



Steve Prator, Sheriff

**CADDO PARISH SHERIFF'S OFFICE**  
**Steve Prator, Sheriff**  
**Sheriff and Ex-Officio Tax Collector**  
**1000 Grimmer Dr.**  
**Shreveport, Louisiana 71107**  
**(318) 681-0875 Website [www.caddosheriff.org](http://www.caddosheriff.org)**

**CADDO PARISH SHERIFF'S OFFICE**  
**"CITIZENS' ACADEMY"**  
**Application (Please type or print in black ink)**

NAME \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Number Street City, State, Zip

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SOCIAL SECURITY NUMBER# \_\_\_\_\_

RACE: \_\_\_\_\_ MALE FEMALE

DRIVER'S LICENSE # \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home/Day Phone No. \_\_\_\_\_ Work/Night Phone No. \_\_\_\_\_

EDUCATION: High School/GED \_\_\_\_ Yes \_\_\_\_ No Degree/Certificate Rec'd \_\_\_\_\_  
College/Vocational Training \_\_\_\_ Yes \_\_\_\_ No

HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIME \_\_\_\_ Yes \_\_\_\_ No  
If you answer "yes" to this question, please explain below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THERE ANYTHING IN YOUR PAST THAT MIGHT DISQUALIFY YOU? \_\_\_\_ Yes \_\_\_\_ No  
If yes, describe briefly: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PHYSICAL CONDITION: \_\_\_\_ Good \_\_\_\_ Limited (Explain Below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON(S) FOR WANTING TO ATTEND CADDO PARISH SHERIFF'S OFFICE CITIZENS ACADEMY

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HOW DID YOU HEAR ABOUT OUR CITIZENS ACADEMY? \_\_\_\_\_

DO YOU KNOW ANYONE/RELATIVES INVOLVED IN LAW ENFORCEMENT? \_\_\_\_YES \_\_\_\_NO

If yes, please list name(s) and agency below

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HAVE YOU EVER BEEN CONTACTED BY A MEMEBR OF THE CADDO PARISH SHERIFF'S OFFICE  
EITHER FOR A TRAFFIC VIOLATION, TO REPORT A CRIME, OR WHILE IN NEED OF ASSISTANCE?

\_\_\_\_YES\_\_\_\_NO. If yes, why? \_\_\_\_\_

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WHAT WAS YOUR IMPRESSION OF THE DEPUTY(S)? \_\_\_\_\_

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NEIGHBORHOOD/SERVICE ORGANIZATIONS THAT YOU ARE A MEMBER OF:

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EMERGENCY CONTACT:

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DO YOU HAVE MEDICAL INSURANCE? \_\_\_\_YES \_\_\_\_NO

NAME OF INSURANCE COMPANY \_\_\_\_\_ POLICY# \_\_\_\_\_

I understand that by my submission of the information contained within this application a background investigation will be conducted. I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby release you, your organization or others from liability of damage that may result from furnishing the information requested. I further understand that any criminal convictions; any previous actions on my part which could perceivably reflect unfavorably upon the Caddo Parish Sheriff's Office; any suggestion or perception that I might be a security risk; or any attempt on my part to deceive or conceal pertinent information, will be deemed cause for either denial of this application, and/or dismissal from this program.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**If you have any questions, please call Community Programs at: 681-0870 or 318-681-0875. Please fax application to 318-681-0877.**