USING THE SAME FORMAT AS THE APPLICATION. RESUMES ARE ACCEPTABLE AS AN ATTACHMENT TO SUPPLEMENT THE APPLICATION. HOWEVER, ALL REQUESTED INFORMATION MUST BE PROVIDED IN THIS SECTION.

NAME OF PRESENT OR LAST EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
MO. DAY YEAR MO. DAY YEAR

REASON FOR LEAVING: \_\_\_\_\_

DUTIES AND RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOUR NAME, IF DIFFERENT, WHILE EMPLOYED HERE: \_\_\_\_\_

NAME OF NEXT PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
MO. DAY YEAR MO. DAY YEAR

REASON FOR LEAVING: \_\_\_\_\_

DUTIES AND RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOUR NAME, IF DIFFERENT, WHILE EMPLOYED HERE: \_\_\_\_\_

NAME OF NEXT PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
MO. DAY YEAR MO. DAY YEAR

REASON FOR LEAVING: \_\_\_\_\_

DUTIES AND RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOUR NAME, IF DIFFERENT, WHILE EMPLOYED HERE: \_\_\_\_\_

NAME OF NEXT PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
MO. DAY YEAR MO. DAY YEAR

REASON FOR LEAVING: \_\_\_\_\_

DUTIES AND RESPONSIBILITIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

YOUR NAME, IF DIFFERENT, WHILE EMPLOYED HERE: \_\_\_\_\_

NAME OF NEXT PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_  
MO. DAY YEAR MO. DAY YEAR

REASON FOR LEAVING: \_\_\_\_\_

DUTIES AND RESPONSIBILITIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

YOUR NAME, IF DIFFERENT, WHILE EMPLOYED HERE: \_\_\_\_\_

### SKILLS

LIST SKILLS THAT YOU POSSESS AND BELIEVE TO BE RELEVANT TO THE POSITION YOU ARE APPLYING FOR:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EMPLOYMENT DISCIPLINARY HISTORY

HAVE YOU EVER BEEN DISMISSED, ASKED TO RESIGN, OR HAD ANY DISCIPLINARY ACTION TAKEN AGAINST YOU FROM ANY EMPLOYMENT OR POSITION YOU HAVE HELD?  YES  NO

IF YES, PLEASE PROVIDE THE FOLLOWING:

EMPLOYER: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON AND EXPLANATION: \_\_\_\_\_  
 \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON AND EXPLANATION: \_\_\_\_\_

<5J9 MCI CF 5BMA9A69F C: MCI F: 5A @MEVER BEEN CONVICTED OF A FELONMOR A MISDEMEANOR?  YES  NO

IF "YES", INDICATE THE CHARGES: \_\_\_\_\_

NAME OF PERSON CONVICTED: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

WHERE CONVICTED: \_\_\_\_\_ DATE OF CONVICTION: \_\_\_\_\_

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A MISDEMEANOR?  YES  NO

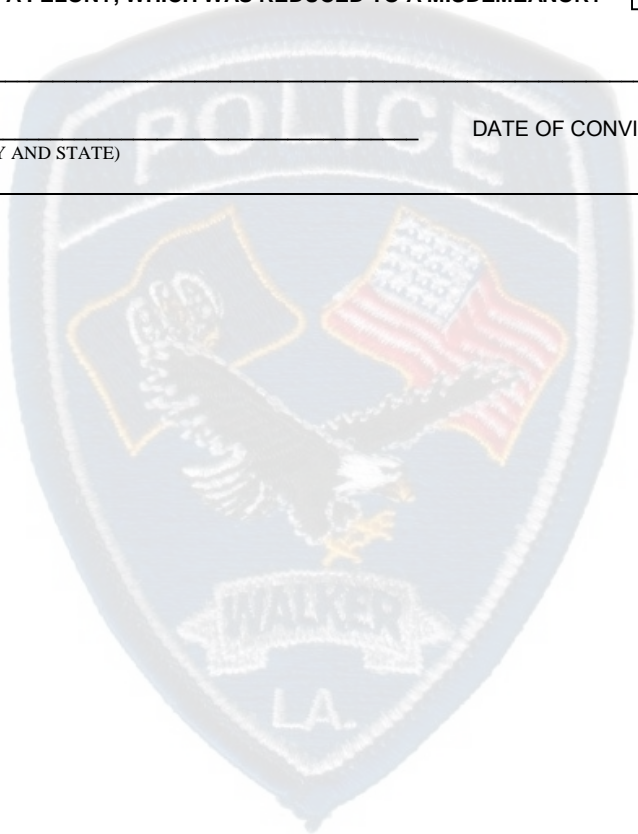
IF "YES", INDICATE THE CHARGES: \_\_\_\_\_

WHERE: \_\_\_\_\_ DATE OF CONVICTION: \_\_\_\_\_  
(CITY AND STATE)

HAVE YOU EVER BEEN CONVICTED OF A FELONY, WHICH WAS REDUCED TO A MISDEMEANOR?  YES  NO

IF "YES", INDICATE THE CHARGES: \_\_\_\_\_

WHERE: \_\_\_\_\_ DATE OF CONVICTION: \_\_\_\_\_  
(CITY AND STATE)



## Requirements

In order to qualify for the position of Police Officer applicants must:

- 1.) Be a minimum of 20 years, and six months of age.
- 2.) Have a high school diploma or a general education development certificate.
- 3.) Have a valid driver's license.
- 4.) Have an Honorable Discharge if the applicant is a veteran of the Armed Forces
- 5.) Be a U. S. Citizen.

## Automatic Disqualifiers

The following automatic disqualifiers will cause the processing of the applicant to be immediately discontinued:

### Criminal Record:

- 1.) Conviction of any felony.
- 2.) Conviction of any offense involving moral turpitude, including larceny, concealment, bad checks, embezzlement, perjury.
- 3.) Conviction of a domestic violence offense.

### Driving Record:

- 1.) Current driver's license suspension.
- 2.) Driver's license suspension within past 12 months because of moving violations.
- 3.) Conviction of drunk driving or driving under the influence within the past five years.
- 4.) Conviction of a misdemeanor hit and run.
- 5.) Extensive traffic violation convictions, e.g., three convictions within one year prior to application date.

### Drug Usage:

- 1.) Any use of opiates (heroin, cocaine, morphine, methadone, etc.) or any illegal hallucinogen (e.g., LSD, MDA, etc.).
- 2.) Any substantiated illegal act, including the possession, sale, manufacture or distribution of any narcotic controlled substance or dangerous drug, as defined by state or federal law, except the use of marijuana which is evaluated on the frequency of use.
- 3.) Frequent use of marijuana, e.g., 10 times within two years.
- 4.) Any illegal use of a drug or substance within 12 months before submitting an application or any time thereafter.

### Military:

- 1.) Dishonorable discharge from the military.
- 2.) Bad conduct discharge from the military.

# BACKGROUND INFORMATION SUPPLEMENT DETAIL

## INSTRUCTIONS

THIS PORTION OF THE EMPLOYMENT APPLICATION MUST BE TYPEWRITTEN OR PRINTED LEGIBLY IN INK. ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION IS NOT APPLICABLE, INDICATE "N/A". APPLICATIONS THAT ARE NOT COMPLETE AND LEGIBLE WILL IMPACT FURTHER PROCESSING. IF SPACE PROVIDED IS NOT SUFFICIENT FOR COMPLETE ANSWERS, OR YOU WISH TO FURNISH ADDITIONAL INFORMATION, USE THE SPACE PROVIDED ON THE LAST PAGE, OR ATTACH SHEETS OF THE SAME SIZE AS THIS APPLICATION, CITING THE QUESTION NUMBER AND SPECIFIC QUESTION.

THE FOLLOWING ADDITIONAL DOCUMENTS, IF APPLICABLE, SHOULD ACCOMPANY THIS APPLICATION:

- ▶ COPY OF CERTIFICATE OR COLLEGE TRANSCRIPT
- ▶ COPY OF CURRENT CREDIT REPORT
- ▶ UP TO DATE COLOR PHOTO ID
- ▶ COPY OF OTHER TRAINING CERTIFICATES
- ▶ COPY OF MOTOR VEHICLE LICENSE

## 1. PERSONAL HISTORY

LIST ALL NAMES YOU HAVE USED. INCLUDING NICKNAMES. IF FEMALE. PROVIDE MAIDEN NAME.

FULL NAME:				
LAST	FIRST	MIDDLE	NICKNAME	MAIDEN
IF YOU EVER USED ANY SURNAME OTHER THAN YOUR TRUE NAME, DURING WHAT PERIOD AND UNDER WHAT CIRCUMSTANCES WAS THIS NAME (S) USED?				
HAVE YOU EVER LEGALLY CHANGED YOUR NAME (OTHER THAN MARRIAGE)?    YES    NO				
IF YES, INDICATE THE FOLLOWING:    _____				
DATE	PLACE	COURT		
DATE OF BIRTH: _____ PLACE OF BIRTH: _____				
MOTOR VEHICLE OPERATOR (DRIVER'S) LICENSE #: _____ DATE ISSUED: _____ STATE: _____				
HAS YOUR LICENSE EVER BEEN SUSPENDED?    YES    NO    IF YES, PROVIDE DATES AND DETAILS: _____				
_____				
HAVE YOU HAD ANY TRAFFIC CITATIONS IN THE PAST 7 YEARS?    YES    NO    IF YES, PROVIDE DATES AND DETAILS: _____				
_____				

## 2. PRESENT MARITAL STATUS

IF PREVIOUSLY MARRIED OR DIVORCED. ATTACH AN ADDITIONAL SHEET REFLECTING DATE AND PLACE.

SINGLE	MARRIED (DATE: _____)	WIDOWED (DATE: _____)	DIVORCED (DATE: _____)	SEPARATED
MARRIED TO (IF FEMALE, MAIDEN NAME): _____ PLACE: _____				
DIVORCED FROM (IF FEMALE, MAIDEN NAME): _____ PLACE: _____ COURT: _____				
NUMBER OF CHILDREN: _____				



### 3. PAST RESIDENCES

CHRONOLOGICALLY LIST ALL OF YOUR RESIDENCES FOR THE PAST 10 YEARS. INCLUDE ADDRESSES WHILE ATTENDING SCHOOL, IF AWAY FROM HOME.

DATES		APT. #	STREET ADDRESS, RFD, P.O. BOX, ETC.	CITY	STATE	ZIP CODE
FROM (MM/YY)	TO (MM/YY)					

### 4. PUBLIC SAFETY EMPLOYMENT INQUIRIES

HAVE YOU APPLIED FOR EMPLOYMENT IN THE FIELD OF PUBLIC SAFETY WITH ANY OTHER ORGANIZATION WITHIN THE PAST 5 YEARS THAT IS NOT LISTED AS A PAST EMPLOYER?  YES  NO

IF YES, PROVIDE THE FOLLOWING:

NAME OF ORGANIZATION	POSITION	DATE APPLIED
NAME OF ORGANIZATION	POSITION	DATE APPLIED

HAVE YOU EVER BEEN DENIED EMPLOYMENT WITH A LAW ENFORCEMENT AGENCY?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

### 5. PUBLIC SAFETY EXPERIENCE

CHRONOLOGICALLY LIST POSITIONS YOU HAVE HELD IN THE FIELD OF PUBLIC SAFETY, BEGINNING WITH PRESENT OR MOST RECENT EMPLOYMENT. BE SPECIFIC IN DESCRIBING THE PRIMARY DUTIES AND RESPONSIBILITIES OF EACH POSITION.

NAME OF EMPLOYER	FROM: ____/____/____	TO: ____/____/____	
	MO. DAY YEAR	MO. DAY YEAR	
ADDRESS	( )	PHONE	
JOB TITLE	HOURS PER WEEK		
NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING		
DUTIES AND RESPONSIBILITIES: _____			
YOUR NAME, IF DIFFERENT, WHILE EMPLOYED HERE: _____			

NAME OF EMPLOYER	FROM: ____/____/____	TO: ____/____/____	
	MO. DAY YEAR	MO. DAY YEAR	
ADDRESS	( )	PHONE	
JOB TITLE	HOURS PER WEEK		
NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING		
DUTIES AND RESPONSIBILITIES: _____			
YOUR NAME, IF DIFFERENT, WHILE EMPLOYED HERE: _____			

## 6. REFERENCES

PROVIDE 3 REFERENCES (NOT INCLUDING RELATIVES, FORMER EMPLOYERS, FELLOW EMPLOYEES OR SCHOOL TEACHERS) WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING WITHIN THEIR COMMUNITY WHO HAVE KNOWN YOU WELL DURING THE PAST 5 YEARS:

NAME:	SEX:	HOME PHONE:	EMPLOYER/OCCUPATION:
RESIDENCE ADDRESS :	AGE:	BUSINESS PHONE:	BUSINESS ADDRESS:
CITY / STATE / ZIP:	YEARS KNOWN:	OTHER PHONE:	BUSINESS CITY / STATE / ZIP:
NAME:	SEX:	HOME PHONE:	EMPLOYER/OCCUPATION:
RESIDENCE ADDRESS :	AGE:	BUSINESS PHONE:	BUSINESS ADDRESS:
CITY / STATE / ZIP:	YEARS KNOWN:	OTHER PHONE:	BUSINESS CITY / STATE / ZIP:
NAME:	SEX:	HOME PHONE:	EMPLOYER/OCCUPATION:
RESIDENCE ADDRESS :	AGE:	BUSINESS PHONE:	BUSINESS ADDRESS:
CITY / STATE / ZIP:	YEARS KNOWN:	OTHER PHONE:	BUSINESS CITY / STATE / ZIP:

PROVIDE 3 PAST OR PRESENT NEIGHBORS:

NAME:	SEX:	HOME PHONE:	EMPLOYER/OCCUPATION:
RESIDENCE ADDRESS :	AGE:	BUSINESS PHONE:	BUSINESS ADDRESS:
CITY / STATE / ZIP:	YEARS KNOWN:	OTHER PHONE:	BUSINESS CITY / STATE / ZIP:
NAME:	SEX:	HOME PHONE:	EMPLOYER/OCCUPATION:
RESIDENCE ADDRESS :	AGE:	BUSINESS PHONE:	BUSINESS ADDRESS:
CITY / STATE / ZIP:	YEARS KNOWN:	OTHER PHONE:	BUSINESS CITY / STATE / ZIP:
NAME:	SEX:	HOME PHONE:	EMPLOYER/OCCUPATION:
RESIDENCE ADDRESS :	AGE:	BUSINESS PHONE:	BUSINESS ADDRESS:
CITY / STATE / ZIP:	YEARS KNOWN:	OTHER PHONE:	BUSINESS CITY / STATE / ZIP:

## 7. MILITARY RECORD

COMPLETE THIS SECTION IF YOU HAVE EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES:

BRANCH:	SERIAL NUMBER:	HIGHEST RANK ATTAINED:	DATES OF ACTIVE DUTY:
DISCHARGE TYPE:		MEMBER OF RESERVE:	YES   NO   READY   STANDBY
BASIS:		SERVICE BRANCH:	
SEPARATION CENTER:		NATIONAL GUARD:	PRESENT   FORMER   STANDBY
ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE SERVICE?   YES   NO   IF YES, DATE:   PLACE:			
NATURE OF OFFENSE:		ACTION TAKEN:	



## 8. CREDIT RECORD

IF EMPLOYED BY THE CITY OF WALKER, WILL YOU HAVE ANY OTHER SOURCES OF INCOME?    YES    NO    IF YES, EXPLAIN:			
HAS YOUR CREDIT RECORD (INCLUDING SPOUSE) EVER BEEN CONSIDERED UNSATISFACTORY, OR HAVE YOU EVER BEEN REFUSED CREDIT?    YES    NO    IF YES, PROVIDE NAMES OF CREDITORS, DATES, PLACES AND CIRCUMSTANCES:			
ARE YOU OR YOUR SPOUSE INDEBTED TO ANYONE?    YES    NO    IF YES, LIST DEBTS OVER \$500:			
CREDITOR: _____	ACCOUNT#: _____	LOCATION OF ACCOUNT: _____	AMOUNT: \$ _____
CREDITOR: _____	ACCOUNT#: _____	LOCATION OF ACCOUNT: _____	AMOUNT: \$ _____
LIST ALL DEBTS THAT ARE PAST DUE. INDICATE NUMBER OF PAYMENTS PAST DUE AND AMOUNT OF EACH PAYMENT, ACCOUNT NUMBER AND LOCATION OF ACCOUNT:			
CREDITOR: _____	ACCOUNT#: _____	LOCATION OF ACCOUNT: _____	PAYMENTS DUE: _____ AMOUNT: \$ _____
CREDITOR: _____	ACCOUNT#: _____	LOCATION OF ACCOUNT: _____	PAYMENTS DUE: _____ AMOUNT: \$ _____
			TOTAL AMOUNT PAST DUE: \$ _____

## 9. COURT RECORD

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL VIOLATION?    YES    NO    IF YES, PROVIDE:

DATE:	PLACE:	AGENCY:	CHARGE:	DISPOSITION:
DETAILS:				
DATE:	PLACE:	AGENCY:	CHARGE:	DISPOSITION:
DETAILS:				
DATE:	PLACE:	AGENCY:	CHARGE:	DISPOSITION:
DETAILS:				

## 10. RELATIVES EMPLOYED BY THE CITY OF WALKER

LIST THE COMPLETE NAMES OF ANY OF YOUR RELATIVES (INCLUDING IN-LAWS) WHO ARE EMPLOYED BY THE CITY OF WALKER:

COMPLETE NAME	RELATION	DEPARTMENT	POSITION TITLE

## 11. ORGANIZATIONAL MEMBERSHIP

LIST ALL CLUBS, SOCIETIES OR ORGANIZATIONS WITH WHICH YOU HAVE BEEN OR CURRENTLY ARE A MEMBER:

ORGANIZATION	CITY/STATE	STATUS		POSITION HELD OR EXTENT OF ACTIVITY
		FORMER	CURRENT	
		FORMER	CURRENT	
		FORMER	CURRENT	
		FORMER	CURRENT	

ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY OF THE U.S.A. OR ANY COMMUNIST OR FASCIST ORGANIZATION?      YES    NO

HAVE YOU OR ANY FAMILY MEMBER EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, SUBVERSIVE OR WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OR FORCE OR VIOLENCE TO DENY OTHER PERSONS OF THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?      YES    NO

IF YES TO EITHER OF THE ABOVE, EXPLAIN FULLY: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 12. DRUGS – SUBSTANCES

HAVE YOU EVER TRIED OR EXPERIMENTED WITH ANY ILLEGAL DRUGS OR SUBSTANCES SUCH AS:

MARIJUANA, HASHISH, COCAINE, HALLUCINOGEN, HEROIN, STEROIDS, SPEED, ETC.?      YES    NO

IF THE ANSWER TO ANY OF THE ABOVE IS "YES," PLEASE COMPLETE SECTION BELOW:

	Date first time used	Date last time used	Total approximate uses
MARIJUANA			
HASHISH			
COCAINE			
HALLUCINOGEN			
HEROIN			
STEROIDS			
SPEED			
OTHER			

**EXPLAIN/COMMENTS:**

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

\*NOTE: WILLFUL CONCEALMENT OR FALISFICATION OF DRUG USE WILL BE GROUNDS FOR REJECTION OF YOUR APPLICATION OR FOR DISMISSAL FROM CITY EMPLOYMENT.

# 13. CERTIFICATION

## PRIVACY ACT NOTICE

THE PRINCIPAL PURPOSE OF EMPLOYMENT FORMS IS TO COLLECT INFORMATION NEEDED TO DETERMINE QUALIFICATIONS, AND AVAILABILITY OF APPLICANTS FOR CITY EMPLOYMENT, AND OF CURRENT CITY EMPLOYEES FOR RECLASSIFICATION, TRANSFER, PROMOTION OR DEMOTION. YOUR COMPLETED EMPLOYMENT FORMS MUST BE USED TO EXAMINE, RATE, AND/OR ASSESS YOUR QUALIFICATIONS; TO DETERMINE IF YOU ARE ENTITLED TO EMPLOYMENT UNDER CERTAIN LAWS AND REGULATIONS, AND ANY APPLICABLE RESIDENCE REQUIREMENTS; AND TO CONTACT YOU CONCERNING ANY AVAILABILITY AND/OR AN INTERVIEW. ALL OR PART OF YOUR COMPLETED EMPLOYMENT FORMS MAY BE DISCLOSED OUTSIDE THE DEPARTMENT OF HUMAN RESOURCES OFFICE TO:

1. CITY AGENCIES UPON A REQUEST FOR A LIST OF ELIGIBLES TO CONSIDER FOR EMPLOYMENT, REINSTATEMENT, TRANSFER, PROMOTION OR DEMOTION.
2. CITY AGENCY INVESTIGATORS TO DETERMINE YOUR SUITABILITY FOR CITY EMPLOYMENT.
3. FEDERAL, STATE, OR LOCAL AGENCIES TO CREATE OTHER PERSONNEL RECORDS AFTER YOU HAVE BEEN EMPLOYED BY THE CITY OF WALKER.
4. APPROPRIATE FEDERAL, STATE, OR LOCAL LAW ENFORCEMENT AGENCIES CHARGED WITH THE RESPONSIBILITY OF INVESTIGATING A VIOLATION OF THE LAW.
5. A REQUESTING FEDERAL, STATE, OR LOCAL AGENCY TO THE EXTENT THE INFORMATION IS RELEVANT TO THE REQUESTING AGENCY'S DECISION.
6. ANYONE REQUESTING STATISTICAL INFORMATION (WITHOUT YOUR PERSONAL IDENTIFICATION) AND FOR STATISTICAL REPORTING WITHIN THE CONFINES OF WALKER.
7. ANY REQUESTING INFORMATION SYSTEM AFTER OBTAINING YOUR VOLUNTARY RELEASE AND THE REQUESTING COMPANY'S ASSURANCE FOR THE INFORMATION'S PROTECTION.
8. PERSONS, FIRMS OR AGENCIES ASSERTING CLAIMS OR SUITS AGAINST THE CITY, AND TO PUBLIC AGENCIES CONDUCTING INVESTIGATIONS INTO CITY OPERATIONS, AND TO COURTS, WHEN REQUIRED BY LAW.

## SOCIAL SECURITY NUMBER

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER (SSN) IS MANDATORY TO OBTAIN THE SERVICES, BENEFITS, OR PROCESSES THAT YOU ARE SEEKING. SOLICITATION OF THE SSN BY THE DEPARTMENT OF HUMAN RESOURCES IS AUTHORIZED UNDER THE PROVISIONS OF THE SOCIAL SECURITY ACT.

## CERTIFICATION

I CERTIFY THAT THE INFORMATION SUPPLIED BY ME IN THIS APPLICATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ANY MISSTATEMENT OR OMISSION OF MATERIAL FACTS SHALL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO ANY CONSIDERATION FOR EMPLOYMENT, OR CONTINUED EMPLOYMENT, TRANSFER, OR PROMOTION IN THE SERVICE OF THE CITY OF WALKER. I WILL NOTIFY THE DEPARTMENT OF HUMAN RESOURCES OF ANY CHANGE OF ADDRESS AND FURTHER UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN MY NAME BEING REMOVED FROM FURTHER CONSIDERATION. ANY INFORMATION REGARDING FORMER OR CURRENT EMPLOYMENT WITH THE CITY OF WALKER MAY BE RELEASED TO NECESSARY INDIVIDUALS FOR THE SOLE PURPOSE OF DETERMINING MY ELIGIBILITY FOR REEMPLOYMENT, TRANSFER, OR PROMOTION. PERMISSION IS GRANTED TO CONTACT MY PRESENT AND PREVIOUS EMPLOYERS FOR INFORMATION CONCERNING MY EMPLOYMENT HISTORY. I ALSO UNDERSTAND THAT I MAY BE REQUIRED TO FURNISH NAMES OF CHARACTER REFERENCES.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## THE CITY OF WALKER HIRES ONLY U.S. CITIZENS AND LAWFULLY AUTHORIZED ALIEN WORKERS

I HEREBY CERTIFY, ATTEST AND AFFIRM, UNDER THE PENALTY OF PERJURY, THAT I AM A CITIZEN OF THE UNITED STATES, I UNDERSTAND AND AGREE THAT IF SELECTED FOR EMPLOYMENT, I MUST PROVIDE DOCUMENTATION VERIFYING MY IDENTITY AND EMPLOYMENT ELIGIBILITY AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT, PRIOR TO DATE OF HIRE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

I CERTIFY THAT I HAVE READ (OR HAD READ TO ME) THE CLASS SPECIFICATIONS AND POSTED REQUIREMENTS FOR THIS POSITION, AND THAT I AM FULLY CAPABLE OF PERFORMING ALL THE ESSENTIAL FUNCTIONS OF THE POSITION (WITH) (WITHOUT) ANY ACCOMMODATION. (CIRCLE ONE)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

IF YOU WILL NEED ONE OR MORE ACCOMMODATION(S) IN ORDER TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION, PLEASE LIST AND EXPLAIN ALL NECESSARY ACCOMMODATIONS BELOW:

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14. APPLICATION SUPPLEMENT

USE THIS AREA TO PROVIDE ADDITIONAL INFORMATION, COMMENTS OR REMARKS

Thank you for your interest in employment with the City of WALKER.



This section will be detached upon application receipt by Human Resources.

EEO/AFFIRMATIVE ACTION DATA

PROVIDING THIS INFORMATION IS NOT MANDATORY. HOWEVER, IT IS REQUESTED IN ORDER TO PROVIDE STATISTICAL DATA IN MONITORING AND ENSURING THE CITY OF WALKER'S COMMITMENT TO EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION.

POSITION APPLIED FOR: \_\_\_\_\_ SEX:      MALE      FEMALE

☐☐☐☐☐ THE RACIAL OR ETHNIC GROUP WITH WHICH YOU IDENTIFY :

- WHITE
- BLACK, AFRICAN-AMERICAN
- SPANISH/HISPANIC/LATINO
- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN/PACIFIC ISLANDER/INDIAN
- OTHER, PLEASE INDICATE RACE:

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## CHECKLIST OF ADDITIONAL DOCUMENTS

PRIOR TO SUBMITTING THIS APPLICATION PACKET,  
PLEASE BE SURE YOU HAVE INCLUDED THE FOLLOWING DOCUMENTS:

- ✓ Copy of birth certificate
- ✓ Copy of high school diploma or GED certificate
- ✓ Copy of driver's license
- ✓ Department of Motor Vehicles Driving Record  
(within 1 year from being state licensed)
- ✓ DD214 (Member #4 Form) at time of application for past military,  
or within 90 days of application for current active military (if applicant ever served  
in the military)
- ✓ *Release of Information* form notarized prior to application submission
- ✓ Voter's Registration Card

### ADDITIONAL DOCUMENTS

- ✓ Copy of certificate or college transcript
- ✓ Copy of Up-To-Date Color Photo
- ✓ Copy of Current Credit Report
- ✓ Copy of other training certificates

Important Note:

If any of the above documents are missing from your application, further processing of your application will be suspended until the necessary documents are received by Walker Police Department.

Thanks in advance for including this information with your application!



THE GUN CONTROL ACT OF 1968 WAS AIMED 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 upon 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 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 or battery) if the offense is committed by one of the defined parties. This is true whether or not the State statute or local ordinances specifically defines the offense as a domestic violence misdemeanor. For example, a person convicted of a 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 jurisdiction provides for the loss of civil liberties under such 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.

SIGNATURE: \_\_\_\_\_

PRINT YOUR NAME: \_\_\_\_\_

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

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

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

DOCKET/CLASS NUMBER: \_\_\_\_\_

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

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





# Walker Police Department

P.O. Box 988  
Walker, Louisiana 70785  
Phone 225-664-3125 Fax 225-664-6470  
www.walkerpd.org



**David Addison**  
Chief of Police

**Kenath Black**  
Asst. Chief of Police

## AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, and Medical Association.

U.S. Armed Forces, Maritime Services, Veterans Association

Any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any: School, College, University, Business School, Trade School, High School or Elementary School.

Any local, State or Federal Law Enforcement Agency  
Any Past or Present Employer  
Credit Bureau or Retail Merchants Association  
U.S. Selective Service System

I, \_\_\_\_\_ Address: \_\_\_\_\_  
have applied for employment with Police Department of the City of Walker, Louisiana. I am aware that my entire background is to be thoroughly investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the Walker Police Department upon presentation of this release or copy thereof.

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.

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

Social Security No. \_\_\_\_\_

Given under my hand, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

State of \_\_\_\_\_  
City of \_\_\_\_\_, TO WIT:

This Day, \_\_\_\_\_, personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Signature  
(Seal Requested)