



Westlake Police Department

701 Johnson Street • P.O. Box 700 • Westlake, LA 70669

Office (337) 433-4151 • Fax (337) 433-4578

Chief Chris Wilrye

Application For Employment

TODAY'S DATE	APPLICANT NAME	DATE OF BIRTH
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ADDRESS	CITY	STATE	ZIP CODE
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HOME PHONE NUMBER	CELL PHONE NUMBER	OTHER PHONE NUMBER	PHONE TYPE
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SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	CLASS TYPE	STATE
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HAVE YOU EVER BEEN BONDED? { } YES { } NO IF "YES" EXPLAIN:

HOW LONG AT PRESENT ADDRESS?

Education

COLLEGE:	DID YOU GRADUATE? { } YES { } NO
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HIGH SCHOOL:	DID YOU GRADUATE? { } YES { } NO
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IF YOU DID NOT GRADUATE, DID YOU OBTAIN YOUR G.E.D.?	{ } YES { } NO
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VOCATIONAL SCHOOL:	DID YOU GRADUATE? { } YES { } NO
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Employment Position And Expected Rate Of Pay

WHICH EMPLOYMENT POSITION ARE YOU APPLYING FOR?

RATE OF PAY EXPECTED? \$ { } FULL TIME { } PART TIME

IF HIRED, WHAT DATE WOULD YOU BE AVAILABLE TO START TRAINING?

DO YOU HAVE ANY PHYSICAL PROBLEMS WHICH WOULD PRECLUDE YOU FROM PERFORMING CERTAIN WORK?

{ } YES { } NO IF SO, EXPLAIN:

Military Information

ARE YOU OR WERE YOU IN THE ARMED FORCES? { } YES { } NO { } ACTIVE { } INACTIVE

WHAT ARE / WERE YOUR DUTIES?

DATE(S) OF SERVICE: RANK AT DISCHARGE:

Previous Employment

EMPLOYMENT DATES		NAME, ADDRESS, & PHONE NUMBER OF PREVIOUS EMPLOYER(S)	LIST THE DUTIES WHICH YOU PERFORMED	WHAT WERE YOUR REASON(S) FOR LEAVING
FROM	TO			

MAY WE CONTACT ANY OF YOUR FORMER EMPLOYERS?

{ } YES { } NO

Experience / Skills

PLEASE LIST ANY AND ALL EXPERIENCE OR SKILLS WHICH YOU FEEL WOULD QUALIFY YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING FOR: _____

Personal References

LIST (3) PERSONAL REFERENCES: (EXCLUDING RELATIVES AND/OR FORMER EMPLOYERS)

NAME	ADDRESS	PHONE NUMBER

***Note: You will find an additional form (Page #2) titled, "Authority for Release of Information Agreement" attached with this application. The attached form MUST BE completely filled out, and notarized. The authorization form is required to be completely filled out & notarized by a notary in order to complete your background investigation during the interview and hiring process. You may complete and turn in the authorization form with your application or, you may turn it in after the initial interview. ***

THE FACTS SET FORTH IN MY APPLICATION, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM HIRED BY YOUR DEPARTMENT, ANY AND ALL FALSE STATEMENTS WITHIN MY APPLICATION, SHALL BE CONSIDERED SUFFICIENT GROUNDS FOR MY IMMEDIATE DISMISSAL. I DO HEREBY AUTHORIZE THE WESTLAKE POLICE DEPARTMENT TO INVESTIGATE ANY AND ALL OF MY RECORDS WHICH INCLUDE, BUT ARE NOT LIMITED TO MY PERSONAL RECORDS, CRIMINAL HISTORY, EMPLOYMENT RECORDS, CREDIT RECORDS, PUBLIC RECORDS, FINANCIAL RECORDS, ATTORNEY/COUNSEL, EDUCATION RECORDS, MEDICAL RECORDS.

(Signature Of Applicant)

(Date)



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Authority For Release Of Information Agreement

First Name	Middle Name	Last Name	Race & Sex	Date Of Birth	Social Security #

I, _____ do hereby, authorize a review of, and full disclosure of, any and all record(s), or any part thereof, concerning myself. These records are to be released to any "Duly Authorized Agent(s)" with the Westlake Police Department Administrative Division, whether the said record(s) are of public, private, professional or confidential nature.

The intent of this authorization is to give my consent for full and complete "Disclosure of Records" from, but are NOT limited to the following "Generalization of Entities" such as, Educational, Financial, Business, Government, Medical, Legal, Public, etc. By affixing my signature on this authorization form, I do fully understand & agree that this constitutes my full and complete consent for the release of "ANY & ALL" Records, concerning myself.

"Generalized Records" from the following "Generalization of Entities" are to include, but will not be limited to the following:

Types of "Generalized Entities"	Types of "Generalized Records"
Educational Institutions	Records of all School Transcripts
Financial or Credit Institutions	Records of Deposits, Withdrawals, Loans, Financial Statements
Commercial or Retail Credit Agencies	Records of Credit Reports and/or Ratings
Public Utility Companies	Records of Utilities and Payments
Current and Past Employers	Employment and/or Pre-Employment Records such as all Background Reports, Efficiency Ratings, Complaints and/or Grievances filed by or against me, Salary Records, Attendance Records, etc.
Military Records	All Information of Military Records
Real and/or Property Ownership and Tax Records	Records of Real & Personal Property & All Tax Records
Criminal Records	Records of Complaints, Arrests, Trials and/or Convictions for alleged or actual violations of the Law, whether from Civil, Criminal or Traffic Records and all Polygraph Examinations.
Attorney/Counsel	Records & Collections from Attorneys' or other Counsel, whether made by me or against me & either by representing me or another person in any case for which I presently have or have had an interest in
Medical Records	All Medical Records of either Physical and/or Medical Nature

I reiterate and emphasize that the intent of this "Authority For Release Of Information Agreement" is to "Provide Full & Free Access" to the background and history of my personal and professional life. This authorization is for the "Specific Purpose" of pursuing a background investigation which may provide pertinent data to the Westlake Police Department to consider and to determine my suitability for employment with their department. It is my specific intent to provide access to my "Personal" as well as "Professional" information, however personal, professional or confidential that it may appear to be, and the sources of information specifically identified herein.

I understand that any information which is obtained from my personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this authorization, will be considered in determining my suitability for my possible employment with the Westlake Police Department. I also understand that all materials pertaining to this background investigation become the property of the Westlake Police Department Administrative Division, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented to, as well as his or her agents and/or employees, from and against all claims, damages losses & expenses. This is to include reasonable Attorney Fees, arising out of or by reason of complying with this authorization. I further understand that in the event that my application is disapproved, "The source(s) of confidential information CANNOT be revealed to me". A photocopy of this authorization form will be valid as an original hereof, even though the said photocopy does not contain my original signature.

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and sworn before me on the _____ day of _____, 20____

(Notary Signature)

(Expiration Date of Notary Commission)

(Applicant Signature)

(Applicant's Address)