

<u>Our Mission</u>: Provide outstanding police services, in partnership with the community, maintain a safe environment that contributes to the quality of life.

Dear Applicant,

We thank you for your interest in the Shreveport Police Department. The hiring process can take an extended period of time therefore we want to provide you with this information to help you understand how the process works and what will be needed from you.

- Civil Service Test Your application to take the Civil Service test must be turned in to
 the Civil Service Secretary at 7300 Mansfield Road, before the application deadline.
 This is the first step in the process. Note: There are study guides for the police officer
 and communications officer's tests which you can get in the Recruiting Unit or download
 online at www.ose.state.la.us.
- 2. **Physical fitness test** This is normally the second step in the process and you need to prepare for this now. The requirements for the PT test are located on the back of the brochure which is enclosed in this packet.
- 3. **Applicant Interview Board** Upon passing the PT test you will be asked to sign up for your AIB. Be prepared when you go for your PT test by having a good knowledge of your schedule.
- 4. **Questionnaire/Background Investigation** Once you pass the Applicant Interview Board you will be given a questionnaire which must be completed and returned to the Recruiting Unit with 3 **SIGNED** letters of recommendation. When your recruiter receives your completed questionnaire and letters of recommendation your file will be sent out for the background investigation. This normally takes about 2 weeks.
- 5. **COE** When the first four stages of the process have been successfully completed you will be asked to come into the office and complete some additional paperwork. This is normally when one or all of your finale appointments will be made. Again, please have a good knowledge of your personal/work schedule so that any conflicts can be avoided.
- 6. **Polygraph** The polygraph normally takes about 2 hours.
- 7. **Psychological** This takes the majority of a day. There is a written test which is normally done in the morning. You will then have an interview with the psychologist later that day.
- 8. **Medical** The medical is normally done early in the day because you must fast after midnight. You should be prepared for a complete physical, an eye exam, a hearing test, and a back exam, a drug test, and blood test. Note: there is paperwork you must have completed before you go for this test which your recruiter will give you. You will be given a TB test that you must return to have read within a certain time period along with hemocult slides. Please be prompt in returning to Work Care for this.

We ask you to be prompt in returning paperwork that is requested and to call ahead of time (318-673-7157) if you cannot keep an appointment or will be late.

Shreveport Police Recruiting Unit

POLICE PHYSICAL FITNESS REQUIREMENTS

1.5 Mile Run

Age 21-29	Male 13:58	Female 17:11
30-39	14:33	18:18
40-49	15:32	19:43
50-59	17:30	21:57

One Minute Push Ups

Age 21-29	Male 22	Female 10
30-39	17	8
40-49	11	6
50-59	9	6

One Minute Sit Ups

On	c Milliate Sit	<u>C ps</u>
Age	Male	Female
21-29	33	24
30-39	30	20
40-49	24	14
50-59	19	10

Shreveport Police Department 1234 Texas Street Shreveport, LA 71101



EMPLOYMENT INFORMATION AND QUALIFICATION REQUIREMENTS

Police Officer, Jailer, Police Communications Officer Applicants will be screened in each of the following categories, unless otherwise indicated.

Eligibility

Applicants must have a High School Diploma or an acceptable G.E.D.

Physical Condition

Applicants must be able to pass a physical fitness test and medical examinations (physical fitness test does not apply to Police Communications Officer Applicants)

Driving Record

Applicants must not have any DWI convictions within the past five (5) years or any Hit and Run driving convictions. Any arrests and/or convictions will be evaluated.

Arrest/Criminal Activity

Applicants must not have any felony convictions. Misdemeanor convictions will be evaluated. Past and present criminal activity which, may or may not have resulted in an arrest, may be considered as a disqualifier.

Military Service

Applicants receiving a dishonorable discharge from the military will not be considered for employment.

Previous Employment History

Applicant whose employment records indicate an inability to maintain steady employment, abuse of rules, inappropriate behavior, and/or unsatisfactory work performance will be scrutinized.

<u>Sa</u>larv

Monthly starting salaries are:

Recruit \$2,179 **Police Officer** \$2,750

Police Communications Officer \$3,258

Jailer \$2,332

Training Academy

Police officer applicants will attend the Shreveport Police Regional Training Academy for approximately sixteen (16) weeks. Upon graduating from the Academy, Police Officers will be assigned to the Patrol Bureau to complete their Field Training Program.

Falsification and/or Omission on Application

Falsification and/or omission on your application or other documents will be grounds for disqualification.

Other Requirements

Applicants will need to bring three (3) letters of recommendation from persons not related to you by birth or marriage, to the Recruiting Unit when you turn in your History Questionnaire.

Shreveport Police Department Recruiting Unit Phone: 318-673-7157 Fax: 318-673-7125

Municipal Fire and Police Civil Service Board

7300 Mansfield Road Shreveport Louisiana 71108

Application for Competitive Examination ** Police Officer ** Police Communications Officer I ** ** Jailer I ** Secretary to the Chief of Police **

- 1. **FIRST, READ** these instructions before beginning to fill out the application. Follow ALL instructions.
- 2. Please print in ink or type on the application. **PLEASE INDICATE THE TITLE OF THE POSITION** for which you are applying and sign the application. Failure to answer all questions on the application may cause your application to be delayed or rejected.
- 3. You will be contacted by mail; therefore IT IS IMPORTANT THAT YOU COMPLETE THE ADDRESS INCLUDING APARTMENT NUMBERS, AND ZIP CODE BE ON THE APPLICATION.
- 4. Copies of the following **MUST BE ATTACHED** to your application before you return it to the Civil Service Board. **DO NOT** place originals in the application.

 Document	Remarks
Birth Certificate	All Positions
High School Diploma or GED equivalent	All Positions
Drivers License	All Positions
Form DD214, if you qualify for veteran's preference	All Positions (see application for qualifications)
Certificate of verification of ability to type at least 35 wpm	Police Communications Officer I applicants only

- 5. If you answer "yes" to any of the questions listed under "Background Information", i.e., past termination, arrests, convictions, please explain by giving complete details in the explanation section of the application for each and every instance. Prior to hiring, the appointing authority may conduct a complete background investigation. If it is determined that you have falsified your application, the civil service board may remove your name from the eligibility list.
- 6. Please note the following:
 - a. It has generally been the <u>Appointing Authority's policy</u> not to hire individuals; if discharged from the military service and received less than honorable discharge; convicted of any crime, i.e., DWI, theft, ect., within the past five (5) years (this does not include traffic violations such as speeding); convicted of a felony.
 - b. After an offer of employment, but before beginning work in these classes, applicants must pass a medical examination prepared and administered by the <u>Appointing Authority</u>, designed to demonstrate good health and physical fitness sufficient to perform the essential duties of the position with or without accommodations.
 - c. Age requirements:

POLICE OF	FFICER	POLICE COMMUNICATIONS (OFFICER I
Minimum – 21 years	Maximum - None	Minimum – 21 years Maximu	ım - None

JAILER I Minimum – 21 years Maximum - None SECRETARY TO THE CHIEF OF POLICE Minimum – 21 years Maximum - None

APPLICATION FOR COMPETITIVE EXAMINATION FIRE AND POLICE CIVIL SERVICE BOARD

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: MC	ONTH/DATE/YEAR:
ARE YOU A CITIZEN OF THE UNITED STATES? G YES G NO		NO:
G 1ES G NO	EXPIRATION DATE:	
EXAMINATION FOR WHICH YOU ARE APPLYING (FILI	E A SEPARATE APPLICATION FOR I	EACH EXAMINATION)
R	ACE/SEX INFORMATION	
The Federal government requires that we request Completion of this section is voluntary, and information.	st the following race and sex in	formation for statistical reporting purposes rejected if you choose not to provide this
G Male G White G Black G Other:	G Hispanic G Am	ı. Indian G Asian
ODEOLAL INOTRUCTION	0 F00 D00 MENTATION	LVOLIMIOT ATTAOLI
	S FOR DOCUMENTATION	
In accordance with civil service law you must requirements, the local municipal fire and polic requirements for each of its competitive class you meet all the requirements of the civil service documents:	e civil service board in each ju es. Therefore, you must attach	rrisdiction has adopted its own qualification the necessary documentation to verify tha
Proof that you are a citizen of the United States (Bird Proof that you meet the age requirement of the civil		ificate of Naturalization)
Proof that you meet the education requirement as p	osted by the civil service board to	
Proof that you have a valid driver's license (if the Proof that you meet all other requirements as poster		
	,	
AUTHORITY	FOR RELEASE OF INFO	RMATION
I HAVE COMPLETED THIS APPLICATION WITH THE KNOWLE TO INVESTIGATION PRESCRIBED BY LAW, AND I CONS EMPLOYERS, EDUCATIONAL INSTITUTIONS, LAW ENFOR INVESTIGATORS, CIVIL SERVICE BOARD MEMBERS AND O	ENT TO THE RELEASE OF INFORMA'	TION CONCERNING MY CAPACITY AND FITNESS BY NOIVIDUALS AND AGENCIES. TO DULY ACCREDITES
I CERTIFY THAT THE ANSWERS I HAVE GIVEN TO ALL QUI ANY MISREPRESENTATION HEREIN MAY CAUSE MY APP SUBJECT ME TO DISMISSAL FROM EMPLOYMENT.		
DATE SIGNATURE OF APPLICANT		
FOR HOP	OF CIVIL SERVICE BOAR	D ONLY
FUR USE	OF CIVIL SERVICE BOAR	TO UNLY

FOR USE OF CIVIL SERVICE BOARD ONLY VERIFICATION THAT APPLICANT MEETS THE BOARD'S REQUIREMENTS										
G U.S. Citizen	G U.S. Citizen G Age G Education G Driver's License G Veteran Pref. (if a requirement)									
1. Chairman	2. Vice chairman	3.	4.	5.						

BACKGROUND INFORMATION

DAORORO									
WITHIN THE PAST 5 YEARS, HAVE YOU BEEN TERMINATED, OR RESIGNATED A REDUCTION IN FORCE?	GNED IN LIEU OF	TERMINATION,	FROM ANY POSI	TION FOR REASON	IS OTHER THAN				
G YES G 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?									
G YES G NO									
3. HAVE YOU BEEN CONVICTED OF A MISDEMEANOR DURING THE LAST 3 YEARS?									
G YES G NO									
NOTE: IF YOU ANSWERED "YES" TO EITHER OF THE ABOVE QUESTION A CONVICTION WILL NOTNECESSARILY DISQUALIFY YOU FROM THE JO MERITS WITH RESPECT TO TIME, CIRCUMSTANCES, AND SERIOUSNES	OB FOR WHICH Y	OVIDE AN EXP OU ARE APPLY	LANATION IN THE ING. A CONVICTION	E EXPLANATION E	BLOCK BELOW. ED ON ITS OWN				
EXPLANATION. PLEASE USE THE SPACE PROVIDED BELOW TO EXADDITIONAL PAGES IF NECESSARY.	XPLAIN ANY "Y	ES" ANSWERS	TO THE ABOVE	THREE QUESTIO	NS. ATTACH				
TRAININ	IG/EDUCA	TION							
A. HIGH SCHOOL	NAMEAND ADDRE	ESS OF HIGH SCHOO	L ISSUING DIPLOMAO	R OF STATE DEPARTM	ENT OF EDUCATION				
	ISSUING GED OR	EQUIVALENCY CER	TIFICATE:						
G DIPLOMA OR EQUIVALENCY CERTIFICATE									
DATE RECEIVED:									
G I DID NOT GRADUATE, BUT COMPLETED GRADE:									
B. COLLEGE	YEARS ATTENDED	CREDIT HOURS	DEGREE(S) RECEIVED	DATE OF DEGREE	MAJOR				
NAME OF COLLEGE OR UNIVERSITY/LOCATION		EARNED							

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 PROFESSION	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 OF TYPE OF CERTIFICATION									
NAME AND COMPLETE ADDRESS OF AGENCYOR 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 I	FOR TESTI	NG ACCOMMO	DATIONS	UNDER THE AMERICANS WITH DISABILITIES ACT					
		testing accommoda for your request to b		se of a disability which limits a major life activity, you $\underline{\text{must}}$.					
		~ ,		mericans With Disabilities Act for the following disability (check					
ADA request, y might be appr	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 accommo	dations are yo	u requesting?							
G Extra Time	G Reader	G Private Room	G Scribe	G 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					ł			TYPE BUS	BINESS		
									TITLE OF	YOUR POSITION	
DATES O FROM: Mo.	F EMPLO	YMENT YR.	TO: MO.	DAY	YR.	WAS THIS FULL-TIME EMPLOYM	ENT?	AVERAGE NUMBEI HOURS WORKED F		BEGINNING SALARY	ENDING SALARY
						G YES	G NO				
NAME AND TITLE OF IMMEDIATE SUPERVISOR							EMPLOYEES YOU S	UPERVISED			
DESCRIB	E YOUR I	DUTIES II	N DETAIL (USE SEP	PARATE S	SHEET, IF NE	CESSARY)				

NAME A	ND COM	IPLETE A	ADDRESS	TYPE BUSINESS							
									TITLE OF	YOUR POSITION	
DATES C	F EMPLO	OYMENT						AVERAGE NUMBER HOURS WORKED P			
FROM:			TO:			FULL-TIME EMPLOYMENT?		HOURS WORKED P	EK WEEK:	SALARY	SALARY
MO.	DAY	YR.	MO.	DAY	YR.						
						G YES	G NO				
NAME AN	ND TITLE	OF IMME	DIATE SUI	PERVISO	R	NUMBER/T	TTLE(S) OF	EMPLOYEES YOU S	UPERVISED		·
DESCRIB	E YOUR	DUTIES II	N DETAIL ((USE SEF	'ARATE	SHEET, IF NEO	CESSARY)				
NAME A	ND COM	IPLETE A	ADDRESS	OF EM	PLOYER	₹			TYPE BUS	SINESS	
NAME A	ND CON	IPLETE A	ADDRESS	OF EM	PLOYER	₹			TYPE BUS	INESS	
NAME A	ND COM	IPLETE A	ADDRESS	3 OF EM	PLOYEF	₹			TYPE BUS	INESS	
NAME A	ND COM	MPLETE A	ADDRESS	S OF EM	PLOYEF	₹				SINESS YOUR POSITION	
NAME A	ND COM	IPLETE A	ADDRESS	S OF EM	PLOYEF	R					
			ADDRESS	S OF EM	PLOYEF				TITLE OF	YOUR POSITION	
DATES C				S OF EM	PLOYER	WAS THIS		AVERAGE NUMBER HOURS WORKED P	TITLE OF		ENDING SALARY
DATES C	PF EMPLO	DYMENT	TO:	1			ENT?	AVERAGE NUMBER HOURS WORKED P	TITLE OF	YOUR POSITION BEGINNING	
DATES C				DAY	PLOYEF	WAS THIS FULL-TIME EMPLOYME		AVERAGE NUMBER HOURS WORKED P	TITLE OF	YOUR POSITION BEGINNING	
DATES C FROM: MO.	DF EMPLO	OYMENT YR.	ТО: мо.	DAY	YR.	WAS THIS FULL-TIME EMPLOYME	G NO	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES C FROM: MO.	DF EMPLO	OYMENT YR.	TO:	DAY	YR.	WAS THIS FULL-TIME EMPLOYME	G NO	AVERAGE NUMBER HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES C FROM: MO.	DF EMPLO DAY ND TITLE	YR. OF IMME	TO: MO. EDIATE SUI	DAY PERVISO	YR. PR	WAS THIS FULL-TIME EMPLOYME G YES NUMBER/T	G NO	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES C FROM: MO.	DF EMPLO DAY ND TITLE	YR. OF IMME	TO: MO. EDIATE SUI	DAY PERVISO	YR. PR	WAS THIS FULL-TIME EMPLOYME	G NO	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES C FROM: MO.	DF EMPLO DAY ND TITLE	YR. OF IMME	TO: MO. EDIATE SUI	DAY PERVISO	YR. PR	WAS THIS FULL-TIME EMPLOYME G YES NUMBER/T	G NO	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES C FROM: MO.	DF EMPLO DAY ND TITLE	YR. OF IMME	TO: MO. EDIATE SUI	DAY PERVISO	YR. PR	WAS THIS FULL-TIME EMPLOYME G YES NUMBER/T	G NO	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES C FROM: MO.	DF EMPLO DAY ND TITLE	YR. OF IMME	TO: MO. EDIATE SUI	DAY PERVISO	YR. PR	WAS THIS FULL-TIME EMPLOYME G YES NUMBER/T	G NO	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES C FROM: MO.	DF EMPLO DAY ND TITLE	YR. OF IMME	TO: MO. EDIATE SUI	DAY PERVISO	YR. PR	WAS THIS FULL-TIME EMPLOYME G YES NUMBER/T	G NO	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES C FROM: MO.	DF EMPLO DAY ND TITLE	YR. OF IMME	TO: MO. EDIATE SUI	DAY PERVISO	YR. PR	WAS THIS FULL-TIME EMPLOYME G YES NUMBER/T	G NO	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES C FROM: MO.	DF EMPLO DAY ND TITLE	YR. OF IMME	TO: MO. EDIATE SUI	DAY PERVISO	YR. PR	WAS THIS FULL-TIME EMPLOYME G YES NUMBER/T	G NO	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES C FROM: MO.	DF EMPLO DAY ND TITLE	YR. OF IMME	TO: MO. EDIATE SUI	DAY PERVISO	YR. PR	WAS THIS FULL-TIME EMPLOYME G YES NUMBER/T	G NO	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	

NAME A	ND COM	IPLETE /	ADDRESS	S OF EM	PLOYE	3			TYPE BUS	INESS	
									TITLE OF	YOUR POSITION	
DATES O	F EMPLO	YMENT				WAS THIS AVERAGE N		AVERAGE NUMBER HOURS WORKED P	ER OF BEGINNING		ENDING SALARY
FROM:	i	i i	то:	i	î	FULL-TIME EMPLOYMENT?		HOOKS WORKED F	LIX WLLIX.	SALARY	SALARY
MO. DAY YR. MO. DAY YR.											
NAME AN	 D TITL E	OF IMME	DIATE CIT	DEDVICO	<u> </u>	G YES G NO NUMBER/TITLE(S) OF EMPLOYEES YOU			UDEDVICED		
NAME A	ID IIILE	OF IIVIIVIE	DIATE SUI	PERVISO	·K	NUMBER/1	TILE(S) OF	EMPLOTEES TOUS	UPERVISED		
DESCRIB	E YOUR	DUTIES II	N DETAIL ((USE SEF	PARATE	SHEET, IF NEO	CESSARY)				
NAME A	ND CON	IPLETE A	ADDRESS	S OF EM	PLOYE	₹			TYPE BUS	INESS	
NAME A	ND CON	IPLETE A	ADDRESS	S OF EM	PLOYER	₹			TYPE BUS	INESS	
NAME A	ND COM	IPLETE /	ADDRESS	S OF EM	PLOYER	3				INESS YOUR POSITION	
			ADDRESS	S OF EM	PLOYER			AVERAGE NUMBER	TITLE OF	YOUR POSITION	ENDING
DATES O				S OF EM	PLOYER	WAS THIS FULL-TIME	ENT?	AVERAGE NUMBER HOURS WORKED P	TITLE OF		ENDING SALARY
			ADDRESS TO: MO.	S OF EM	PLOYEF	WAS THIS FULL-TIME EMPLOYME	ENT?	AVERAGE NUMBER HOURS WORKED P	TITLE OF	YOUR POSITION BEGINNING	
DATES OF FROM:	F EMPLO	OYMENT YR.	ТО: мо.	DAY	YR.	WAS THIS FULL-TIME EMPLOYME	G NO	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES OF FROM:	F EMPLO	OYMENT YR.	то:	DAY	YR.	WAS THIS FULL-TIME EMPLOYME	G NO	AVERAGE NUMBER HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES OF FROM: MO. NAME AN	F EMPLO	YR. OF IMME	TO: MO. DIATE SUI	DAY PERVISO	YR. R	WAS THIS FULL-TIME EMPLOYME	G NO	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES OF FROM: MO. NAME AN	F EMPLO	YR. OF IMME	TO: MO. DIATE SUI	DAY PERVISO	YR. R	WAS THIS FULL-TIME EMPLOYME G YES NUMBER/T	G NO	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES OF FROM: MO. NAME AN	F EMPLO	YR. OF IMME	TO: MO. DIATE SUI	DAY PERVISO	YR. R	WAS THIS FULL-TIME EMPLOYME G YES NUMBER/T	G NO	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES OF FROM: MO. NAME AN	F EMPLO	YR. OF IMME	TO: MO. DIATE SUI	DAY PERVISO	YR. R	WAS THIS FULL-TIME EMPLOYME G YES NUMBER/T	G NO	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES OF FROM: MO. NAME AN	F EMPLO	YR. OF IMME	TO: MO. DIATE SUI	DAY PERVISO	YR. R	WAS THIS FULL-TIME EMPLOYME G YES NUMBER/T	G NO	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES OF FROM: MO. NAME AN	F EMPLO	YR. OF IMME	TO: MO. DIATE SUI	DAY PERVISO	YR. R	WAS THIS FULL-TIME EMPLOYME G YES NUMBER/T	G NO	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	

NAME A	ND COM	IPLETE A	ADDRESS	TYPE BUSINESS						
								TITLE OF	YOUR POSITION	
DATES O	F EMPLO	YMENT				WAS THIS FULL-TIME	AVERAGE NUMBER	R OF	BEGINNING SALARY	ENDING SALARY
FROM:	ı	i	то:	i	ı	EMPLOYMENT?	1100KG WOKKED F	LIX TTLLIX.	SALARY	VALAIVI
MO.	DAY	YR.	MO.	DAY	YR.					
						G YES G NO				
NAME AN	ID TITLE	OF IMME	DIATE SUI	PERVISO	R	NUMBER/TITLE(S) OF	EMPLOYEES YOU S	UPERVISED		
DESCRIB	E YOUR	DUTIES I	N DETAIL (USE SEF	PARATE S	 SHEET, IF NECESSARY)				
DEGOTALD	LIOUN	DOTILO II	· DETAIL (,002 021	ANAIL	oneer, ii wededoakir,				
NAME A	ND COM	IDI ETE	ADDRESS	OF EMI	DI OVE			TYPE RUS	INESS	
NAME A	ND COM	IPLETE A	ADDRESS	OF EMI	PLOYER	R		TYPE BUS	INESS	
NAME A	ND COM	IPLETE A	ADDRESS	OF EMI	PLOYER	₹		TYPE BUS	SINESS	
NAME A	ND COM	IPLETE A	ADDRESS	S OF EMI	PLOYER	R			SINESS YOUR POSITION	
NAME A	ND COM	IPLETE /	ADDRESS	S OF EM	PLOYER	₹				
NAME A	ND COM	1PLETE /	ADDRESS	S OF EM	PLOYER	₹				
NAME A			ADDRESS	S OF EM	PLOYER	WAS THIS	AVERAGE NUMBER	TITLE OF	YOUR POSITION BEGINNING	ENDING SALADY
			ADDRESS TO:	S OF EM	PLOYER		AVERAGE NUMBER HOURS WORKED P	TITLE OF	YOUR POSITION	ENDING SALARY
DATES O				S OF EMI	PLOYER	WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER HOURS WORKED P	TITLE OF	YOUR POSITION BEGINNING	
DATES O	F EMPLO	DYMENT	то:		1	WAS THIS FULL-TIME	AVERAGE NUMBER HOURS WORKED P	TITLE OF	YOUR POSITION BEGINNING	
DATES OF FROM:	F EMPLO	DYMENT YR.	то:	DAY	YR.	WAS THIS FULL-TIME EMPLOYMENT?	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES OF FROM:	F EMPLO	DYMENT YR.	ТО: мо.	DAY	YR.	WAS THIS FULL-TIME EMPLOYMENT?	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES OF FROM:	DEF EMPLO	OYMENT YR. OF IMME	TO: MO. DIATE SUI	DAY PERVISO	YR. R	WAS THIS FULL-TIME EMPLOYMENT?	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES OF FROM:	DEF EMPLO	OYMENT YR. OF IMME	TO: MO. DIATE SUI	DAY PERVISO	YR. R	WAS THIS FULL-TIME EMPLOYMENT? G YES G NO NUMBER/TITLE(S) OF	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES OF FROM:	DEF EMPLO	OYMENT YR. OF IMME	TO: MO. DIATE SUI	DAY PERVISO	YR. R	WAS THIS FULL-TIME EMPLOYMENT? G YES G NO NUMBER/TITLE(S) OF	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES OF FROM:	DEF EMPLO	OYMENT YR. OF IMME	TO: MO. DIATE SUI	DAY PERVISO	YR. R	WAS THIS FULL-TIME EMPLOYMENT? G YES G NO NUMBER/TITLE(S) OF	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES OF FROM:	DEF EMPLO	OYMENT YR. OF IMME	TO: MO. DIATE SUI	DAY PERVISO	YR. R	WAS THIS FULL-TIME EMPLOYMENT? G YES G NO NUMBER/TITLE(S) OF	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES OF FROM:	DEF EMPLO	OYMENT YR. OF IMME	TO: MO. DIATE SUI	DAY PERVISO	YR. R	WAS THIS FULL-TIME EMPLOYMENT? G YES G NO NUMBER/TITLE(S) OF	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES OF FROM:	DEF EMPLO	OYMENT YR. OF IMME	TO: MO. DIATE SUI	DAY PERVISO	YR. R	WAS THIS FULL-TIME EMPLOYMENT? G YES G NO NUMBER/TITLE(S) OF	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	
DATES OF FROM:	DEF EMPLO	OYMENT YR. OF IMME	TO: MO. DIATE SUI	DAY PERVISO	YR. R	WAS THIS FULL-TIME EMPLOYMENT? G YES G NO NUMBER/TITLE(S) OF	HOURS WORKED P	TITLE OF Y	YOUR POSITION BEGINNING	