

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 CONTRACT/RESERVE 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.

Sincerely,

Jeffrey D. Terrell
Chief of Police

GENERAL INFORMATION

1. PAYROLL DEDUCTIONS – The following can be taken out of an employee's regular paycheck:
 - Income Taxes
 - Credit Union
2. TIME SHEETS – Employees are required to complete time sheets on a daily basis in accordance with department guidelines.
3. PAY SCALE –
 - Employees are paid a base pay for a specific job class
 - Employees are paid bi-weekly
4. CITY OF WEST MONROE FEDERAL CREDIT UNION – There is a \$1.00 membership fee with a minimum deposit of \$5.00.
5. 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.
6. DEPARTMENT ORGANIZATION AND AUTHORITY – The structure and authority of the department is established by city ordinance and is outlined in the Standard Operations Procedures.
7. EMPLOYEE DISCIPLINE POLICY – The department maintains a structured discipline policy designed to provide consistency and fairness.
8. UNIFORM POLICY – Uniforms are supplied to employees who are required to wear a uniform.
9. ABSENCE WITHOUT LEAVE – Unauthorized absence from duty shall be treated as an absence without pay and may be grounds for disciplinary action.
10. TERMINATION OF EMPLOYMENT – In the event of termination of employment, an employee shall be entitled to any accrued unpaid salary.
11. The personnel policies of the City of West Monroe and the Police Department are subject to modification at any time.

REQUIREMENTS FOR POLICE COMMUNICATIONS OFFICER

- MINIMUM 18 YEARS OF AGE
- 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
- MUST PASS DRUG TEST
- NO PHYSICAL FITNESS TEST REQUIRED

REQUIREMENTS FOR JAILER

- MINIMUM 18 YEARS OF AGE
- 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 FOF A FELONY
- MUST PASS DRUG TEST
- MUST PASS P.T. TEST FOR JAILERS HIRED

REQUIREMENTS FOR RESERVES

- MINIMUM 21 YEARS OF AGE
- 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 FOF A FELONY
- MUST PASS DRUG TEST
- MUST PASS PHYSICAL FITNESS TEST - THIS TEST IS THE SAME AS FOR FULL TIME OFFICERS HIRED UNLESS YOU ARE CURRENTLY POST CERTIFIED. FITNESS TESTING FOR POST CERTIFIED APPLICANTS FOR THE RESERVE UNIT IS NOT REQUIRED

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.

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.

APPLICATION PACKET CHECKLIST

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 Driver's License
4. Copy of Social Security card
5. Copy of any certifications or license

WEST MONROE POLICE DEPARTMENT PART-TIME APPLICATION

**** DO NOT LEAVE ANY AREA OF THE APPLICATION BLANK ****

POSITION APPLYING FOR: COMMUNICATIONS JAILER RESERVES CROSSING GUARD OTHER

FIRST NAME: _____ MIDDLE: _____ LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ EMAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

Social Security Number		
Work Telephone #		
Home Telephone #		
Cell Telephone #		

Are you currently holding or running for an elective public office? YES NO

Have you ever been convicted of a felony? YES NO

Have you ever been fired from public employment, to include military service or resigned to avoid dismissal? YES NO

Within the past 5 years, have you been convicted of any law violation? YES NO
(excludes minor traffic violations)

If "yes" to any of the above, explain: _____

The following information is collected to complete Equal Opportunity reports required by law. You ARE NOT LEGALLY OBLIGATED to provide this information.

RACIAL/SEX INFORMATION (Circle One of Each)

Caucasian African American Hispanic Asian/Pacific Islander American Indian/Alaskan Native

Male Female

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION:

AUTHORITY TO RELEASE INFORMATION: I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies, and other individuals and agencies or duly accredited investigators, personnel technicians, and other authorized employees of the state government for the purpose of determining my eligibility and suitability for employment.

I certify that the statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that information on this application may be subject to investigation and verification and that any misrepresentation or material omission may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal from state service.

Date: _____	Signature of Applicant: _____
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EDUCATION

List all grades held and dates of each grade. Begin with the highest grade.

SCHOOL	FROM	TO

FORMAL EDUCATION (Provide official college transcript or copy of diploma)

Have you received a high school diploma or equivalency certificate?

Date Received:

LIST COLLEGES OR UNIVERSITIES ATTENDED (Attach Transcript)	NAME OF COLLEGE OR UNIVERSITY CITY AND STATE	DATES ATTENDED		TOTAL CREDIT HOURS EARNED	TYPE OF DEGREE	DATE RECEIVED
		FROM	TO			

WORK EXPERIENCE - Beginning with the most recent

Employer/Company Name:		
Address:		Your Official Job Title:
City/State/Zip:		Beginning Salary: Ending Salary:
Dates of Employment:	Hrs. worked/week	Reason for Leaving:
From:	To:	
Name/Title of Your Supervisor:		

Job Duties

Work Experience (Continued)

Employer/Company Name:		
Address:		Your Official Job Title:
City/State/Zip:		Beginning Salary: Ending Salary:
Dates of Employment:		Reason for Leaving:
From:	To:	Hrs. worked/week
Name/Title of Your Supervisor:		

Job Duties

Employer/Company Name:		
Address:		Your Official Job Title:
City/State/Zip:		Beginning Salary: Ending Salary:
Dates of Employment:		Reason for Leaving:
From:	To:	Hrs. worked/week
Name/Title of Your Supervisor:		

Job Duties

Military Service

Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service?	Service Serial Number:	Type & Basis for Discharge:
Date entered active U.S. Armed Forces/Date Separated from Active Service		Was service performed on active full-time basis with full pay & allowances? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you served in a peace time campaign or expedition for which campaign badges were authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, give name of badge/ribbon:	
Have you ever been discharged, excluding administrative discharges, from the U.S. Armed Services under less than honorable conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, give details on the back of this application.

REFERENCES

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED	RELATIONSHIP

AUTHORIZATION:

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary be terminated at any time without cause and without any previous notice.

Signature

Date

EMERGENCY NOTIFICATION:

NAME/RELATIONSHIP

PHONE NUMBER

ADDRESS

NAME/RELATIONSHIP

PHONE NUMBER

ADDRESS

EMPLOYER NOTES:

DATE HIRED: _____ **POSITION:** _____