



ACADIA PARISH SHERIFF'S OFFICE

K.P.GIBSON

Sheriff and Ex-Officio Tax Collector

JOB APPLICATION FORM

Position applying for: _____ Date of Application: _____
 Full-Time: _____ Part-Time: _____ Date available for work: _____

Personal Information

Name: _____
 Last Name First Name Middle Name Maiden or Other

Any other aliases or nicknames: _____

Address: _____
 Street Address Mailing Address

City: _____ State: _____ Zip Code: _____

Home Phone No.: _____ Business Phone No.: _____

Additional number(s) where you can be reached: _____

Email Address: _____

Social Security No.: _____ Date of Birth: _____

Driver's License No.: _____ State: _____ Class: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Marital Status: Married Single Divorced Separated Widowed

Please explain in your own handwriting why you are seeking employment with the Acadia Parish Sheriff's Office.

Education/Training

High School Name and Address: _____

Dates Attended: _____ Graduate?(yes/no): _____

Type of Diploma: _____

College Name and Address: _____

Dates Attended: _____ Graduate?(yes/no): _____

Type of Diploma: _____

Types of courses completed: _____

Trade, Vocational, Business School Name & Address: _____

Dates Attended: _____ Graduate?(yes/no): _____

Type of Diploma: _____

Types of courses completed: _____

Law Enforcement Academies and/or Military Schools: _____

Dates Attended: _____ Graduate?(yes/no): _____

Type of Diploma: _____

Types of courses completed: _____

Please indicate below and honors you have been a recipient of:

Please indicate below any special skills that you may have: (office equipment, computer, etc.):

Can you type? _____ Approximate words per minute _____

Please indicate below any proficiency in foreign language:

Speak: _____

Read: _____

Write: _____

Employment History

Please list all positions held during the past ten (10) years, regardless of length of time employed.

Start with your present employer and go back. Attach additional sheets if necessary.

Name of Employer: _____

Address: _____

Phone No. _____ Supervisor (Name and Title): _____

Dates Employed: _____ Job Title: _____

Description of Duties: _____

If you are still employed with this company, may we contact them for reference checks? _____

Reason for leaving: _____

Name of Employer: _____

Address: _____

Phone No. _____ Supervisor (Name and Title): _____

Dates Employed: _____ Job Title: _____

Description of Duties: _____

Reason for leaving: _____

Name of Employer: _____

Address: _____

Phone No. _____ Supervisor (Name and Title): _____

Dates Employed: _____ Job Title: _____

Description of Duties: _____

Reason for leaving: _____

Name of Employer: _____

Address: _____

Phone No. _____ Supervisor (Name and Title): _____

Dates Employed: _____ Job Title: _____

Description of Duties: _____

Reason for leaving: _____

Please provide us with an explanation for any period of time that you were unemployed:

Employment History

List three (3) persons **(NOT EMPLOYERS OR RELATIVES)** who know you well enough to give current or past information about you.

Name: _____ Occupation: _____

Address: _____

Phone No. _____ Business Phone No.: _____

Name: _____ Occupation: _____

Address: _____

Phone No. _____ Business Phone No.: _____

Name: _____ Occupation: _____

Address: _____

Phone No. _____ Business Phone No.: _____

Please answer the following questions:

Have you ever been employed by the Acadia Parish Sheriff's Office: _____

If yes, please give dates employed & reason for leaving: _____

Have you ever been terminated from a law enforcement position? _____

If yes, from what agency & please explain: _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status: Yes: _____ No: _____

Have you ever been convicted of a felony? _____

If yes, give date & explanation: _____

Please list all misdemeanor arrests and/or convictions below (even if expunged/dismissed):

Date	Charges	Detaining or Arresting Dept.	Penalty

Have you ever been convicted of a crime of domestic violence? _____

If yes, please explain: _____

Have you or your spouse even been party to a small claims or other court action? _____

If yes, please explain: _____

Do you have any physical deficiency which would preclude unrestricted regular participation during training sessions in firearm, defensive tactics or physical training? _____

If yes, please explain: _____

Do you or your spouse have any immediate civil/criminal action pending against you? _____

If yes, please explain: _____

Have you ever filed bankruptcy or have you ever had your wages garnished? _____

If yes, please explain: _____

Have you ever been involved in a traffic accident or received a traffic citation? _____

If yes, please list city, state and agency issuing citation or reporting accident: _____

Do you have any relatives currently working for the Acadia Parish Sheriff's Office: _____

If yes, please provide names & relationship: _____

Are you capable of performing sustained vigorous physical activity? _____

If no, please explain: _____

Some positions with the Acadia Parish Sheriff's Office require shift work, while all positions require punctuality & good attendance. Is there any reason why you could not comply with this? _____

Is there any other information that you would like for us to take into consideration when considering you for employment with the Acadia Parish Sheriff's Office? _____

TO BE COMPLETED BY THE APPLICANT:

I, _____, have applied for employment with the Acadia Parish Sheriff's Office. I understand and agree to the fact that this document is an application only and that the completion thereof does not imply or state a condition of employment. I certify that all of the information given in my application and in any and all interviews that I may participate in is true and correct to the best of my knowledge and that any intentional falsification of information is grounds for rejection by the Acadia Parish Sheriff's Office. Therefore, I authorize investigation of all statements contained in this application for employment as may be deemed necessary in arriving at an employment decision. This authorization includes, but is not limited to, criminal history, bank, credit, school, selective service or employment records, and releases any person, organization or corporation from any charges or claims for furnishing said information. I further authorize the Human Resources Department of the Acadia Parish Sheriff's Office to contact the personal references that I have provided, as well as past and present employers.

In consideration for my employment with the Acadia Parish Sheriff's Office, I understand and agree to mandatory drug screening. I further give my consent and agree to a complete physical examination, should the position for which I am applying be a full time position. I give my consent to release to the Acadia Parish Sheriff's Office, or its designated representative, the results of any and all drug screenings and/or medical or physical examinations.

I further understand and give consent to and authorize the Acadia Parish Sheriff's Office or its designated agents to perform any testing and/or procedures necessary to determine my psychological profile. I give my consent to release to the Acadia Parish Sheriff's Office, or its designated representative, any and all results of any such testing or procedures to determine my psychological profile.

I understand and agree that a copy of this authorization shall be considered as effective and valid as the original. It is my desire for this authorization to be ongoing. It is my intent that the Acadia Parish Sheriff's Office be allowed to run periodic checks, at their discretion, during the course of this application and if hired, for the life of my employment.

I understand that this application for employment will be considered valid for a period of one (1) year.

Signature

Date

FOR EMPLOYER - DO NOT WRITE BELOW THIS LINE

Interview? [] Yes [] No

Interview Date: _____ Time: _____

Result of Interview:

Acceptable for Employment? [] Yes [] No

Starting Rate: _____ Full-Time/Salary _____ Part-Time/Hourly

Start Date: _____ Shift: _____

Occupation: _____ Department: _____

Interviewed By: _____ Approved By: _____

Notes: