

City of West Monroe

POLICE DEPARTMENT

2301 NORTH SEVENTH STREET

WEST MONROE, LA 71291

Main: (318) 396-2722

Records: (318) 397-6859

Fax: (318) 396-4903

Jeffrey D. Terrell
Chief of Police

APPLICATION FOR EMPLOYMENT

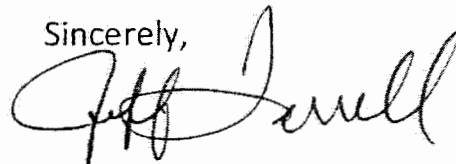
Thank you for your interest in the West Monroe Police Department. We are pleased that you are considering employment with us. Because of the critical nature of police work, it is important that we hire only those people who are able to handle the physical, mental, and psychological rigors associated with law enforcement. This application is the first step in this hiring process. We hope that it is the first step in a long career with our department.

Please complete the enclosed application carefully. Although applications will not be rejected for errors which can be corrected prior to testing, it is important that you fill out the application neatly, and with all the required information. Remember, you never get a second chance to make a first impression.

The hiring process does take some time. When you receive your application for employment, you will be asked to read the Department's "Selection Manual" which will provide you with all necessary information regarding the steps in the hiring/selection process. When you have completed your application, bring it to the police department and turn it in to the Secretary to the Chief of Police. We congratulate you on your choice of law enforcement as a career and wish you the best of luck as you proceed through the process.

To check availability for Civil Service testing dates, go to ose.louisiana.gov.

Sincerely,



Jeffrey D. Terrell
Chief of Police

CITY OF WEST MONROE POLICE DEPARTMENT

WEST MONROE, LOUISIANA

EQUAL OPPORTUNITY EMPLOYER

The West Monroe Police Department is an equal opportunity employer. Discrimination against any person in recruitment, examination, appointment, training, promotion, retention, discipline, or any other aspect of personnel administration, because of race, color, gender, national origin, marital status, or other non-merit factors, is strictly prohibited.

BENEFITS

1. VACATION

- a. CIVIL SERVICE EMPLOYEES – 8 HR SHIFTS – Vacation time is accrued as follows:
 - i. One (1) to Seven (7) continuous years presently gets 120 hours (15 days)
 - ii. Seven (7) to Fourteen (14) continuous years gets 168 hours (21 days)
 - iii. Fourteen (14) years and over gets 224 hours (28 days)
- b. CIVIL SERVICE EMPLOYEES – 12 HR SHIFTS – Vacation time is accrued as follows:
 - i. One (1) to Seven (7) continuous years presently gets 132 hours (11) days
 - ii. Seven (7) to Fourteen (14) years gets 192 hours (16 days)
 - iii. Fourteen (14) years and over gets 252 hours (21 days)
- c. NON-CIVIL SERVICE EMPLOYEES – Vacation time is accrued as follows:
 - i. One (1) to Ten (10) continuous years presently gets Ten (10) days annual leave
 - ii. Ten (10) years and over continuous service presently gets Ten (10) days plus One (1) day for each year of service
- d. PART-TIME EMPLOYEES – Are not eligible to receive paid vacation time

2. HOLIDAYS

A. THE ALLOWED HOLIDAYS ARE:

Christmas Eve	December 24 th
Christmas Day	December 25 th
New Years Day	January 1 st
Independence Day	July 4 th
Labor Day	First Monday in September
Thanksgiving Day	4 th Thursday in November
Thanksgiving	4 th Friday in November
Good Friday	Friday before Easter
National Memorial Day	Last Monday in May
Employee's Birthday	Employee's Birthday
MLK	
Veteran's Day	November 11 th

B. If a holiday falls on a regular day off, employee will not be compensated.

C. If the employee has to work on a holiday, he/she will be compensated at time and ½ rate.

3. SICK LEAVE

Civil Service employees with the department are allowed up to 365 sick days.

A. Maximum of Two (2) consecutive days of sick days of sick leave without a doctor's excuse.

B. Three (3) or more consecutive sick days require the employee to turn in a doctor's excuse on the first day back to work.

4. COMPENSATORY TIME/OVERTIME – Employees will earn either overtime or compensatory time for hours worked over regular hours.

5. SPECIAL PAY

A. Employees are paid an educational incentive which is determined by the number of college credit hours.

- 1-14 Hours \$15.00/mo
- 15-29 Hours \$25.00/mo
- 30-59 Hours \$50.00/mo
- 60-89 Hours \$75.00/mo
- 90 + Hours \$100.00/mo

Bachelor's Degree \$150.00/mo
Master's Degree \$200/mo

C. Employees receive increases in pay for longevity.

- 1 Year \$25.00/mo
- 3-5 Years \$50.00/mo
- 5-9 Years \$75.00/mo
- 9-15 Years \$100.00/mo
- Over 15 years \$150.00/mo

GENERAL INFORMATION

1. PAYROLL DEDUCTIONS – The following can be taken out of an employee's regular paycheck:
 - Retirement
 - Income Taxes
 - Medical/Dental
 - Credit Union
 - Associations
2. All full-time Civil Service employees will be issued pictured identification. Sworn employees will be issued a badge and commission card. These forms of identification must be carried by employees at all times.
3. TIME SHEETS – Employees are required to complete time sheets on a daily basis in accordance with department guidelines.
4. PAY SCALE –
 - Employees are paid a base pay for a specific job class
 - Employees are paid bi-weekly
 - When applicable, the City of West Monroe will provide a percentage raise to all employees
5. CITY OF WEST MONROE FEDERAL CREDIT UNION – There is a \$1.00 membership fee with a minimum deposit of \$5.00.
6. WEST MONROE POLICE ASSOCIATION – Consists of police department employees who by a payroll deduction of \$8.00 per month become a member. Employees and their family members are entitled to free doctor's visits with this membership.
7. LOUISIANA PEACE OFFICERS ASSOCIATION – Dues are \$20.00 per year for burial insurance for any commissioned peace officer in the state of Louisiana consisting of \$500.00 for the member's first 3 years of membership and \$1,000.00 after 3 years.
8. MUNICIPAL POLICE OFFICERS ASSOCIATION – Dues are \$15.00 per year for burial insurance for city police officers in the State of Louisiana consisting of the following: for an officer joining before age 50, the benefit is \$800.00. An officer joining after age 50 and up to age 60, the benefit is \$500.00. Any member, regardless of joining age, killed on duty receives an additional

- \$1,000.00 for a possible maximum of \$1,800.00. If joining after age 60, the only benefit is the killed-on-duty amount of \$1,000.00.
9. WEST MONROE POLICE RELIEF ASSOCIATION – Dues are \$3.00 per month and contributions are given in cases of extreme emergency to members of this association.
 10. HEALTH INSURANCE – See current Health Insurance Information Booklet.
 11. RULES OF CONDUCT (CODE OF ETHICS) – All officers are expected to abide by a code of ethics as outlined in the Standard Operations Procedures Manual.
 12. DEPARTMENT ORGANIZATION AND AUTHORITY – The structure and authority of the department is established by city ordinance and is outlined in the Standard Operations Procedures Manual.
 13. EMPLOYEE DISCIPLINE POLICY – The department maintains a structured discipline policy designed to provide consistency and fairness.
 14. UNIFORM POLICY – Uniforms are supplied to employees who are required to wear a uniform. The department provides a \$200.00 annual allowance for uniform maintenance.
 15. ABSENCE WITHOUT LEAVE – Unauthorized absence from duty shall be treated as an absence without pay and may be grounds for disciplinary action.
 16. TERMINATION OF EMPLOYMENT – In the event of termination of employment, an employee shall be entitled to any accrued unpaid salary, wages, unused vacation, and compensatory time.
 17. MILITARY LEAVE – Full time employees who are members of the National Guard or other reserve components of the Armed Forces of the United States are given up to 20 days paid annual leave while on active service.
 18. FUNERAL LEAVE –
 - A. In the event of an immediate family member's death, employees shall be authorized without loss of pay or leave time not to exceed (3) three calendar days, except in extenuating circumstances approved by the Chief of Police. An employee's immediate family is defined as:
 - i. SPOUSE
 - ii. PARENTS OR STEP-PARENTS
 - MOTHER-IN-LAW OR FATHER-IN-LAW
 - BROTHER OR STEP-BROTHER
 - SISTER OR STEP-SISTER

- CHILDREN OR STEP CHILDREN
 - GRANDPARENTS OR GREAT GRANDPARENTS
 - GRANDCHILDREN
- B. Funeral leave for other family member's deaths shall be authorized without loss of pay or leave time, not to exceed (2) two calendar days, except in extenuating circumstances approved by the Chief of Police. Other family members are defined as:
- SPOUSES BROTHER OR STEP BROTHER
 - SPOUSES SISTER OR STEP SISTER
 - SPOUSES GRANDPARENTS
- C. Funeral leave is authorized for specific purpose of attending the funeral of the deceased family member. This leave is not intended to be used if the funeral falls on the employee's regular day off.

19. JURY DUTY –

- A. There is no limit to the length of time a full time employee may serve on jury duty.
- B. Leave for such purpose is with pay as long as an employee is under court order to appear and serve.
- C. This policy also applies to any employee who has been ordered by subpoena to appear as a witness.
- D. Any monies received from the court by an on-duty employee will be turned over to the city.

20. The personnel policies of the City of West Monroe and the Police Department are subject to modification at any time.

WEST MONROE POLICE DEPARTMENT

Instruction Sheet

City of West Monroe

Your interest in the West Monroe 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. You must attach photo copies of the following documents to your application for it to be considered. WEST MONROE POLICE DEPARTMENT PERSONNEL WILL NOT MAKE PHOTO COPIES FOR YOU.
 - a. BIRTH CERTIFICATE
 - b. HIGH SCHOOL DIPLOMA OR EQUIVALENT
 - c. DD FORM 214, IF YOU HAVE PRIOR MILITARY SERVICE
4. If you have a current application on file, it shall be the responsibility of the applicant to notify the West Monroe Civil Service Board of any change in address or telephone number.

REQUIREMENTS FOR POLICE OFFICER

- MINIMUM 21 YEARS OF AGE
- MUST SUCCESSFULLY PASS A CIVIL SERVICE EXAMINATION
- MUST SUCCESSFULLY PASS A MEDICAL EVALUATION
- MUST HAVE COMPLETED A HIGH SCHOOL EDUCATION OR GED EQUIVALENT TO A HIGH SCHOOL EDUCATION
- MUST SUBMIT TO FINGERPRINTING, TRUTH VERIFICATION TESTING, AND/OR PSYCHOLOGICAL TESTING BEFORE APPOINTMENT
- MUST NOT HAVE BEEN CONVICTED OF A FELONY

REQUIREMENTS FOR POLICE COMMUNICATIONS OFFICER

- MINIMUM OF 18 YEARS OF AGE
- MUST SUCCESSFULLY PASS A CIVIL SERVICE EXAMINATION
- MUST SUCCESSFULLY PASS A MEDICAL EXAMINATION
- MUST HAVE A HIGH SCHOOL DIPLOMA OR A VALID CERTIFICATE OF EQUIVALENCY
- MUST SUBMIT TO FINGERPRINTING, TRUTH VERIFICATION TESTING, AND/OR PSYCHOLOGICAL TESTING BEFORE APPOINTMENT
- MUST NOT HAVE BEEN CONVICTED OF A FELONY

REQUIREMENTS FOR JAILER

- MINIMUM 21 YEARS OF AGE
- MUST SUCCESSFULLY PASS A CIVIL SERVICE EXAMINATION
- MUST SUCCESSFULLY PASS A MEDICAL EXAMINATION
- MUST HAVE A HIGH SCHOOL DIPLOMA OR A VALID CERTIFICATE OF EQUIVALENCY
- MUST SUBMIT TO FINGERPRINTING, TRUTH VERIFICATION TESTING, AND/OR PSYCHOLOGICAL TESTING BEFORE APPOINTMENT
- MUST NOT HAVE BEEN CONVICTED OF A FELONY

REQUIREMENTS FOR RECORDS CLERK

- MINIMUM 21 YEARS OF AGE
- MUST SUCCESSFULLY PASS A CIVIL SERVICE EXAMINATION
- MUST SUCCESSFULLY PASS A MEDICAL EXAMINATION
- MUST SUBMIT TO FINGERPRINTING, TRUTH VERIFICATION TESTING, AND/OR PSYCHOLOGICAL TESTING BEFORE APPOINTMENT
- MUST NOT HAVE BEEN CONVICTED OF A FELONY

REQUIREMENTS FOR SECRETARY TO THE POLICE CHIEF

- MINIMUM 21 YEARS OF AGE
- MUST SUCCESSFULLY PASS A CIVIL SERVICE EXAMINATION
- MUST SUCCESSFULLY PASS A MEDICAL EXAMINATION

ALL APPLICANTS FOR POLICE OFFICER/CORRECTIONS OFFICER MUST SUCCESSFULLY COMPLETE A PHYSICAL FITNESS TEST PRIOR TO BEING INTERVIEWED FOR THE POSITION

THE PHYSICAL FITNESS TEST CONSISTS OF:

- ONE AND A HALF (1 ½) MILE RUN
- SIT-UPS (ONE MINUTE TIME LIMIT)
- PUSH-UPS (ONE MINUTE TIME LIMIT)

NOTE: THE PHYSICAL FITNESS TEST IS GENDER AND AGED BASED. SEE BELOW TABLE.

MEN

TEST	AGE 20-29	AGE 30-39	AGE 40-49	AGE 50-59
1.5 MILE RUN (MAX. TIME)	13:22	14:08	14:56	15:57
1-MINUTE SIT-UP	35	32	27	21
1-MINUTE PUSH-UP	26	20	15	10

WOMEN

TEST	AGE 20-29	AGE 30-39	AGE 40-49	AGE 50-59
1.5 MILE RUN (MAX. TIME)	13:22	16:35	17:24	18:23
1-MINUTE SIT-UP	30	22	17	12
1-MINUTE PUSH-UP	20	15	10	9

WEST MONROE POLICE DEPARTMENT ATTEMPTS TO GIVE APPLICANTS AMPLE NOTICE OF WHEN TESTING WILL TAKE PLACE. HOWEVER, ON OCCASION CIRCUMSTANCES MAY REQUIRE THE TEST TO BE GIVEN ON A SHORTER NOTICE. BECAUSE OF THIS, IT IS SUGGESTED THAT APPLICANTS BEGIN PREPARING FOR THE PHYSICAL FITNESS TEST AS SOON AS POSSIBLE.

RE: Standard 32.2.4

As a part of the application process all applicants may be asked to take a PSE, Voice Stress Analysis Test.

The following is a list of areas that the questions on the test will be drawn from.

1. The Confidential Questionnaire
2. Drugs
3. Alcohol
4. Gambling
5. Personal life
6. Anger
7. Voter Registration
8. Previous crime
9. Past job history
10. Past physical altercations
11. Lying

Approved by: _____

City of West Monroe

POLICE DEPARTMENT
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WEST MONROE, LA 71291

Main: (318) 396-2722
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Jeffrey D. Terrell
Chief of Police

APPLICATION PACKET CHECKLIST

DO NOT LEAVE ANY AREA OF THE APPLICATION
BLANK.

The following items are required to be submitted with your application:

1. Copy of your High School Diploma or GED equivalency certificate
2. Copy of your Birth Certificate
3. Copy of any application certifications or license required for admission to examination
4. Any other items as may be required by the local board. You will be advised of these items, if any are required.

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) ()		OFFICE TELEPHONE NUMBER (WITH AREA CODE) ()	
SOCIAL SECURITY NUMBER		DATE OF BIRTH: MONTH/DATE/YEAR:	
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVER'S LICENSE NO: _____ EXPIRATION DATE: _____	

EXAMINATION FOR WHICH YOU ARE APPLYING (FILE A SEPARATE APPLICATION FOR EACH EXAMINATION)

RACE/SEX INFORMATION					
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.					
<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
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: Proof that you are a citizen of the United States (Birth Certificate, US Passport, or Certificate of Naturalization) Proof that you meet the age requirement of the civil service board (Birth Certificate) Proof that you meet the education requirement as posted by the civil service board to be admitted to the exam 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) Proof that you meet all other requirements as posted by the civil service board to be admitted to the exam

AUTHORITY FOR RELEASE OF INFORMATION
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.
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.
DATE _____ SIGNATURE OF 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 PER WEEK
TITLE OF INSTRUCTION OR CLASS (ATTACH ADDITIONAL PAGES IF NECESSARY)				
			G YES G NO	
			G YES G NO	
			G YES G NO	
			G YES G 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)

	NO. 1	NO. 2	NO. 3
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			

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 in a peacetime campaign or expedition for which a campaign badge has been authorized, including the following wartime periods: 06/27/50 - 01/31/55 (Korean Conflict); during the period of more than 180 consecutive days, any part of which occurred between 01/31/55 and 10/15/76 (including the Vietnam era), not including active duty for training in Reserves or National Guard; and from 08/02/90 - 01/02/92 (Gulf War). If your service began after October 15, 1976, you must have received a Campaign Badge, or Expeditionary Medal. Campaigns or expeditions for which such medals have been authorized include El Salvador, Lebanon, Granada, Panama, Southwest Asia, Somalia, Haiti, Kosovo, Bosnia and Herzegovina. Medal holders and Gulf War veterans who originally enlisted after September 7, 1980, (or began active duty on or after October 14, 1982, and have 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. 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.

G 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 (check box 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		
						TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT FROM: MO. DAY YR. TO: MO. DAY YR.			WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		AVERAGE NUMBER OF HOURS WORKED PER WEEK:		BEGINNING SALARY	ENDING SALARY
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	
						TITLE OF YOUR POSITION	
DATES OF EMPLOYMENT			WAS THIS FULL-TIME EMPLOYMENT? G YES G 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	
						TITLE OF YOUR POSITION	
DATES OF EMPLOYMENT			WAS THIS FULL-TIME EMPLOYMENT? G YES G 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	
						TITLE OF YOUR POSITION	
DATES OF EMPLOYMENT			WAS THIS FULL-TIME EMPLOYMENT? G YES G 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	
						TITLE OF YOUR POSITION	
DATES OF EMPLOYMENT			WAS THIS FULL-TIME EMPLOYMENT? G YES G 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			
	TITLE OF YOUR POSITION			

DATES OF EMPLOYMENT						WAS THIS FULL-TIME EMPLOYMENT? G YES G NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
FROM:	MO.	DAY	YR.	TO:	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			
	TITLE OF YOUR POSITION			

DATES OF EMPLOYMENT						WAS THIS FULL-TIME EMPLOYMENT? G YES G NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
FROM:	MO.	DAY	YR.	TO:	MO.				

NAME AND TITLE OF IMMEDIATE SUPERVISOR	NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED
--	---

DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)
