



**CADDO PARISH SHERIFF'S OFFICE
AUXILIARY UNIT
APPLICATION**

PLEASE READ EACH QUESTION CAREFULLY. All information is verified; therefore, accuracy is essential. Any falsification, misrepresentation or omission of information will be cause for rejecting your application from further processing. All questions are to be answered completely by the applicant. If you find space provided for any questions to be insufficient, feel free to attach additional sheets of paper to satisfactorily complete the questionnaire. If a question or the information requested is not applicable to you, enter "N/A".

A COPY OF YOUR VALID DRIVERS LICENSE, DIPLOMA/EQUIVALENT; ARE REQUIRED AND MUST ACCOMPANY APPLICATION AS WELL AS BLOOD TYPE.

PLEASE PRINT IN INK						
PERSONAL INFORMATION						
NAME (LAST)	(FIRST)	M.I.	SEX	DATE OF BIRTH	SOCIAL SECURITY #	
ANY OTHER NAMES YOU HAVE USED						
LOCATION OF BIRTH (City, County/Parish, State, Country)						
HOME ADDRESS (Include Apartment and/or Building number, if applicable)						
CITY/STATE/ZIP CODE			CELL PHONE	HOME PHONE	WORK PHONE	
DRIVERS LICENSE NUMBER	STATE	TYPE	RESTRICTIONS			
			E-MAIL ADDRESS			
ETHNICITY:						
<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE	<input type="checkbox"/> BLACK AMERICAN	<input type="checkbox"/> SPANISH SURNAMED				
<input type="checkbox"/> ASIAN/PACIFIC ISLANDER	<input type="checkbox"/> CAUCASIAN	<input type="checkbox"/> OTHER _____				

Have you ever been terminated or asked to resign relative to disciplinary action?

Yes

No

Have you ever been arrested? Felony Yes No Misdemeanor

Yes

No

If so, explain the circumstances:

Have you ever resigned relative to any potential or pending disciplinary action?

Yes

No

If so, explain the circumstances:

Have you ever applied to the Shreveport Police – Regular Force/Auxiliary ?

Yes

No

If so, explain when, and the disposition of your application:

Have you ever applied to the City of Shreveport?

Yes

No

If so, explain when and the disposition of your application:

Have you ever applied to any other law enforcement agency?

Yes

No

Have you ever been employed by another law enforcement agency?

Yes No

FROM		TO	Name of Employer	Street Address
Month	Year	Month Year		
Position		Last Salary	Immediate Supervisor	Phone Number

Reason for Leaving

COURT ACTIONS:

Are you currently or have you ever been held in contempt criminally or civilly, or violated a Court Order?

Yes No

If so, explain the circumstances:

TRAFFIC CITATION HISTORY			
OFFENSE	DATE OF OFFENSE/CITATION	CITY,COUNTY/PARISH OR STATE	DISPOSITION: FINED, DISMISSED,

Has your license ever been suspended or revoked?

Yes No

If so, explain the circumstances:

I certify that the information submitted is true, and acknowledge that my falsification, misrepresentation or omission of any information will be cause for the rejection of my application.

Signature of Applicant

Date

Comments:

CADDO PARISH SHERIFF'S OFFICE

AUXILIARY DEPUTY PROGRAM MINIMUM QUALIFICATIONS

MUST BE AT LEAST 21 YEARS OF AGE TO APPLY

YOU MUST POSSESS A HIGH SCHOOL DIPLOMA OR EQUIVALENT

APPLICANTS MUST BE ABLE TO SUCCESSFULLY COMPLETE A SHERIFF'S OFFICE TRAINING PROGRAM

APPLICANTS MUST HAVE A VALID DRIVER'S LICENSE
(Must submit a photo-copy of Driver's License along with application and the back of Driver's License, if valid sticker is attached.)

APPLICANTS CANNOT HAVE A CRIMINAL RECORD

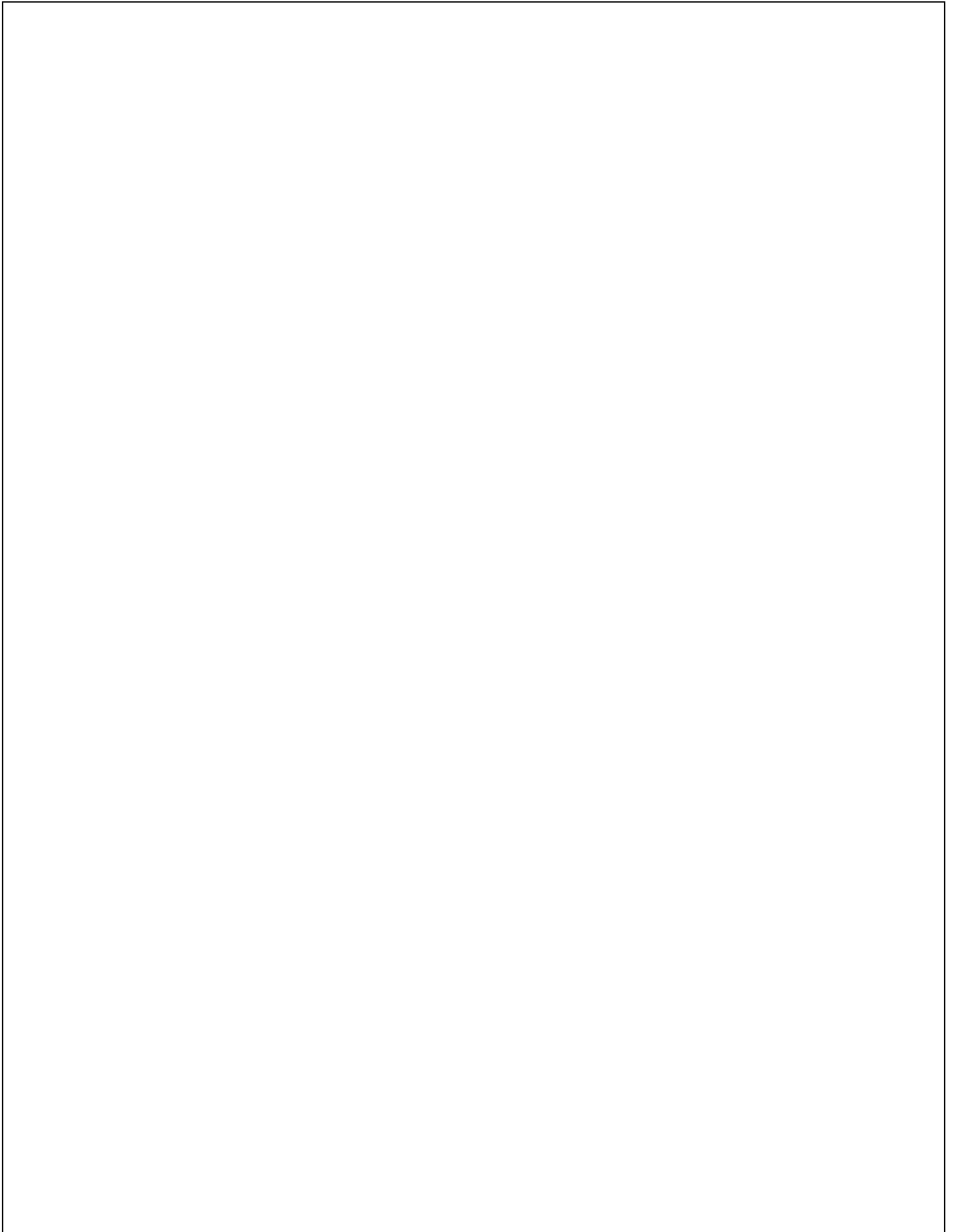
BLOOD TYPE MUST BE ON APPLICATION

COMPLETE INTERVIEW PROCESS

THANK YOU.

CADDO PARISH SHERIFF'S OFFICE
4910 NORTH MARKET STREET
SHREVEPORT, LOUISIANA 71107





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