

# ALLEN PARISH SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT

PLEASE ATTACH A GOOD PHOTOCOPY OF YOUR DRIVER'S LICENSE, SOCIAL SECURITY CARD AND PROOF OF EDUCATION.

PLEASE PRINT OR MARK N/A WHERE APPLICABLE

## **PERSONAL INFORMATION:**

| Last Name | First Name | Middle | Date of Birth |  |
|-----------|------------|--------|---------------|--|
|-----------|------------|--------|---------------|--|

| Present Address | Street | City | State | Zip Code |
|-----------------|--------|------|-------|----------|
|-----------------|--------|------|-------|----------|

| Mailing Address | Street | City | State | Zip Code |
|-----------------|--------|------|-------|----------|
|-----------------|--------|------|-------|----------|

| Home Phone | Cell/Message Phone | Social Security Number |
|------------|--------------------|------------------------|
|------------|--------------------|------------------------|

Are you citizen the United States? ( )Yes ( )No

Have you ever been arrested? ( )Yes ( )No

Do you possess a valid Louisiana Driver's License? ( )Yes ( )No

Have you used illegal drugs in the last 6 months? ( )Yes ( )No

Do you have any pre-existing medical conditions that could interfere with the successful completion of the duties of the position you are applying for? ( )Yes ( )No

Have you ever been arrested, detained, charged indicted, or summoned for any criminal offenses regardless of the disposition of the offense? ( )Yes ( )No

Do you currently have pending charges against you or to your knowledge are or have been the subject of an active criminal investigation? ( )Yes ( )No

In the last (5) years, have you received counseling for any mental health or substance abuse or related problems? ( )Yes ( )No

Are you seeking: ( )Full-time ( )Part-time ( )Reserve Officer

Are you currently employed? ( )Yes ( )No Date you can Start \_\_\_\_\_

Have you applied for a position at this Department before? ( )Yes ( )No

Position Applying for: \_\_\_\_\_

## **MILITARY SERVICE:**

Veteran ( )Yes ( )No Branch of Service: \_\_\_\_\_

Date entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Released: \_\_\_\_/\_\_\_\_/\_\_\_\_ Honorably discharged? ( )Yes ( )No

Are you disabled as Defined in Section 504 of the Rehabilitation Act of 1973? ( )Yes ( )No

Disabled-Service Connected: ( ) Disabled Vet ( ) Special Disabled Vet

Type of Veteran: ( ) Vietnam Era ( ) Persian Gulf ( ) Korean ( ) Other: \_\_\_\_\_

**EDUCATION:**

| School                 | Name | City/State | Years Attended | Graduated? Yes /no | Diploma or Degree |
|------------------------|------|------------|----------------|--------------------|-------------------|
| HIGH SCHOOL            |      |            |                |                    |                   |
| TRADE OR BUSINESS SCH. |      |            |                |                    |                   |
| COLLEGE                |      |            |                |                    |                   |
| OTHER                  |      |            |                |                    |                   |

Please describe any specialized training, apprenticeships, and skills: (include dates)

---

---

Please describe any honors of certificates of achievement you have received: (include dates)

---

---

**SPECIAL SKILLS:**

Are you an experienced operator of any business machine or equipment? ( )Yes ( )No

Please List: \_\_\_\_\_

---

Computer software: \_\_\_\_\_ Words per Minute: \_\_\_\_\_

Do you agree to take the necessary testing to verify your eligibility for this position? ( )Yes ( )No

**PHYSICAL RECORD:**

Do you have any physical limitations that may restrict you from performing any work? ( )Yes ( )No

In Case of Emergency, Please Notify:

---

| Name | Address | Phone |
|------|---------|-------|
|------|---------|-------|

**EMPLOYMENT EXPERIENCE:**

Please start with your present or last job.

| Employer                  | Street Address  | Phone                       |                          |
|---------------------------|-----------------|-----------------------------|--------------------------|
| Your job title            | City State Zip  | Supervisor                  |                          |
| From: ___/___/___         | To: ___/___/___ | Starting Rate/Salary: _____ | Ending Rate/Salary _____ |
| Reason for Leaving: _____ |                 |                             |                          |
| Duties Performed: _____   |                 |                             |                          |
|                           |                 |                             |                          |

|  |                |            |
|--|----------------|------------|
| Employer   | Street Address | Phone      |
| Your job title   | City State Zip | Supervisor |
| From: ___/___/___ To: ___/___/___ Starting Rate/Salary: _____ Ending Rate/Salary _____ |                |            |
| Reason for Leaving: _____  |                |            |
| Duties Performed: _____  |                |            |
|  |                |            |

|  |                |            |
|--|----------------|------------|
| Employer   | Street Address | Phone      |
| Your job title   | City State Zip | Supervisor |
| From: ___/___/___ To: ___/___/___ Starting Rate/Salary: _____ Ending Rate/Salary _____ |                |            |
| Reason for Leaving: _____  |                |            |
| Duties Performed: _____  |                |            |
|  |                |            |

|  |                |            |
|--|----------------|------------|
| Employer   | Street Address | Phone      |
| Your job title   | City State Zip | Supervisor |
| From: ___/___/___ To: ___/___/___ Starting Rate/Salary: _____ Ending Rate/Salary _____ |                |            |
| Reason for Leaving: _____  |                |            |
| Duties Performed: _____  |                |            |
|  |                |            |

|  |                |            |
|--|----------------|------------|
| Employer   | Street Address | Phone      |
| Your job title   | City State Zip | Supervisor |
| From: ___/___/___ To: ___/___/___ Starting Rate/Salary: _____ Ending Rate/Salary _____ |                |            |
| Reason for Leaving: _____  |                |            |
| Duties Performed: _____  |                |            |
|  |                |            |

Reason for applying for a position with the Allen Parish Sheriff's Office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES:**

(No current employees of the Allen Parish Sheriff's Office or immediate family members)

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_

.....  
I certify that the answers given by me to the foregoing questions and statements are true, correct, complete, and made in good faith without intentional omission of any kind whatsoever. I agree that the Allen Parish Sheriff's Office shall not be liable in any respect if my employment is terminated because of false statements, answers, or omissions made by me in this Application for Employment.

I authorize investigation of all statements contained herein. I further authorize the persons listed above as references to give you any and all information concerning by previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.

I also understand and agree to abide by all rules, regulations, and confidentiality agreement of my employer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ALLEN PARISH SHERIFF'S OFFICE**  
**RELEASE OF INFORMATION AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize any investigator, agent or representative of any federal, state, or local law enforcement or investigatory agency, to obtain any and all information and records requested related to my activities including past, present, and future criminal investigations and enforcement matters; administrative and internal investigations; disciplinary proceedings; medical records and claims; educational pursuits; and financial and credit history. Sources of such records and information may include, but are not limited to, employers, educational institutions; criminal justice, enforcement, investigation; financial and lending institutions; business; medical facilities; health care professionals; and relatives and acquaintances.

I authorize custodians of such records and sources of information to release such records and information, and permit the review and copying of all documents, reports; records and correspondence pertaining to my activities, upon request of the representative of the agencies indicated above, regardless of any previous agreement to the contrary.

For myself, my heirs, administrators, successors, and assigns, I hereby release, remise, and forever discharge any person or entity to whom this request is presented, and their agents and employees, from any and all manner of actions, cause of actions, suits, debts, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or may claim to have against such person or entity or their agents and employees arising out of or by reason of complying with this request.

I agree to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person or entity to whom this request is lawfully presented and their agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, arising out of or by reason of complying with this request.

I understand that the information and records released by records custodians and other source of information is for the purpose of conducting a background investigation to process my application related to my employment.

Copies of this authorization that show my signature are as valid as the original release signed by me. I understand that this authorization remains valid for two (2) years from the date it is signed.

I, \_\_\_\_\_, do hereby certify that I have read the foregoing, understand its contents, and authorize release of such records and information about myself.

\_\_\_\_\_  
Full Name (type or print legibly)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

**ALLEN PARISH SHERIFF'S OFFICE**  
**APPLICANT / EMPLOYEE CONSENT**

I, \_\_\_\_\_, do hereby understand and acknowledge that as a condition of employment with the Allen Parish Sheriff's Office that I may be asked to submit to certain examinations. These will include, but are not limited to drug, alcohol, physical, DNA, psychological, and/or polygraph. Request(s) for these examinations may be prior to employment or anytime thereafter.

I hereby consent to all testing when requested by the Allen parish Sheriff's Office.

I understand that failure to comply with a request will result in termination of application or employment. I understand and acknowledge that employment will be contingent upon the results of such examinations being satisfactory to the Allen parish Sheriff's Office.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness: Printed Name

\_\_\_\_\_  
Witness: Signature