

INSTRUCTION SHEET
PLEASE READ THOROUGHLY

City of Bossier City

Civil Service information at:
<https://ose.louisiana.gov>

Your interest in the Bossier City Police Department is greatly appreciated. In an effort to secure employees with high levels of honesty, integrity, and moral character, we provide you with this set of instructions for completing an application for employment. Read and follow these instructions carefully and precisely.

FAILURE TO COMPLY WITH SAME WILL RESULT IN REJECTION OF YOUR APPLICATION.

Requirements for Submitting Application for Competitive Examination:

1. Please type or fill out the application in ink and in your own best handwriting.
2. Answer **fully** every question that applies to you. WHEN YOU ARE ASKED FOR AN ADDRESS, BE SURE TO SUPPLY THE COMPLETE MAILING ADDRESS, INCLUDING THE ZIP CODE. Sign and date the application.
3. Notice to an applicant: To be considered for admission to the examination, you **must** attach a copy of the following documents to your application before you return it. **BOSSIER CITY POLICE DEPARTMENT PERSONNEL WILL NOT MAKE PHOTO STATIC COPIES FOR YOU.**

- A. **Proof of United States Citizenship and proof of age: Birth Certificate if born in the United States, Certificate of Naturalization or U. S. Passport**
- B. **Copy of High School Diploma or GED Equivalency Certificate issued by a State Department of Education**
- C. **Copy of Valid Driver's License**
- D. **Social Security Card**
- E. **Form DD-214, if you have prior military service**

DO NOT ATTACH ANYTHING ELSE TO YOUR APPLICATION (EXCEPT GRADE TRANSFER LETTER FOR POLICE OFFICER EXAM OR LOUISIANA P.O.S.T. CERTIFICATE, IF YOU HAVE ONE). **This means no resumes, college transcripts, training certificates, etc.**

4. You must provide the names, **complete mailing addresses, and email addresses** of three (3) personal references, not to be relatives or employers on the sheet provided. Please include the length of time you have known each reference and the line of work in which each is employed. Applicant background checks are accomplished by mail; therefore, it is imperative that you supply complete mailing addresses.
5. If you answer yes to a criminal conviction (felony or misdemeanor), attach a signed statement to your application giving complete details, including the date, place, charge, outcome, and a full explanation of the circumstances for each and every instance. In reference to this matter, you should be advised that the Bossier City Police Department routinely checks out applicants.

6. In order to avoid imposing on your time, please note the following:

A. If you have been discharged from military service and received a dishonorable discharge, the Board's general policy is not to accept such applicants.

B. It is the policy of this Department not to hire individuals who have recently used illegal drugs or narcotics.

7. You must sign a Personal Inquiry Waiver for release of personal information and return it with your completed application. Sign the form, date it, and have someone witness your signature.

8. If you have a current application on file, it **shall be the responsibility of the applicant to notify the Bossier City Police Department of any change in address or telephone number.**

YOU WILL BE NOTIFIED BY MAIL OF WHEN AND WHERE THE CIVIL SERVICE EXAMINATION WILL BE GIVEN.

*****Civil Service testing information (including study guides for all positions) and scheduling information can be obtained at the following State Civil Service website:
<https://ose.louisiana.gov/>**

Unless otherwise specified, all requirements must be met before admission to the examination.

Requirements for Police Officer – starting salary of \$3,548. – Plus incentives

Must meet all requirements of the Municipal Fire and Police Civil Service Law, including being a citizen of the United States.

Must be not less than 21 years of age at the time of the deadline of the official advertising period for the position.

Must have a high school diploma or a valid certificate of equivalency issued by a state department of education.

Must have a valid driver's license.

Prior to beginning work, must obtain a valid Louisiana driver's license.

After an offer of employment, but before beginning work, must pass a medical examination prepared & administered by the Appointing Authority, designed to demonstrate good health and physical fitness sufficient to perform the essential duties of the position, with or without accommodation.

Requirements for Jailer I – starting salary of \$3,548. – Plus incentives

Must meet all requirements of the Municipal Fire and Police Civil Service Law, including being a citizen of the United States.

Must be not less than 21 years of age at the time of the deadline of the official advertising period for the position.

Must have a high school diploma or a valid certificate of equivalency issued by a state department of education.

Must have a valid driver's license.

Prior to beginning work, must obtain a valid Louisiana driver's license.

After an offer of employment, but before beginning work, must pass a medical examination prepared & administered by the Appointing Authority, designed to demonstrate good health and physical fitness sufficient to perform the essential duties of the position, with or without accommodation.

Requirements for Police Communications Officer – starting salary of \$3,500. – Plus incentives

Must meet all requirements of the Municipal Fire and Police Civil Service Law, including being a citizen of the United States.

Must be not less than 18 years of age at the time of the deadline of the official advertising period for the position.

Must have a high school diploma or a valid certificate of equivalency issued by a state department of education.

Must have a valid driver's license.

Prior to beginning work, must obtain a valid Louisiana driver's license.

After an offer of employment, but before beginning work, must pass a medical examination prepared & administered by the Appointing Authority, designed to demonstrate good health and physical fitness sufficient to perform the essential duties of the position, with or without accommodation.

The Information Below Applies ONLY To Police Officer Applications:

In order to be eligible for employment as a Bossier City Police Officer, you must have a passing score on the Police Officer Civil Service Exam. The Office of State Examiner will administer this exam at regional locations throughout the state. The applicant will apply directly to their office through the OSE website (<https://ose.louisiana.gov/>) during a 10 day posting period. The information on how to apply will be on the website under the "Competitive Applications" tab. This link will take you to the page with information on how to apply to take the entry-level Police Officer exam.

This application should be filled out and submitted to the email address provided on the link. This will be the **ONLY** way to submit an application to take the exam. Applications by mail will not be accepted. Applications will only be accepted during the 10 day posting period. Applications received before or after the 10 day posting period will be automatically rejected.

Applicants will receive notification of acceptance to take the exam 5 days prior to the test date via email provided on the application. This is also how each applicant will receive the test score.

The Office of State Examiner suggests that interested applicants check the OSE website weekly for new exam dates coming in the future. Additional information concerning this process is available on the website.

When you receive the score on your exam, attach it to the application for employment at the Bossier City Police Department.

Only Applications With A Civil Service Grade Score Attached Will Be Accepted For The Position of Police Officer.

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APPLICATION FOR COMPETITIVE EXAMINATION

FIRE AND POLICE CIVIL SERVICE BOARD

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) () _____			EMAIL ADDRESS: _____		
OFFICE TELEPHONE NUMBER (WITH AREA CODE) () _____					
CELL TELEPHONE NUMBER (WITH AREA CODE) () _____					
SOCIAL SECURITY NUMBER:			DATE OF BIRTH (MONTH/DATE/YEAR):		
ARE YOU A CITIZEN OF THE UNITED STATES?			DRIVER'S LICENSE NO: _____ STATE: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO			EXPIRATION DATE: _____		
EXAMINATION FOR WHICH YOU ARE APPLYING (FILE A SEPARATE APPLICATION FOR EACH EXAMINATION)					
RACE/SEX INFORMATION					
<p>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.</p>					
<input type="checkbox"/> Male <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Female <input type="checkbox"/> Other: _____					
SPECIAL INSTRUCTIONS FOR DOCUMENTATION YOU MUST ATTACH					
<p>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:</p> <p>Proof that you are a citizen of the United States (Birth Certificate, US Passport, or Certificate of Naturalization)</p> <p>Proof that you meet the age requirement of the civil service board (Birth Certificate)</p> <p>Proof that you meet the education requirement as posted by the civil service board to be admitted to the exam</p> <p>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)</p> <p>Proof that you meet all other requirements as posted by the civil service board to be admitted to the exam</p>					
AUTHORITY FOR RELEASE OF INFORMATION					
<p>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.</p> <p>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.</p>					
DATE		SIGNATURE OF AP APPLICANT			

FOR USE OF CIVIL SERVICE BOARD ONLY				
VERIFICATION THAT APPLICANT MEETS THE BOARD'S REQUIREMENTS				
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Age	<input type="checkbox"/> Education	<input type="checkbox"/> Driver's license (if a requirement)	<input type="checkbox"/> 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?

YES 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)

YES

NO

YES

NO

YES

NO

YES

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)

NAME OF LICENSE OR 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

NO. 1

NO. 2

NO. 3

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 during the period April 28, 1952, through July 1, 1955, or for more than 180 consecutive days, other than for training, any part of which occurred after January 31, 1955, and before October 15, 1976; or during the Gulf War from August 2, 1990, through January 2, 1992; or for more than 180 consecutive days, other than for training, any part of which occurred during the period beginning September 11, 2001, and ending on August 31, 2010, the last day of Operation Iraqi Freedom; or in a campaign or expedition for which a campaign medal has been authorized. Any Armed Forces Expeditionary medal or campaign badge, including El Salvador, Lebanon, Grenada, Panama, Southwest Asia, Somalia, Haiti, Kosovo, Bosnia, and Herzegovina qualifies for preference. A campaign medal holder or Gulf War veteran who originally enlisted after September 7, 1980, (or began active duty on or after October 14, 1982, and has 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. The 24-month service requirement does not apply to 10-point preference eligible separated for disability incurred or aggravated in the line of duty, or to veterans separated for hardship or other reasons under 10 U.S.C. 1171 or 1173. 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 (checkbox 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 appropriate to compensate for your disability in a testing environment, prepared by a doctor, psychologist, rehabilitation counselor, occupational or physical therapist, or other professional with knowledge of your functional limitations.

What accommodations are you requesting?

- Extra Time Reader Private Room Scribe Other: _____

WORK EXPERIENCE

INSTRUCTIONS FOR COMPLETING SECTION ON 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.

NAME AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS		
TELEPHONE NUMBER (WITH AREA CODE)						TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT				WAS THIS FULL-TIME EMPLOYMENT?		AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
FROM:		TO:		<input type="checkbox"/> YES <input type="checkbox"/> NO				
MO.	DAY	YR.	MO.					
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			
TELEPHONE NUMBER (WITH AREA CODE)						TITLE OF YOUR POSITION			
DATES OF EMPLOYMENT						WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
FROM:		TO:				<input type="checkbox"/> YES <input type="checkbox"/> NO			
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 AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS			
TELEPHONE NUMBER (WITH AREA CODE)						TITLE OF YOUR POSITION			
DATES OF EMPLOYMENT						WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
FROM:		TO:				<input type="checkbox"/> YES <input type="checkbox"/> NO			
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 AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS								
						TELEPHONE NUMBER (WITH AREA CODE)						TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT						WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			AVERAGE NUMBER OF HOURS WORKED PER WEEK:		BEGINNING SALARY		ENDING SALARY	
FROM:		TO:												
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 AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS								
						TELEPHONE NUMBER (WITH AREA CODE)						TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT						WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			AVERAGE NUMBER OF HOURS WORKED PER WEEK:		BEGINNING SALARY		ENDING SALARY	
FROM:		TO:												
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 AND COMPLETE ADDRESS OF EMPLOYER				TYPE BUSINESS		
TELEPHONE NUMBER (WITH AREA CODE)				TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT			WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
FROM:		TO:				
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 AND COMPLETE ADDRESS OF EMPLOYER				TYPE BUSINESS		
TELEPHONE NUMBER (WITH AREA CODE)				TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT			WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
FROM:		TO:				
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)



CITY OF BOSSIER CITY
POLICE DEPARTMENT
P.O. BOX 6216
BOSSIER CITY, LOUISIANA 71171-6216

PERSONAL INQUIRY WAIVER

AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish the Bossier City Police Department any and all information that you may have concerning me, my work record, school record, my reputation, my financial and credit status. Please include any and all medical, physical and mental records or reports, including all information of a confidential or privileged nature, and Photo static copies of same if requested. This information is to be used to assist the Department in determining my qualifications and fitness for the position I am seeking with the Bossier City Police Department.

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

NOTE: Any personal information released by you to the Bossier City Police Department will remain confidential and will not be made available to the applicant.

Applicant's Signature

Date

Address

Witness

Address

APPLICANT'S PERSONAL REFERENCE SHEET

Three (3) Required

1. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

How long you have known person: _____

Their line of work: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

How long you have known person: _____

Their line of work: _____

3. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

How long you have known person: _____

Their line of work: _____