



Application for Employment
Chief of Police Edward Lepre
Harahan Police Department
6441 Jefferson Hwy.
Harahan, Louisiana 70123
504-737-9763

*** Do Not Attach Resume ***

Print Neatly or Type this application:

Completed applications must be turned in by the APPLICANT at the Harahan Police Department, 6441 Jefferson Highway, Harahan, Louisiana. Please do not call to check on the progress of your application. The H.P.D. will notify you when it is time to return for additional processing.

You must make your own copies and provide the following photostat copies with the application:

1. Choose one: High School Transcript, High School Diploma, GED Diploma or GED Transcript Scores

***** Replacement Options for required High School or GED documents *****

- a. Louisiana High School Transcript replacement: Public and Private High School - (call) 877.453.2721 or visit website www.louisianabelieves.com
 - b. High School Diploma replacement: Public - Contact the School Board Office for that High School
 - c. High School Diploma replacement: Private - Contact that High School
 - d. Louisiana GED: Diploma or Transcript Scores replacement: visit website www.lctcs.edu or call 225.922.2800
2. Certified Copy of Birth Certificate - Louisiana replacement: (call) 504.297.5180
 3. Valid Driver's License - Louisiana Info: visit web site <https://omv.dps.state.la.us> or call 225.925.6146
 4. Social Security Card - Info: visit website secure.ssa.aov/ICON/main.jsp or call 1.800.772.1213
 5. Any other additional education diplomas, certificates or transcripts (if applicable)
 6. Final (Military) Discharge/Separation forms (DD214 and or NGB22) (if applicable)
 7. Naturalization certificate if you were born outside the United States (if applicable)

If questions are not applicable, enter N/A. If questions are unknown, enter UNK.

***** If there is not enough room on the application for you to provide a complete answer to any of the questions, use an additional piece of paper to do so.*****

The Harahan Police Department is an Equal Opportunity Employer

Revised 01/08/2023



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GENERAL			
DATE OF APPLICATION: _____			
I AM AVAILABLE TO BEGIN WORK ON: _____			
POSITION APPLYING FOR: () POLICE OFFICER () JAILER () CLERK () SECRETARY TO THE CHIEF () RESERVE OFFICER () OTHER (specify) _____			
I CAN PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB(S) FOR WHICH I AM APPLYING FOR REASONABLE ACCOMMODATIONS (IF NECESSARY SPECIFY THE REASONABLE ACCOMMODATIONS)			<input type="checkbox"/> WITH <input type="checkbox"/> WITHOUT
_____ _____			
PERSONAL INFORMATION			
LAST NAME:	FIRST NAME:	MIDDLE NAME:	SUFFIX:
_____	_____	_____	_____
NICK NAMES OR OTHER NAMES THAT I HAVE USED OR I AM KNOWN BY (e.g. Maiden, Name Change, Nicknames, Alias, etc.) _____ _____			
HEIGHT:	WEIGHT:	DATE OF BIRTH: --- ---	
HAIR COLOR:	EYE COLOR:	SEX:	BIRTH PLACE (City & State):
_____	_____	_____	_____
PHYSICAL ADDRESS:		<u>CONTACT INFORMATION:</u>	
_____		CELL# _____	
HOME PHONE NUMBER:		WORK# _____	
_____		EMAIL: _____	
DRIVER'S LICENSE:		<u>LIST SOCIAL MEDIA ACCOUNTS YOU HAVE:</u>	
State:	Number:	_____	
SOCIAL SECURITY:	---	---	_____
() I AM () I AM NOT ----- A CITIZEN OF THE UNITED STATES			
() I CAN () I CANNOT ----- SUMMIT VERIFICATION OF MY LEGAL RIGHT TO WORK IN THE UNITED STATES			

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WORK / EMPLOYMENT HISTORY

START WITH YOUR MOST RECENT EMPLOYMENT AND GO BACK 6 YEARS

EMPLOYER / COMPANY NAME:

MAILING ADDRESS:
(Street / P.O. Box / City / State / Zip)

TELEPHONE:

TYPE OF BUSINESS:

JOB TITLE / POSITION:

EMPLOYMENT FROM:

SUPERVISOR:

SUPERVISOR'S TITLE:

BEGINNING SALARY:

ENDING SALARY:

REASON FOR LEAVING:

DUTIES: LIST YOUR MAJOR JOB DUTIES

AWARDS / COMMENDATIONS: LIST ANY AWARDS, COMMENDATIONS, AND / OR PROMOTIONS RECEIVED IN THE PERFORMANCE OF YOUR JOB TITLES

LIST ANY DISCIPLINARY ACTION: EXPLAIN THE NATURE AND EXTENT OF THE ACTION TAKEN (If additional space is needed attach a separate sheet)

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SUPERVISOR:

SUPERVISOR'S TITLE:

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SKILLS & ABILITIES AND ORGANIZATIONS

I AM PROFICIENT IN THE USE AND OPERATION OF THE FOLLOWING COMPUTER SOFTWARE:

I SPEAK THE FOLLOWING FOREIGN LANGUAGES: () SPANISH () OTHER (Specify)

I AM PROFICIENT IN THE FOLLOWING AREAS: () ACCOUNTING () ARTWORK () AUTOMOTIVE () AVIATION
() BUSINESS MACHINES () CONSTRUCTION () COMMUNICATIONS () COMPUTER SCIENCE () ELECTRONICS
() FIREARMS () IDENTIFICATION () LEGAL () MARTIAL ARTS () MUSIC () PHOTOGRAPHY
() OTHER (SPECIFY)

PLEASE LIST ANY JOB-RELATED ORGANIZATIONS, CLUBS, AFFILIATIONS, SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG:

MILITARY BACKGROUND

() I AM --- A VETERAN OF THE U.S. ARMED FORCES --- () US ARMY () US AIR FORCE () US SPACE FORCE
() I AM NOT (CHECK IF A VETERAN) () US NAVY () US MARINE CORPS () US COAST GUARD

SERVED FROM: TO: ---- DISCHARGE RECEIVED WAS: () HONORABLE () DISHONORABLE
() OTHER THAN HONORABLE () MEDICAL

EXPLAIN BELOW IF YOUR DISCHARGE WAS OTHER THAN HONORABLE:

() I AM --- IN THE MILITARY RESERVES --- US ARMY US ARMY (NATIONAL GUARD)
 US AIR FORCE US AIR FORCE (NATIONAL GUARD)
() I AM NOT (CHECK A BRANCH) US NAVY US SPACE FORCE US MARINE CORPS

WHAT TRAINING OR EDUCATION OR SPECIAL RECOGNITION(S) DID YOU RECEIVE WHILE IN THE MILITARY?

PERSONAL REFERENCES

NO FAMILY MEMBERS OR EMPLOYERS OR HARAHAN POLICE DEPARTMENT EMPLOYEES

NAME: TELEPHONE:

MAILING ADDRESS: (Street / P.O. Box / City / State / Zip)

NATURE OF RELATIONSHIP:

NAME: TELEPHONE:

MAILING ADDRESS: (Street / P.O. Box / City / State / Zip)

NATURE OF RELATIONSHIP:

NAME: TELEPHONE:

MAILING ADDRESS: (Street / P.O. Box / City / State / Zip)

NATURE OF RELATIONSHIP:

INFORMATIONAL

ARE YOU REGISTERED FOR THE SELECTIVE SERVICE: () YES () NO	DO YOU HAVE ANY VISIBLE TATTOOS () YES () NO
ARE YOU A REGISTERED VOTER () YES () NO IF YES WHAT PARISH _____	() I DO HAVE RELIABLE TRANSPORTATION () I DO NOT
MY CREDIT HISTORY () HAS () HAS NOT BEEN CONSIDERED SATISFACTORY IN THE PAST	() I HAVE () I HAVE NOT BEEN REFUSED REASONABLE CREDIT

EMPLOYMENT WITH THE HARAHAH POLICE DEPARTMENT ENTAILS WORKING 8 OR 12 HOUR SHIFTS, DEPENDING ON WHICH DIVISION YOU ARE ASSIGNED TO. YOU MAY BE WORKING OVERTIME, WORKING ON HOLIDAYS, WEEKENDS AND NIGHTS. FURTHER, DISASTERS AND HURRICANE DUTY ARE MANDATORY

EXPLAIN ANY RESTRICTIONS ON YOUR ABILITY TO WORK THESE HOURS OR SCHEDULES OR DISASTERS OR HURRICANES:

EDUCATION AND TRAINING

NAME, ADDRESS, CITY, STATE, ZIP CODE OF HIGH SCHOOL ATTENDED:

I RECEIVED A () DIPLOMA () GED: IN THE YEAR OF _____

IF YOU DO NOT HAVE A HIGH SCHOOL DIPLOMA OR GED, YOUR APPLICATION WILL NOT BE PROCESSED.

PROFESSIONAL / BUSINESS / TECHNICAL INSTITUTES & COLLEGES / UNIVERSITIES ATTENDED

NAME OF INSTITUTION AND LOCATION	DATE	GRADUATED (Yes or No)	TYPE OF DEGREE EARNED OR COURSE NAME OR TITLE OF PROGRAM OR FIELD OF STUDY

PROFESSIONAL LICENSES / CERTIFICATIONS

TYPE OF LICENSE	DATE ORIGINALLY LICENSED / CERTIFIED	EXPIRATION DATE	NAME OF LICENSING / CERTIFYING AUTHORITY

MISCELLANEOUS

THE INFORMATION PROVIDED IN THIS SECTION WILL NOT NECESSARILY DISQUALIFY YOU FROM BEING CONSIDERED FOR EMPLOYMENT WITH THE HARAHAH POLICE DEPARTMENT. FAILURE TO DISCLOSE ALL REQUESTED INFORMATION OR PROVIDING FALSE INFORMATION COULD RESULT IN THE IRREVERSIBLE DISQUALIFICATION OF YOUR APPLICATION FOR EMPLOYMENT. COMPLETE AND HONEST RESPONSES TO THE BEST OF YOUR ABILITY TO THE FOLLOWING QUESTIONS ARE, THEREFORE, ABSOLUTELY ESSENTIAL.

CITATIONS:

HAVE RECEIVED A TRAFFIC VIOLATION(S) DURING THE PAST FIVE (5) YEARS

HAVE NOT

IF APPLICABLE, PLEASE LIST THE VIOLATIONS RECEIVED BELOW (ADDITIONAL SPACE FOR VIOLATIONS ON PAGE 10:

VIOLATION:	DATE:	CITY / STATE:	DISPOSITION:

ARRESTS: HAVE HAVE NOT ----- BEEN ARRESTED

IF APPLICABLE, STATE THE YEAR THE ARREST OCCURRED, THE ARRESTING AGENCY, AND EXPLAIN THE SPECIFICS OF THE ARREST IN THE EXPLANATION STATEMENT ON PAGE 10. (Please include any and all arrest information including charges for which you were either not prosecuted or acquitted and-or charges which have been expunged.)

CONVICTIONS: HAVE HAVE NOT ----- BEEN CONVICTED OF A CRIME

IF APPLICABLE, STATE THE YEAR THE CONVICTIONS(S) OCCURRED, THE CONVICTING JURISDICTION, THE LOCATION(S), THE DISPOSITIONS(S), AND EXPLAIN THE SPECIFICS OF THE CONVICTION(S) IN THE EXPLANATION STATEMENT ON PAGE 10. (Please also include any and all information on convictions which have been expunged) Under LSA-R.S. 44:9, LSA-C.Cr.P. ART 893 and ART 894

DRUGS:

HAVE ILLEGALLY USED DRUGS IN THE LAST FIVE (5) YEARS

HAVE NOT

HAVE

SOLD OR DISTRIBUTED ILLEGAL DRUGS

HAVE NOT

IF YOU HAVE EITHER ILLEGALLY USED DRUGS IN THE LAST FIVE YEARS AND / OR SOLD OR DISTRIBUTED ILLEGAL DRUGS, PLEASE EXPLAIN IN THE EXPLANATION STATEMENT ON PAGE 10

ALCOHOL:

I WOULD CHARACTERIZE MY ALCOHOL CONSUMPTION AS FOLLOWS:

DO NOT DRINK ALCOHOL OCCASIONAL DRINKER SOCIAL DRINKER OTHER

IF YOU CHECKED "OTHER", PLEASE EXPLAIN IN THE EXPLANATION STATEMENT ON PAGE 10.

STRESS: I CAN I CANNOT ADEQUATELY FUNCTION IN HIGH STRESS SITUATIONS.

DEADLY FORCE: I AM I AM NOT WILLING TO USE DEADLY FORCE IF NECESSARY?

SPOUSES: (IF APPLICABLE LIST CURRENT AND EX'S)

ACCIDENT OR EMERGENCY: (PERSON(S) TO BE NOTIFIED)

NAME:	NAME:
ADDRESS:	ADDRESS:
RELATIONSHIP:	RELATIONSHIP:
TELEPHONE:	TELEPHONE:

LAW ENFORCEMENT AGENCIES

HAVE YOU EVER APPLIED WITH OR WORKED FOR ANY LAW ENFORCEMENT AGENCY? () YES () NO
 IF YES, LIST THEM BELOW:

AGENCY:	LOCATION:	DENIAL DATE OR START / END DATE	REASON FOR DENIAL OF EMPLOYMENT OR SEPARATION	STATUS FULL-TIME OR RESERVE

IF YOU ARE P.O.S.T. CERTIFIED OR GRANDFATHERED THEN LIST THEM BELOW FOR EACH TIME:

(AS A CADET) FULL-TIME OR RESERVE	P.O.S.T. ACADEMY ATTENDED	BASIC ACADEMY OR REFRESHER	AGENCY EMPLOYED WITH	DATE

ADDITIONAL SPACE FOR EXPLANATIONS ON PAGE 10:

- CERTIFICATION -
- ACKNOWLEDGMENT OF CONDITIONS FOR EMPLOYMENT -
- AND AUTHORITY TO RELEASE INFORMATION -

The Harahan Police Department, hereinafter referred to as H.P.D., recruits, hires, trains, and promotes all persons without regard to race, color, sex, religion, national origin, marital and familial status, political belief, or physical and mental disability, except in those instances where physical and mental abilities are a bona-fide occupational qualification, and accommodation(s) would constitute an undue hardship to the H.P.D. It is the policy of the H.P.D. to hire prospective employees without regard to race, color, religion, sex, age, national origin, or disability. The H.P.D. is an equal opportunity employer.

I am applying to the H.P.D. for employment. To determine my eligibility for employment and for security clearance purposes, I hereby authorize and request that solicited entities or individuals furnish to the H.P.D. any and all information, whether written or non-written, including opinions, that these entities and/or individuals may have or acquire concerning information given on this application form, as well as information regarding my character, reputation, and suitability for employment.

I hereby release, hold harmless, and indemnify from any and all liability, the H.P.D., employees of the H.P.D., and the individuals, agencies, and/or entities who receive and supply information as noted above.

I certify that all statements made on this employment application are true and complete to the best of my knowledge. I understand that information on this application will be subject to investigation and verification, and that any misrepresentation or material omission may cause my application to be delayed, rejected, disqualified, and/or subject me to dismissal from employment from the H.P.D.

I understand that nothing in this application or in the granting of an interview creates a contract between the H.P.D. and myself for either employment or for providing any benefits. No promises have been made to me, and I understand that no such promise or guarantee is binding upon the H.P.D. unless made in writing by the Chief of Police of the Harahan Police Department, and signed by me. If an employment relationship is established, I acknowledge that I may be required to submit to, and successfully complete a drug test, criminal records check, and a physical examination to determine if I can perform the essential functions of the position for which I am applying with or without reasonable accommodations. I further understand that failure to comply with the prerequisites of employment, after the conditional offer of employment is accepted by me, will be treated as a rejection of the offer of employment.

A photostatic copy of my signature shall be accepted as an original, authorizing any person, firm, or organization to release any information to the Harahan Police Department regarding the verification of information provided herein.

SIGNATURE OF APPLICANT

DATE

APPLICANT PRINT: FIRST, MIDDLE, and LAST NAME

RECEIVED BY: _____
NAME

POSITION

DATE