

# 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 the 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



# CITY OF WEST MONROE POLICE DEPARTMENT

WEST MONROE, LOUISIANA



www.WMPD.NET

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## EQUAL OPPORTUNITY EMPLOYER

*The West Monroe Police Department is an equal opportunity employer. Discrimination against any person in recruitment, examination, training, promotion, retention, discipline, or any other aspect of personnel administration, because of race, color, gender, national origin, marital status, or other no-merit factors, is strictly prohibited.*

## BENEFITS

### 1. VACATION

#### A. CIVIL SERVICE EMPLOYEES - 8 HR SHIFTS

Vacation time is accrued as follows:

- a. One (1) to Seven (7) continuous years presently gets 120 hours (15 days)
- b. Seven (7) to Fourteen (14) continuous years gets 168 hours (21 days)
- c. Fourteen (14) years and over gets 224 hours (28 days)

#### B. CIVIL SERVICE EMPLOYEES – 12 HR SHIFTS

Vacation time is accrued as follows:

- a. One (1) to Seven (7) continuous years presently get 132 hours (11 days)
- b. Seven (7) to Fourteen (14) years gets 192 hours (16 days)
- c. Fourteen (14) years and over gets 252 hours (21 days)

#### C. NON-CIVIL SERVICE EMPLOYEES

Vacation time is accrued as follows:

- a. One (1) to Ten (10) continuous years presently get Ten (10) days annual leave
- b. Ten (10) years and over continuous service presently gets Ten (10) days plus

#### D. PART-TIME EMPLOYEES – Are not eligible to receive paid vacation time.

## 2. HOLIDAYS

### A. THE ALLOWED HOLIDAYS ARE:

- Christmas Eve December 24<sup>th</sup>
- Christmas Day December 25<sup>th</sup>
- New Year's Day January 1<sup>st</sup>
- Independence Day July 4<sup>th</sup>
- Labor Day First Monday in September
- Thanksgiving 4<sup>th</sup> Thursday in November
- Day After Thanksgiving 4<sup>th</sup> Friday in November
- Good Friday Friday before Easter Sunday
- National Memorial Day Last Monday in May
- Martin Luther King January 16<sup>th</sup>
- Employee's Birthday Employee's Birthday

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

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

- a. Maximum of Two (2) consecutive 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 \$200.00/mo

## 5.(cont.) SPECIAL PAY (cont.)

### B. 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** –
  - Current Salary – To be set at time of employment – Patrol, Corrections, Communications
  - Current Salary – To be set at time of employment – Records Clerk
  - 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 OFFICER'S 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 \$1000.00 after 3 years.
8. **MUNICIPAL POLICE OFFICER'S 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 \$1000.00 for a possible maximum of \$1800.00. If joining after age 60, the only benefit is the killed-on-duty amount of \$1000.00.
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:

- SPOUSE
- PARENTS OF 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:

- SPOUSE'S BROTHER OR STEP-BROTHER
- SPOUSE'S SISTER OR STEP-SISTER
- SPOUSE'S GRANDPARENTS

C. Funeral leave is authorized for the specific purpose of attending the funeral of the deceased family member. The 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.

# 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? G YES    G 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.					
G Male	G White	G Black	G Hispanic	G Am. Indian	G Asian
G Female	G 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:
<ul style="list-style-type: none"> <li>Proof that you are a citizen of the United States (Birth Certificate, US Passport, or Certificate of Naturalization)</li> <li>Proof that you meet the age requirement of the civil service board (Birth Certificate)</li> <li>Proof that you meet the education requirement as posted by the civil service board to be admitted to the exam</li> <li>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)</li> <li>Proof that you meet all other requirements as posted by the civil service board to be admitted to the exam</li> </ul>

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				
G U.S. Citizen	G Age	G Education	G Driver's License (if a requirement)	G 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.

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

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NAME AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS		
						TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT			WAS THIS FULL-TIME EMPLOYMENT?  <b>G</b> YES <b>G</b> 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)

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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)

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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)

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