

WEST MONROE POLICE DEPARTMENT
APPLICATION FOR RESERVE & AUXILIARY PROGRAM

PLEASE PRINT OR TYPE. FAILURE TO ANSWER ALL QUESTIONS IN THIS APPLICATION MAY CAUSE YOUR APPLICATION TO BE DELAYED OR REJECTED.

FOR BOARD USE ONLY	
1. CHM	Vet. Pref.
2. V. CHM	Citizen
3.	Voter
4.	Age
5.	Education

1. Name	First	Middle	Last
Street Address / P. O. Box No.			
City / Town		State / Zip	2. Social Security No.
2. Social Security No.		3. Date of Birth	
		Mo. <input type="text"/>	Day <input type="text"/> Yr. <input type="text"/>
4. Home Phone No. (A.C. <input type="text"/>)		Office Phone No. (A.C. <input type="text"/>)	

5. Parish in Which You Reside

6. Title of Position for which you are applying. (File separate application for each type of position.)

7. Height	Weight	8. Citizenship (if naturalized, present papers.)		9. Are you a registered voter of this state?
<input type="text"/> FL <input type="text"/> In.	<input type="text"/> Lbs.	<input type="checkbox"/> Native Born	<input type="checkbox"/> Naturalized	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. May inquiry be made of your present employer concerning your qualifications, etc?		11. Can you drive an automobile?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
12. Do you hold or are you a candidate for an elective public office?		13. Within the past 5 years, have you been convicted of any law violation? (excludes minor traffic violations)		
If yes, give office, city and state. <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		14. Within the past 5 years, have you been convicted of any law violation?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		15. Have you ever been convicted of a felony?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		

IF ANSWER TO ITEM 13,14, OR 15 IS "YES", YOU ARE REQUIRED TO COMPLETE ITEM 25 ON THE LAST PAGE. A "YES" ANSWER TO THESE QUESTIONS WILL NOT AUTOMATICALLY BAR YOU FROM EMPLOYMENT.

16. VETERAN'S PREFERENCE

a. Have you ever served in the U.S. Armed Forces?	b. Branch of Service	c. Service Serial Number	d. Type and basis for discharge
<input type="checkbox"/> YES <input type="checkbox"/> NO			
e. Date entered active U. S. Armed Forces. Date separated from Active Service	f. Was service performed on active full-time basis with full pay and allowances ?		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
g. Have you served in a peace time campaign or expedition for which campaign badges were authorized ?	h. If Yes, give name of badge/ribbon.		
<input type="checkbox"/> YES <input type="checkbox"/> NO			
i. Have you ever been discharged, excluding administrative discharges, from the U. S. Armed Services under less than honorable conditions?	j. If Yes, give details in item 28 on the back of this application.		
<input type="checkbox"/> YES <input type="checkbox"/> NO			

AUTHORITY FOR RELEASE OF INFORMATION

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 EMPLOYER, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES, HOSPITALS AND OTHER INDIVIDUALS AND AGENCIES TO DULY ACCREDITED INVESTIGATORS, CIVIL SERVICE BOARD AND OTHER AUTHORIZED EMPLOYEES OF THE GOVERNMENT FOR THAT PURPOSE.

CERTIFY THAT THE ANSWERS I HAVE GIVEN TO ALL QUESTIONS IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND I KNOW THAT ANY MISREPRESENTATION HEREIN MAY CAUSE THIS APPLICATION TO BE REJECTED, MY NAME REMOVED FROM THE ELIGIBLE LIST AND/OR SUBJECT ME TO DISMISSAL FROM EMPLOYMENT.

17. Date	18. Signature of Applicant
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The following information is collected to compile equal opportunity reports, as required by law. You ARE NOT legally obligated to provide this information.

9. Racial / Ethnic Group	20. Sex
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Eskimo / Aleutian	<input type="checkbox"/> Male <input type="checkbox"/> Female

24. WORK EXPERIENCE

INSTRUCTIONS FOR COMPLETING SECTION ON EXPERIENCE

Start with your present or most recent position and work back. Use separate blocks if you were promoted or duties changed while working for the same employer. Treat each change as a separate position.

A month and year must be in the beginning and ending date blocks. It may be advantageous to give us the day, especially if employment began near the beginning of a month and ended near the end of the month.

For volunteer experience, use work experience blocks and disregard reference to salary.

Name and complete address or employer				Type Business	
				Title of your position	
Employment Dates		Was this full-time employment ? <input type="checkbox"/> YES <input type="checkbox"/> NO	Average number of hours worked per week. <input type="text"/>	Beginning Salary	Beginning Salary
Beginning Date: mo. <input type="text"/> day <input type="text"/> yr. <input type="text"/>	Ending Date: mo. <input type="text"/> day <input type="text"/> yr. <input type="text"/>				
Name/Title of immediate Supervisor		Number/Title of Employee you supervised (use separate sheet if necessary)			
Describe your duties in detail.					

Name and complete address or employer				Type Business	
				Title of your position	
Employment Dates		Was this full-time employment ? <input type="checkbox"/> YES <input type="checkbox"/> NO	Average number of hours worked per week. <input type="text"/>	Beginning Salary	Beginning Salary
Beginning Date: mo. <input type="text"/> day <input type="text"/> yr. <input type="text"/>	Ending Date: mo. <input type="text"/> day <input type="text"/> yr. <input type="text"/>				
Name/Title of immediate Supervisor		Number/Title of Employee you supervised (use separate sheet if necessary)			
Describe your duties in detail.					

Name and complete address or employer				Type Business	
				Title of your position	
Employment Dates		Was this full-time employment ? <input type="checkbox"/> YES <input type="checkbox"/> NO	Average number of hours worked per week. <input type="text"/>	Beginning Salary	Beginning Salary
Beginning Date: mo. <input type="text"/> day <input type="text"/> yr. <input type="text"/>	Ending Date: mo. <input type="text"/> day <input type="text"/> yr. <input type="text"/>				
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Beginning Date: mo. <input type="text"/> day <input type="text"/> yr. <input type="text"/>	Ending Date: mo. <input type="text"/> day <input type="text"/> yr. <input type="text"/>				
Name/Title of immediate Supervisor		Number/Title of Employee you supervised (use separate sheet if necessary)			

Describe your duties in detail.

25. Explain any "yes" answers to item 13, by providing the name and address of employer and reason(s) for separation. For items 14 and 15, show the law enforcement authority (city police, sheriff, FBI, etc) the offense, date of offense, place, and the sentence. Use this space to provide information on any discharge from the armed services which was under less than honorable conditions.
