

# 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

## West Monroe Police Department Illegal Drug Policy

You can easily determine whether you meet the West Monroe Police Department's illegal drug policy by answering the following questions:

- 1) Have you used marijuana at all within the last three years?
- 2) Have you used any other illegal drug (including anabolic steroids after February 27, 1991) at all in the past 10 years?
- 3) Have you ever sold, distributed, manufactured, or transported any illegal drug?
- 4) Have you ever used any prescription drug or used a legally obtainable substance in a manner for which it was not intended within three years (36 months) preceding the date of the preliminary application for employment?

If you answered **Yes** to any of these questions, you are not eligible for employment with the West Monroe Police Department.

# APPLICATION FOR PART TIME EMPLOYMENT

POSITION APPLIED FOR: \_\_\_\_\_

## PERSONAL INFORMATION

DATE OF BIRTH (MM/DD/YY)

LAST NAME

FIRST NAME

MIDDLE NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

PARISH

RESIDENCE TELEPHONE (AREA CODE)

BUSINESS TELEPHONE (AREA CODE)

SOCIAL SECURITY NUMBER

DRIVERS LICENSE NUMBER

HEIGHT

WEIGHT

COLOR EYES

COLOR HAIR

MARITAL STATUS:  MARRIED  SINGLE  DIVORCED

### EDUCATION

NAME AND LOCATION OF SCHOOL      CIRCLE  
LAST YEAR      DID YOU      SUBJECTS STUDIED  
COMPLETED      GRADUATE      DEGREES RECEIVED

GRAMMAR SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**FORMER EMPLOYERS** LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST

DATE MONTH AND YEAR	EMPLOYER, SUPERVISOR AND EMPLOYER PHONE NUMBER	SALARY (UPON LEAVING)	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

**REFERENCES** LIST BELOW THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS and Phone Number	POSITION	YEARS ACQUAINTED

**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 case and without any previous notice.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**EMERGENCY NOTIFICATION**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

DATE HIRED: _____	APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION: _____
SUPERVISOR: _____	DEPT. HEAD: _____	

**PLEASE INCLUDE A  
PHOTO COPY OF  
YOUR SOCIAL  
SECURITY NUMBER  
AND DRIVERS  
LICENSE**

# City of West Monroe

CHRISTOPHER L. ELG  
CHIEF OF POLICE

POLICE DEPARTMENT  
2301 NORTH SEVENTH  
WEST MONROE, LOUISIANA 71291

(318) 396-2722  
FAX (318) 396-4903

I \_\_\_\_\_ understand that the West Monroe Police Department may conduct a through background investigation including: verification of prior employment history and performance, education, financial records, records of criminal or traffic arrests and convictions, and psychological testing. I hereby authorize any agency or individual questioned by West Monroe Police Department investigators about my background to release any and all information the investigators deem pertinent to the background investigation. I hereby release the West Monroe Police Department and its investigators, and any other agency or person from liability in connection with furnishing such information. I am aware that any false statements on the attached confidential questionnaire, or failure to disclose information asked for on the questionnaire shall be sufficient reason to disqualify me for employment, or if employed, may result in my dismissal.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SPOUSE'S NAME

\_\_\_\_\_  
SPOUSE'S SOCIAL SECURITY NUMBER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, AND ZIP CODE

\_\_\_\_\_  
DATE

**Copies of this document are deemed valid**