

202 SOUTH THIRD STREET
SUITE 121
LOUISIANA, MO 63353



(573)754-4021
(573)754-5150
FAX (573)754-5491

LOUISIANA POLICE DEPARTMENT

City of Louisiana Police Department

Application for Employment

Equal Opportunity Employer

Please print in black ink.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: _____ Cell Phone: _____

Available Start Date: _____ SSN: _____

Position Applied for: _____

Are you seeking Full Time or Part Time employment? (circle one or both) Full Time Part Time

Have you ever been employed with us before? YES NO

If yes, when? _____

Are you currently employed? YES NO

If yes, may we contact your present employer? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Do you possess a valid Driver's License? YES NO

If yes, License Number: _____ License State: _____

Have you ever had your driver's license suspended or revoked? YES NO

If yes, explain: _____

Are you a graduate of a P.O.S.T. Certified Police Training Academy? YES NO

If yes, Name of Academy: _____

Date of Completion: _____

How many hours of completed training? _____

Education

High School: _____

Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma or GED? _____

College: _____

Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____

Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____

Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____

Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Ending Salary:\$ _____
Tasks Performed: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Ending Salary:\$ _____
Tasks Performed: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Ending Salary:\$ _____
Tasks Performed: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Ending Salary:\$ _____
Tasks Performed: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

References

Please list four professional references that are not related to you, not previous Employers and whom you have known for a minimum of three years.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Additional Information

List any specialized training you have received including dates:

List any honors you have received including dates:

Use this space to add any additional information you would like us to consider while reviewing your application.

Applicant's Statement:

I certify that my answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby authorize my former employers to release any information pertaining to my work record, my work habits, and my work performance while in their employ.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Applicant Signature: _____ Date: _____

THE CITY OF LOUISIANA IS AN EQUAL OPPORTUNITY EMPLOYER