

# 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, Count	ry/Parish, State, C	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:								
☐ AMERICAN INDIAN/ALASKAN NATIVE			BLACK AMERICAN			ISH SURNAMED		
☐ ASIAN/PACIFIC ISLANDER			CAUCASIAN   OTHER			ER		

FORMAL EDUCATION (Check your education level, provide documents of the control of	umentation for diplomas, degrees or number of college hours, If no degree				
☐ HIGH SCHOOL DIPLOMA OR EQUIVALENCY	☐ BACHELORS DEGREE				
YEAR:	MAJOR:				
□ VOCATIONAL/TRADE SCHOOL	☐ MASTERS DEGREE				
CAREER:	MAJOR:				
☐ PROFESSIONAL DEGREE	☐ JURIS DOCTORATE				
MAJOR:					
□ SOME COLLEGE HOURS:	□ ED. S. (Specialist in Education)				
MAJOR:	MAJOR:				
☐ ASSOCIATE DEGREE					
MAJOR:	□ PH.D; ED.D.; OR OTHER DOCTORATE:				
MILITARY SERVICE	□ NO				
IF YES, WHICH BRANCH ☐ ARMY	☐ AIRFORCE ☐ MARINES ☐ NAVY				
☐ COAST GUARD	□ NATIONAL GUARD				
IF SO, HIGHEST RANK HELD:					
CURRENT STATUS: ☐ DISCHARGED ☐	ACTIVE RESERVE ☐ INACTIVE RESERVE				
Please list any specific education or job experience you may have ac	equired during military service that you believe would be useful on the job:				

NAME:						
DATE OF BIRTH	PLACE OF BIRTH		COLOR OF HAIR		COLO	R OF EYES
HEIGHT	WEIGHT			BLOOD TYPE		1PLES
FT:INCHES						– RH AB+ B- B+
DI A CE OF FAARI OVA AFAIT	ADDRESS OF FAMIL	OVA AFAIT		CITY/CTATE	0+0-	
PLACE OF EMPLOYMENT	ADDRESS OF EMPL	OYMENT		CITY/STATE	ZIP C	JDE
WORK BLICALE ALLIA ADED	MACRIC FAVALUA ARE	-n		CELL BLIONE	11004	
WORK PHONE NUMBER	WORK FAX NUMBE	:K		CELL PHONE	HOM	E FAX NUMBER
IN CASE OF EMERGENCY: CON	TACT PERSON (S)					
					1	
NAME: (LAST)	(FIRST)		CELL PHONE		HOME NUMBER	
NAME: (LAST)	(FIRST)			CELL PHONE	HOME	NUMBER
INAIVIE. (LAST)	(FINST)			CELL PHONE	HOIVIE	INDIVIBER
NAME: (LAST)	(FIRST)			CELL PHONE	HOME	NUMBER
10.1012. (27.31)	(111.31)			CELETTIONE	1101112	NOWIDEN
ARE YOU A REGISTERED VOTER:	☐ YES		)			
IF SO, WHICH PARISH/COUNTY				WHICH STATE		
NEXT OF KIN:			RELATIONSHIP			
STREET/HOME ADDRESS – NO F	POST OFFICE BOXES			STATE/ZIP		
				- · · · · - <b>,</b> - · ·		
HOME PHONE				CELL PHONE		
		ı				
REFERENCES: NAME	ADDRESS	HOME/CELL				
NAME		ADDRESS			HO	ME/CELL
NAME		ADDRESS			40	ME/CELL
NAIVIE		ADDRESS				IVIE/CELL
NAME		ADDRESS			НО	ME/CELL
		7.551.266				,
NAME	ADDRESS HOME/CELL			ME/CELL		
NAME		ADDRESS			НО	ME/CELL

□ Yes □ Yes	□ No □ No
∐ Yes	□ No
□ Yes	□ No
□ Yes	□ No
□ Yes	□ No
	☐ Yes

Have you ever been employed	d by another law enforcemer	nt agency?	☐ Yes ☐ No	
FROM	ТО	Name of Employer	Street Address	
Month Year	Month Year	Traine of Employer	Street/iduress	
Position	Last Salary	Immediate Supervisor	Phone Number	
Reason for Leaving				
COURT ACTIONS:				
If so, explain the circumstance		ot criminally or civilly, or violate	Yes No	
TRAFFIC CITATION HISTORY				
OFFENSE	DATE OF OFFENSE/CITATION	CITY,COUNTY/PARISH OR STATE	DISPOSITION: FINED, DISMISSED,	
Has your license ever been s			□ Yes □ No	
If so, explain the circumstan	ces:			

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.)

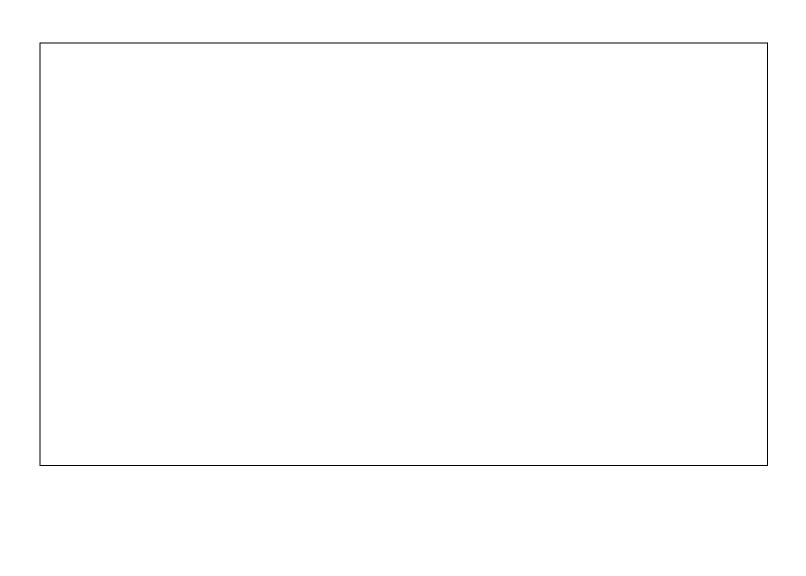
APPLICANTS CANNOT HAVE A CRIMINAL RECORD

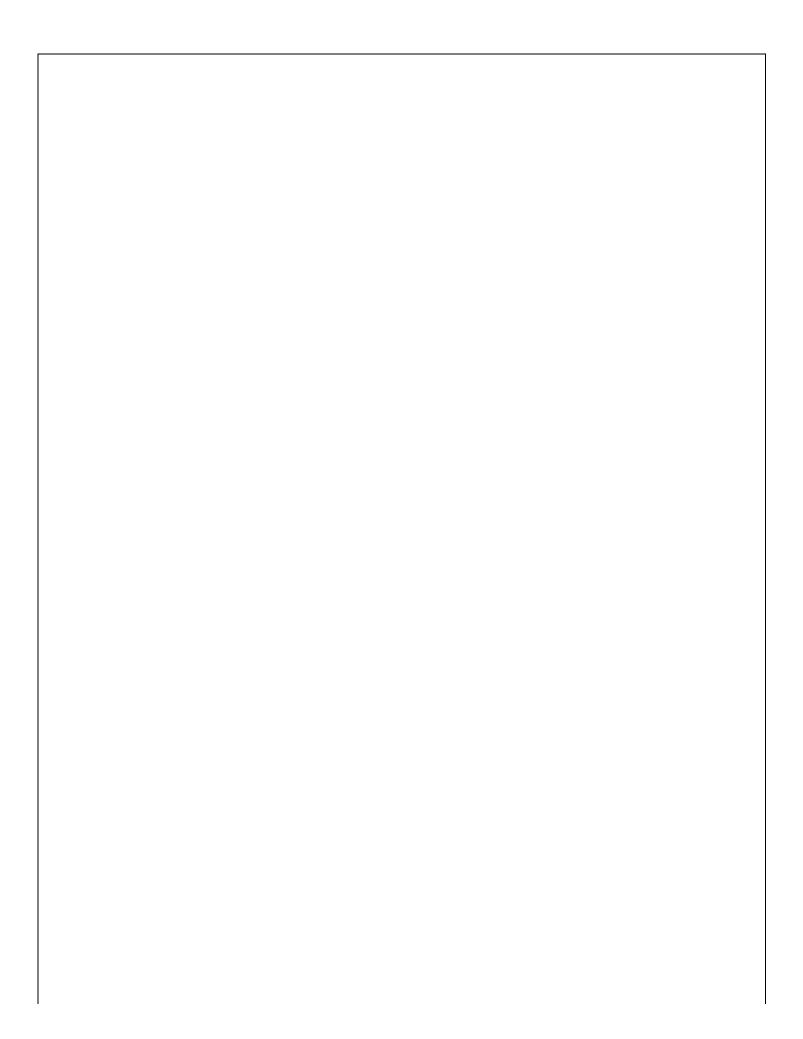
**BLOOD TYPE MUST BE ON APPLICATION** 

**COMPLETE INTERVIEW PROCESS** 

THANK YOU.

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





## CADDO PARISH SHERIFF'S OFFICE

## **AUXILIARY DEPUTY PROGRAM MINIMUM QUALIFICATIONS**

MUST BE AT LEAST 21 YEARS OF AGE