



CITIZENS POLICE ACADEMY

SHREVEPORT POLICE DEPARTMENT

NAME: _____
Last First Middle

ADDRESS: _____
Number Street City State Zip

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NUMBER #: ____-____-____ Married: Yes
(Optional) No

RACE: _____ MALE FEMALE

La. Driver's License #: _____ & Expiration Date: ____/____/____

Is this license currently valid?: Yes No Do you have reliable transportation?: Yes No

HOME PHONE #: ____-____-____ WORK PHONE #: ____-____-____

Please list and explain an other names you have used:

Name	Explanation

Educational Background:

High School Diploma / GED: Where:	
Vocational / Trade School: Where:	Field of Study:
College:	Degree Received:
College:	Degree Received:

Work Experience:

	EMPLOYER	ADDRESS	SUPERVISOR	DUTIES	FROM/TO
1					
2					
3					
4					

Have you ever used or tried any narcotic drugs without a doctor's prescription? Yes No

Have you ever committed felony or misdemeanor? Yes No

Have you ever been arrested and/or convicted of a felony or misdemeanor? Yes No

Is there anything in your past which might disqualify you? Yes No

If Yes, describe briefly: _____

List two personal references other than family members:

	NAME	ADDRESS	PHONE	RELATIONSHIP
1				
2				

In case of emergency, please contact:

	NAME	PHONE	RELATIONSHIP
1		Home: Cell: Work:	
2		Home: Cell: Work:	

Do you have medical insurance? Yes No

Name of Insurance Company: _____ Policy Number: _____

I am willing to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

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

Printed Name: _____

Signature: _____ Date: _____



Shreveport Police Department
Willie L. Shaw, Jr.
Chief of Police

PERSONAL INQUIRY RELEASE
(Authority for the release of information)

To Whom It May Concern:

I respectfully request and authorize any and all information of a confidential or privileged nature to be furnished or released to the Shreveport Police Department. This information is to be used to assist in determining my qualifications for the position applied for.

I hereby release you and any members of your organization from liability or damage which may result from the information furnished.

X _____
(Applicant's Printed Name and Date)

X _____
(Applicant's Signature and Date)

(Date of Birth)

(Social Security Number)

X _____
(Program Coordinator's Signature)

X _____
(Witness)

GENDER : Male Female

RACE : Asian Black Hispanic White Other _____