

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. OR EMAIL TO: apsoapps@allenparishso.com

PLEASE PRINT OR MARK N/A WHERE APPLICABLE

PERSONAL INFORMATION:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last Name	First Name	Middle	Date of Birth	
<input type="text"/>				
Present Address	Street	City	State	Zip Code
<input type="text"/>				
Mailing Address	Street	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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			<input type="text"/>	<input type="text"/>	<input type="text"/>
TRADE OR BUSINESS SCH.			<input type="text"/>	<input type="text"/>	<input type="text"/>
COLLEGE			<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER			<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Please describe any honors or 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: <input style="width: 60px;" type="text"/>	To: <input style="width: 60px;" type="text"/>	Starting Rate/Salary: <input style="width: 80px;" type="text"/>	Ending Rate/Salary <input style="width: 80px;" type="text"/>
Reason for Leaving: <input style="width: 620px;" type="text"/>			
Duties Performed: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>			

Employer		Street Address			Phone		
Your job title		City	State	Zip	Supervisor		
From:	<input type="text"/>	To:	<input type="text"/>	Starting Rate/Salary:	<input type="text"/>	Ending Rate/Salary	<input type="text"/>
Reason for Leaving:	<input type="text"/>						
Duties Performed:	<input type="text"/>						

Employer		Street Address			Phone		
Your job title		City	State	Zip	Supervisor		
From:	<input type="text"/>	To:	<input type="text"/>	Starting Rate/Salary:	<input type="text"/>	Ending Rate/Salary	<input type="text"/>
Reason for Leaving:	<input type="text"/>						
Duties Performed:	<input type="text"/>						

Employer		Street Address			Phone		
Your job title		City	State	Zip	Supervisor		
From:	<input type="text"/>	To:	<input type="text"/>	Starting Rate/Salary:	<input type="text"/>	Ending Rate/Salary	<input type="text"/>
Reason for Leaving:	<input type="text"/>						
Duties Performed:	<input type="text"/>						

Employer		Street Address			Phone		
Your job title		City	State	Zip	Supervisor		
From:	<input type="text"/>	To:	<input type="text"/>	Starting Rate/Salary:	<input type="text"/>	Ending Rate/Salary	<input type="text"/>
Reason for Leaving:	<input type="text"/>						
Duties Performed:	<input type="text"/>						

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

CONFIDENTIAL

ALLEN PARISH SHERIFF'S OFFICE

BACKGROUND CHECK AUTHORIZATION

NAME:

FORMER NAME(S) & DATES USED:

CURRENT ADDRESS:

SOCIAL SECURITY #: DATE OF BIRTH:

TELEPHONE #:

DRIVERS LICENSE #: DRIVERS LICENSE STATE:

The information contained in this application is correct to the best of my knowledge. I hereby authorize Allen Parish Sheriff's Office and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/ or an investigative consumer report to be generated for employment and/ or residential purposes. I understand the scope of the investigative consumer report may include but not be limited to: verification of social security number; current and previous residences; employment history, criminal history records from any criminal justice agency in any or all federal, state, parish jurisdictions; driving records, and any other public record.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to: Allen Parish Sheriff's Office or its agents. I further authorize the complete release of any records or data pertaining to corporation, public agency, or me, which the individual, company, firm, may have, to include information or data received from other sources.

I hereby release Allen Parish Sheriff's Office, The Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

SIGNATURE:

DATE: