

LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES
ENFORCEMENT DIVISION
PERSONAL DATA QUESTIONNAIRE

SUBJECT: INSTRUCTIONS TO APPLICANT

1. You are requested to complete the attached Personal Data Questionnaire. It is mandatory that all areas be covered completely and truthfully.
2. You are reminded that any misstatement, deception or falsification on your part could be the cause of your rejection or dismissal. If there are questions or doubts in your mind concerning any particular area covered by the questionnaire, it is your responsibility to bring the matter to the attention of the interview panel.
3. You are assured that the information supplied by you in this questionnaire will be considered confidential and not disclosed to unauthorized persons. The information is for official use only and will be utilized to investigate and evaluate your suitability for appointment with this agency. However, the above guarantee of confidence will be considered void in the event that subsequent investigation discloses criminal acts or participation on your part involving you in unlawful or illegal activities.
4. All spaces in the questionnaire must be completed.
5. If the questions do not pertain to you, write "N/A" in the space.
6. **PRINT OR TYPE** all information.
7. Include a copy of military DD-214 form, if applicable.
8. A 2" X 2" photograph no more than 30 days old must accompany this questionnaire.

GENERAL CONSIDERATIONS

1. Each year the Department of Wildlife and Fisheries Enforcement Division receives hundreds of applications for a very limited number of available positions. All applications are judged competitively with other candidates.
2. The Department of Wildlife and Fisheries Enforcement Division has special requirements which necessitate the use of certain employment criteria. Our investigation process includes an evaluation of the applicant's personal and professional qualifications as well as other criteria.
3. This comprehensive review may result in a decision that you will not be offered employment. In this regard, the decision of the Department of Wildlife and Fisheries Enforcement Division is final and no statement of specific reasons for the decision will be provided.

CERTIFICATION

I have read and understand and agree to the General Considerations. If I am not selected, I understand that no statement of the reason for that decision will be provided to me.

DATE

SIGNATURE OF APPLICANT

LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Department of Wildlife and Fisheries, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational instructions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings; complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Department of Wildlife and Fisheries. 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.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

PRINTED NAME: _____

SIGNATURE: _____

ADDRESS: _____

PHONE#: _____

DOB: _____

SS #: _____

SECTION I (IDENTITY DATA)

NAME: _____ NICKNAME: _____
(Last) (First) (Middle)

OTHER NAMES USED: _____

HAVE YOU EVER HAD YOUR NAME LEGALLY CHANGED? IF YES, GIVE DETAILS (Previous Name, Date Changed, Court, Ect.) _____

HAVE YOU EVER USED AN ALIAS? IF YES, LIST: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

ARE YOU A U.S. CITIZEN?: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

BUILD: _____ RACE: _____ SEX: _____

BIRTHMARKS, SCARS & TATTOOS (Type & Location): _____

DRIVERS LICENSE #, CLASS & STATE: _____

DATE ISSUED: _____ EXPIRATION DATE: _____

SOCIAL SECURITY NUMBER: _____

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____

MAY WE CONTACT YOUR CURRENT EMPLOYER?: _____

CURRENTLY RESIDE WITH: _____

(Indicate Name & Relationship to Person(s))

LIST ALL PLACES OF RESIDENCE BELOW FOR THE LAST TEN YEARS. BEGIN WITH CURRENT RESIDENCE. ACCOUNT FOR ALL TIME. LEAVE NO GAPS.

(If more space is needed, please add to the bottom of the page.)

<u>From</u>	<u>To</u>	<u>Address of Residence</u>	<u>City & State</u>
Month-Year	Month-Year		
Month-Year	Month-Year		
Month-Year	Month-Year		
Month-Year	Month-Year		
Month-Year	Month-Year		
Month-Year	Month-Year		

SECTION II (MARITAL & FAMILY STATUS)

PRESENT

STATUS: (Check One) SINGLE: _____ MARRIED: _____ SEPARATED: _____

DIVORCED: _____ WIDOWED: _____ ANNULLED: _____

IF MARRIED OR SEPARATED: (Complete Following Information)

SPOUSE'S FULL NAME (Include Maiden Name): _____

SPOUSE'S PRESENT ADDRESS: _____

SPOUSE'S DATE OF BIRTH: _____

SPOUSE'S SOCIAL SECURITY #: _____

DATE & PLACE OF MARRIAGE: _____

(Include City & State)

LIST ANY MARITAL PROBLEMS: _____

(Excluded Minor Disagreements)

IF LEGALLY SEPARATED, Date & Reasons: _____

IF EVER DIVORCED: (Complete Following information)

MAIDEN NAME OF FORMER SPOUSE: _____

PRESENT NAME OF FORMER SPOUSE: _____

PRESENT ADDRESS OF FORMER SPOUSE: _____

(Name, Street, City & State)

DATE & PLACE OF MARRIAGE: _____

(Include City & State)

DATE & PLACE OF DIVORCE: _____

REASON FOR DIVORCE: _____

CHILDREN & OTHER DEPENDENTS

PROVIDE THE FOLLOWING INFORMATION FOR ALL DEPENDENTS (Include stepchildren and adopted children)

NAME & ADDRESS	RELATIONSHIP	DATE & PLACE OF BIRTH

YOUR FATHER'S NAME: _____
(Last, First, Middle)

DATE OF BIRTH: _____

CURRENT ADDRESS: _____

YOUR MOTHER'S NAME: _____
(Last, First, Middle, Maiden)

DATE OF BIRTH: _____

CURRENT ADDRESS: _____

BROTHER(S) AND/OR SISTER(S) – (List Below, including half-, step-, and adopted)

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>CURRENT ADDRESS</u>
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(Last, First, Middle, Maiden)

(Last, First, Middle, Maiden)

(Last, First, Middle, Maiden)

HAS ANY MEMBER OF YOUR FAMILY EVER BEEN CONVICTED OF A FELONY?

IF YES, GIVE DETAILS BELOW (i.e. name, dates, charges, parish/county, disposition)

LIST ALL RELATIVES WHO ARE CURRENTLY EMPLOYED BY THIS DEPARTMENT:

SECTION III (FINANCIAL STATUS)

PRESENT EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE EMPLOYED: _____ JOB TITLE: _____

SUPERVISOR: _____

PRESENT SALARY: _____ Per Month: _____

SPOUSE'S EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

SUPERVISOR: _____

PRESENT SALARY: _____ Per Month: _____

OTHER FAMILY INCOME: Source: _____

Amount: _____

IF YOU HAVE EVER INSTITUTED CIVIL OR CRIMINAL ACTION AGAINST ANY PERSON OR ORGANIZATION, OR IF ANY PERSON OR ORGANIZATION HAS EVER INSTITUTED CIVIL OR CRIMINAL ACTION AGAINST YOU, INCLUDING PATERNITY SUITS, EXPLAIN IN DETAIL BELOW, LISTING ANY AND ALL SETTLEMENTS, ATTORNEYS, ETC.: (Include any out of court settlements.)

SECTION IV (AUTOMOBILE & DRIVERS LICENSE)

IF YOU OWN A VEHICLE, COMPLETE THE FOLLOWING:

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____

MFG. SERIAL NUMBER: _____ LICENSE #: _____

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____

MFG. SERIAL NUMBER: _____ LICENSE #: _____

HAVE YOU EVER BEEN LICENSED TO DRIVE IN ANOTHER STATE? _____

IF YES, PROVIDE DRIVERS LICENSE #, STATE, DATE OF EXPIRATION BELOW:

ARE THERE ANY JUDGMENTS HELD AGAINST YOU AS A RESULT OF AN ACCIDENT?

IF YES, GIVE DETAILS, INCLUDING REASON, DATES, PLACES, ETC.: _____

HAVE YOU EVER HAD YOUR DRIVERS LICENSE SUSPENDED OR REVOKED? _____

IF YES, GIVE DETAILS, INCLUDING REASON, DATES, PLACES, ETC.: _____

LIST ANY TRAFFIC ACCIDENTS IN WHICH YOU WERE INVOLVED.
ALSO, LIST ANY TICKETS YOU HAVE RECEIVED.

DATE	CITY & STATE	OFFENSE	DISPOSITION

SECTION V (MILITARY SERVICE)

HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES? _____

IF YES, COMPLETE THE FOLLOWING INFORMATION:

BRANCH: _____

BEGINNING & ENDING DATES OF SERVICE: _____

SERIAL NUMBER/SOCIAL SECURITY #: _____

HIGHEST RANK ATTAINED: _____

TYPE OF DISCHARGE & CONDITIONS: _____

IF YOU EVER RECEIVED A COURT MARTIAL, AN ARTICLE 15, A CAPTAIN'S MAST OR OTHER DISCIPLINARY ACTION WHILE IN THE MILITARY SERVICE, EXPLAIN CIRCUMSTANCES IN DETAIL BELOW. LIST DATES, NATURE OF OFFENSE, TYPE OF PUNISHMENT, AND DISPOSITION OF CHARGES. SHOW ANY AND ALL FINES, RESTRICTIONS AND CONFINEMENT IN DETAIL.

ARE YOU CURRENTLY A MEMBER OF THE ARMED FORCES RESERVES? _____

IF YES, BRANCH: _____

BEGINNING DATE OF SERVICE: _____

RANK: _____

UNIT OF ASSIGNMENT: _____

UNIT ADDRESS: _____

COMMANDING OFFICER _____

COMMANDING OFFICER'S TELEPHONE NUMBER: _____

SECTION VI (EDUCATION)

HIGH SCHOOL

NAME/LOCATION	YEARS ATTENDED FROM – TO	GRADUATE YES / NO	DIPLOMA OR EQUIVALENCY CERTIFICATE?

COLLEGE(S) / UNIVERSITY(IES)

NAME/LOCATION	YEARS ATTENDED FROM – TO	GRADUATE YES / NO	DIPLOMA OR EQUIVALENCY CERTIFICATE?	MAJOR FIELD	TOTAL HOURS

GRADUATE / PROFESSIONAL SCHOOLS

NAME/LOCATION	YEARS ATTENDED FROM – TO	GRADUATE YES / NO	DIPLOMA OR EQUIVALENCY CERTIFICATE?	MAJOR FIELD	TOTAL HOURS

PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATIONS (engineering, medical, dietetic, ministerial, pharmaceutical, marine, etc.)

	LICENSE # 1	LICENSE # 2
Name/Complete Address of Licensing/Certifying Agency		
Date Licensed		
Type of License		
Restrictions, if applicable		
Expiration Date		

SECTION VII (EMPLOYMENT HISTORY)

EXPLAIN ALL PERIODS OF UNEMPLOYMENT.

LIST ALL EMPLOYMENTS YOU HAVE HAD SINCE AGE 18.

(If more space is needed, please use separate sheet(s).)

NAME/COMPLETE ADDRESS OF EMPLOYER	TYPE OF WORK	TITLE OF YOUR JOB

TELEPHONE NUMBER: _____

DATES OF EMPLOYMENT: From: month ___ day ___ year _____ To: month ___ day ___ year _____

AVERAGE # HOURS WORKED/WEEK: _____ Full Time? _____ Part Time? _____

BEGINNING SALARY: \$ _____ ENDING SALARY: \$ _____

REASON FOR LEAVING: _____

NAME OF YOUR IMMEDIATE SUPERVISOR: _____

NUMBER/JOB TITLES OF EMPLOYEES YOU SUPERVISED: _____

INDICATE SPECIFIC AREA OR PLACE OF EMPLOYMENT: _____

DESCRIBE YOUR DUTIES IN DETAIL: _____

NAME/COMPLETE ADDRESS OF EMPLOYER	TYPE OF WORK	TITLE OF YOUR JOB

TELEPHONE NUMBER: _____

DATES OF EMPLOYMENT: From: month ___ day ___ year ____ To: month ___ day ___ year ____

AVERAGE # HOURS WORKED/WEEK: _____ Full Time? _____ Part Time? _____

BEGINNING SALARY: \$ _____ ENDING SALARY: \$ _____

REASON FOR LEAVING: _____

NAME OF YOUR IMMEDIATE SUPERVISOR: _____

NUMBER/JOB TITLES OF EMPLOYEES YOU SUPERVISED: _____

INDICATE SPECIFIC AREA OR PLACE OF EMPLOYMENT: _____

DESCRIBE YOUR DUTIES IN DETAIL: _____

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ANY LAW ENFORCEMENT AGENCY?
YES _____ NO _____

IF YES, LIST BELOW THE DATES OF APPLICATION, NAME OF AGENCY, AND THE SURROUNDING CIRCUMSTANCES (Reason for your rejection, declination, etc.)

DO YOU HAVE ANY PAID FULL-TIME COMMISSIONED LAW ENFORCEMENT EXPERIENCE?
YES _____ NO _____

IF YES, GIVE TOTAL AMOUNT OF SERVICE CREDIT (years, months): _____

ARE YOU CURRENTLY CERTIFIED THROUGH LOUISIANA PEACE OFFICER STANDARD AND TRAINING (POST) COUNCIL? YES _____ NO _____

IF YOU ARE A FORMER EMPLOYEE WHO WAS SEPARATED FROM THE DEPARTMENT FOR ANY REASON (Resigned, Suspended, Terminated, etc.), GIVE ALL PERTINENT INFORMATION REGARDING THIS PRIOR EMPLOYMENT (Date of Appointment, Date of Separation, Reason for Termination of Employment, Unit of Assignment, etc.), BELOW:

SECTION VIII (LIFESTYLE)

IT IS IMPORTANT TO REMEMBER THAT ANY MISSTATEMENT ON YOUR PART CONCERNING THE FOLLOWING INFORMATION MAY BE USED FOR REJECTION OR DISMISSAL.

(A) DO YOU USE ALCOHOLIC BEVERAGES? _____

IF SO, TO WHAT EXTENT? _____

(B) HAVE YOU EVER TRIED OR USED A MARIJUANA PRODUCT? _____

HAVE YOU EVER TRIED OR USED COCAINE? _____

HAVE YOU EVER TRIED OR USED HEROIN? _____

HAVE YOU EVER TRIED OR USED AMPHETAMINES? _____

HAVE YOU EVER TRIED OR USED BARBITURATES? _____

HAVE YOU EVER TRIED OR USED OTHER NARCOTIC DRUGS? _____

HAVE YOU EVER BEEN INVOLVED IN THE ILLEGAL PURCHASE, MANUFACTURE, TRAFFICKING, PRODUCTION, OR SALE OF ANY NARCOTIC, DEPRESSANT, STIMULANT, HALLUCINOGEN, OR CANNABIS? _____

HAVE YOU EVER MISUSED OR ABUSED ANY DRUG PRESCRIBED BY A LICENSED PHYSICIAN FOR YOURSELF OR SOMEONE ELSE? _____

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS IN PART B, PLEASE GIVE DETAILS BELOW:

(C) HAVE YOU EVER WAGERED MORE THAN \$25.00 AT ONE TIME? _____

IF YES, PLEASE GIVE DETAILS BELOW: _____

(D) ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF OR SUPPORTED ANY SUBVERSIVE, REVOLUTIONARY, COMMUNISTIC, TERRORIST OR ACTIVIST GROUP? _____

IF YES, PLEASE GIVE DETAILS BELOW:

(E) LIST ANY SOCIAL, FRATERNAL, VETERANS, OR NEIGHBORHOOD GROUPS, SOCIETIES, OR ORGANIZATIONS YOU BELONG TO OR ATTEND.

(Include the names & addresses)

(F) LIST YOUR REASONS FOR WANTING TO BE AN EMPLOYEE OF THIS AGENCY:

(G) HAVE YOU EVER BEEN ARRESTED FOR ANY LAW VIOLATION INCLUDING JUVENILE ARRESTS AND/OR CONTACTS? _____

HAVE YOU EVER BEEN CONVICTED FOR ANY LAW VIOLATION OTHER THAN TRAFFIC VIOLATIONS LISTED ON PAGES 10 & 11: _____

IF YOU ANSWERED "YES" TO EITHER OF THE ABOVE QUESTIONS, LIST DETAILS, INCLUDING DATE, LOCATION, CHARGES, DISPOSITION, ETC.:

SECTION IX (REFERENCES)

LIST BELOW FOUR OF YOUR CLOSE FRIENDS AND ASSOCIATES. (MUST BE FILLED OUT IN ENTIRETY.)

NAME	ADDRESS	HOME PHONE	PLACE OF EMPLOYMENT	BUSINESS PHONE

I CERTIFY THAT THE STATEMENTS ON ALL PAGES OF THIS PERSONAL DATA QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ALL STATEMENTS WILL BE INVESTIGATED FOR ACCURACY. I REALIZE THAT ANY MISSTATEMENT ON MY PART MAY BE A CAUSE FOR MY REJECTION OR DISMISSAL.

I FULLY RECOGNIZE THAT ANY COMMITMENT OF APPOINTMENT TO A POSITION WITH THE DEPARTMENT OF WILDLIFE AND FISHERIES IS SUBJECT TO A REVIEW OF CHARACTER INVESTIGATION AND EMPLOYMENT CHECK AND THAT I MUST BE WITHIN REACH ON THE CURRENT ELIGIBLE LIST.

THE DEPARTMENT OF WILDLIFE AND FISHERIES MAY, FOLLOWING A REVIEW AND AUDIT OF THE ABOVE MENTIONED INVESTIGATIONS AND EXAMINATIONS, RESCIND OR CANCEL MY APPOINTMENT.

(Applicant's Signature)

(Date)