

Calcasieu Parish Communications District
Personal History Statement

Personal

Please fill in the following information for verification and contact purposes:

1 Please Print or type your full legal name:

| | | | |
|------|-------|--------|-----|
| Last | First | Middle | Age |
|------|-------|--------|-----|

| | |
|---|-------------|
| Other names (including nicknames) you have used or been known by: | Maiden name |
|---|-------------|

| | |
|--------|--|
| E-Mail | |
|--------|--|

2 Residence

| | | | | |
|--------|--------|------|-------|----------|
| Number | Street | City | State | Zip Code |
|--------|--------|------|-------|----------|

3 Additional Contact Information:

Please list your primary telephone and a secondary number.

| | |
|---------|-----------|
| Primary | Secondary |
|---------|-----------|

Please list your mailing address if it is different from your residence address

| | | | | |
|--------|--------|------|-------|----------|
| Number | Street | City | State | Zip Code |
|--------|--------|------|-------|----------|

4 Birth Date: Month/Day/Year

| |
|--|
| |
|--|

5 You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide documentation to confirm this?

Yes No

6 Social Security Number:

| |
|--|
| |
|--|

NOTE: In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will only be used for identification purposes to ensure that proper records are obtained.

7 For the purposes of identification, please provide the following:

| | | | | |
|--------|--------|------------|-----------|--|
| Height | Weight | Hair Color | Eye Color | Scars, tattoos or other distinguishing marks |
| | | | | |

Education

8

This position requires a high school diploma or equivalent. Please indicate below how you satisfy this requirement. A copy of your diploma(s) must be attached.

| | | | |
|--|--------------------------|---|--|
| | <input type="checkbox"/> | I possess a high school diploma dated: _____ | |
| | <input type="checkbox"/> | I passed the G.E.D. (General Educational Development) test (date & location): _____ | |
| | <input type="checkbox"/> | I possess a two-year college degree dated: _____ | |
| | <input type="checkbox"/> | I possess a college or university degree (type and date): _____ | |

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Residence

9 Please list all of your residences back at least ten (10) years. There should be no gaps in residence dates. Begin with your current residence and list backward in chronological order.

| a. | Address | City, State, Zip Code | Date: | | If rented, give name, address & phone of person responsible for collecting rent. |
|---|---------|-----------------------|------------|-------------------|--|
| | | | From MM/YR | To MM/YR | |
| | | | | | |
| With whom did you live (include relationship) | | | | Reason for moving | |
| b. | Address | City, State, Zip Code | | | |
| With whom did you live (include relationship) | | | | Reason for moving | |
| c. | Address | City, State, Zip Code | | | |
| With whom did you live (include relationship) | | | | Reason for moving | |
| d. | Address | City, State, Zip Code | | | |
| With whom did you live (include relationship) | | | | Reason for moving | |

References

During the course of the background investigation, persons who know you may be asked to comment upon your suitability for the position of telecommunicator. Inquiries are confined to job related matters.

10 Please list four (4) individuals such as friends, co-workers, neighbors, classmates, teachers, and supervisors who have knowledge of you and your qualifications. Exclude relatives and individuals from question #9.

| | | |
|--------------|--------------|-------|
| Name | Address | Home |
| | | Work |
| | | Other |
| Relationship | Known Since: | |
| Name | Address | Home |
| | | Work |
| | | Other |
| Relationship | Known Since: | |
| Name | Address | Home |
| | | Work |
| | | Other |
| Relationship | Known Since: | |
| Name | Address | Home |
| | | Work |
| | | Other |
| Relationship | Known Since: | |

11 Please list any individuals that you are acquainted with who are members of a Public Service Agency, ex: police, fire, EMS, 911. Exclude individuals who were previously listed.

| Name, Rank/Position and Agency: | Address (Include City, State and Zip code) | Telephone (include area code) |
|---------------------------------|--|-------------------------------|
| | | |
| | | |
| | | |

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Experience and Employment

12 Beginning with your most current employment, please list in chronological order all jobs (including part-time, temporary and voluntary positions) you have held in the past ten (10) years. For the purposes of this personal history statement, voluntary work should be included as employment. For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

| | | | |
|--------------------|---|---|--------------------|
| a. | From: _____ To: _____ | Name and complete address of employer, include zip code | Name of supervisor |
| | | Title | |
| | Full-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service <input type="checkbox"/> | Part-time <input type="checkbox"/> Present <input type="checkbox"/> Not employed <input type="checkbox"/> | Duties |
| Reason for leaving | | | |
| b. | From: _____ To: _____ | Name and complete address of employer, include zip code | Name of supervisor |
| | | Title | |
| | Full-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service <input type="checkbox"/> | Part-time <input type="checkbox"/> Present <input type="checkbox"/> Not employed <input type="checkbox"/> | Duties |
| Reason for leaving | | | |
| c. | From: _____ To: _____ | Name and complete address of employer, include zip code | Name of supervisor |
| | | Title | |
| | Full-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service <input type="checkbox"/> | Part-time <input type="checkbox"/> Present <input type="checkbox"/> Not employed <input type="checkbox"/> | Duties |
| Reason for leaving | | | |
| d. | From: _____ To: _____ | Name and complete address of employer, include zip code | Name of supervisor |
| | | Title | |
| | Full-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service <input type="checkbox"/> | Part-time <input type="checkbox"/> Present <input type="checkbox"/> Not employed <input type="checkbox"/> | Duties |
| Reason for leaving | | | |
| e. | From: _____ To: _____ | Name and complete address of employer, include zip code | Name of supervisor |
| | | Title | |
| | Full-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service <input type="checkbox"/> | Part-time <input type="checkbox"/> Present <input type="checkbox"/> Not employed <input type="checkbox"/> | Duties |
| Reason for leaving | | | |

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13 Would any problem result if your present employer was contacted during the course of the background investigation?
 No Yes If "yes", please explain

14 Have you ever held employment under another name ?
 No Yes If "yes", please give details

15 Have you had any extended work absences for reasons other than earned vacations?
 No Yes If "yes", please explain (include when, name of employer(s) and why).

16 Have you ever been fired or asked to resign from any place of employment?
 No Yes If "yes", please explain (include when, name of employer(s) and why).

17 Have you ever resigned from a job to prevent termination?
 No Yes If "yes", please explain (include when, name of employer(s) and why).

18 Have you ever been suspended from a job or received a letter of reprimand?
 No Yes If "yes", please explain (include when, name of employer(s) and why).

19 To your knowledge, would any former employer give you an unfavorable recommendation?
 No Yes If "yes", please explain (include when, name of employer(s) and why).

20 Are you familiar with the duties and responsibilities requires of a Telecommunicator? NO YES

21 Is there any reason you could not perform the duties of a Telecommunicator?
 No Yes If "yes", please explain

22 Are you able to work the various shifts and assigned schedules required to cover a 24-hour period? NO YES

23 Are you able to sit for extended periods of time? NO YES

24 Are you able to view and work on computers for extended periods of time? NO YES

Dispatch, Law Enforcement, Fire and Medical Agency Information

25 Have you ever been a successful or unsuccessful candidate for any public safety agency, including this department?
 No Yes
 If "yes", please list all agencies with which you have applied, starting with the most recent. Give complete addresses and an appropriate telephone number for

| Name of Agency - Complete address, zip code, telephone number | Position/Classification | Date (MM/YR) |
|---|-------------------------|--------------|
| | | |
| | | |
| | | |

26 Do you have any prior dispatch, law enforcement, fire or medical agency experience? Include police reserves, military and/or volunteer.

| Name of Agency - Complete address, zip code, telephone number | Rank, Title, Position | Date (MM/YR) |
|---|-----------------------|--------------|
| | | |
| | | |

27 Have you ever attended any dispatch, law enforcement, fire or medical training center? Attach copy of certificate(s).

| Name of Agency - Complete address, zip code, telephone number | Academy name & address | Date (MM/YR) |
|---|------------------------|--------------|
| | | |
| | | |

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Legal

28 Have you ever been convicted for any felony or misdemeanor criminal offense? (Do not include traffic citations unless you were taken into custody)

No Yes

(An arrest resulting in a withheld judgement, or the fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has

| Date | Charge(s) | Police agency/city or locality | Penalty |
|------|-----------|--------------------------------|---------|
| | | | |
| | | | |

29 Have you ever applied for a permit to carry a concealed weapon? NO YES If yes, please provide the following.

Date Permit granted? NO YES

Purpose

30 Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?

No Yes

If "yes", please give details including when, where, name and location of court, and circumstances.

31 Have you ever used used illegal narcotics or controlled substances?

No Yes If "yes", please explain

32 Are you currently using illegal narcotics or controlled substances?

No Yes If "yes", please explain

33 Have you experimented with, or tried, any type of an illegal drug or narcotic? NO YES

If "yes", indicate with an "X" all drugs that you have experimented with, or tried, from the list below. Experimentation includes, but is not limited to: smoking, swallowing, tasting, inhaling, or injecting.

- | | | | |
|--------------------------------------|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Whites | <input type="checkbox"/> Downers | <input type="checkbox"/> Glue |
| <input type="checkbox"/> Hashish | <input type="checkbox"/> Bennies | <input type="checkbox"/> Reds | <input type="checkbox"/> Mushrooms |
| <input type="checkbox"/> Hashish oil | <input type="checkbox"/> Uppers | <input type="checkbox"/> Quaaludes | <input type="checkbox"/> Steroids |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Methamphetamines | <input type="checkbox"/> PCP | <input type="checkbox"/> Opium |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Speed | <input type="checkbox"/> LSD | <input type="checkbox"/> Heroin |
| <input type="checkbox"/> Rock | <input type="checkbox"/> Crank | <input type="checkbox"/> Angel Dust | <input type="checkbox"/> Amphetamines |
| <input type="checkbox"/> Ice | <input type="checkbox"/> Crystal | <input type="checkbox"/> Acid | <input type="checkbox"/> Other (list) |

If you checked any of the above drugs, give details below:

| Type of Drug or Narcotic | (MM/YR) | Lifetime total times used |
|--------------------------|---------|---------------------------|
| | | |
| | | |

34 Is there anything you wish to discuss about your Legal history? Please use the space below.

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Acknowledgement and Authorization

I understand the Calcasieu Parish Communications District is considering me for employment and understand that any appointment tendered me will be contingent upon the results of a thorough background investigation. I hereby certify that all statements made in this personal history statement are true and complete and that I personally completed this form. I understand that any discrepancies, misstatements, omissions and/or falsifications will cause my name to be removed from the eligible list, or be cause for dismissal if an appointment was made.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigaiton of all statements contained in this Personal History Statement for employment as necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I

MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

Applicant's Signature

Address City State Zip Code

AFFIDAVIT

STATE OF LOUISIANA
PARISH OF _____

Before Me, the undersigned duly commissioned and qualified Notary Public for _____
Parish, personally came and appeared:

Print Name

to affirm that this instrument was executed as his/her own free act and deed for the uses, considerations,
and purposes therein expressed.

Signed this _____ day of _____, 20_____.

Notary Public
ID #