

# Caddo Parish Sheriff's Office

## Application Packet

I agree to inform the agency in writing of any additional information relating to questions raised on the application which occur subsequent to my completion of the application.

**I realize that misrepresentation of facts or the failure to update any information relating to questions of the application may be cause for rejection of this application or dismissal after employment.**

- 1 Please read all instructions carefully in filling out this application packet.
- 2 Pay particular attention to any examples given.
- 3 **ALL** answers must be complete, accurate and truthful. Incomplete applications will not be accepted or processed.
- 4 Information provided by the applicant will be verified during the background investigation.

# THE CADDO PARISH SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER!

This application must be filled out and printed in black ink and by the applicant only. Applications that are not legible or are incomplete will be discontinued. This application will be given every consideration for employment, but its receipt by our office in no way implies the applicant will be guaranteed employment.

All required documents must accompany your completed and **NOTARIZED** application.

Upon completing this application, you may mail or deliver it to 505 Travis Street 7<sup>th</sup> Floor, Shreveport, LA 71101.

The LAST THREE (3) pages of your application **MUST be notarized.**

Your application will not be accepted if it is not notarized and/or is not accompanied with all required documents. Notarization and copies of documents must be completed prior to submission. The Personnel Division will not notarize or copy documents for you.

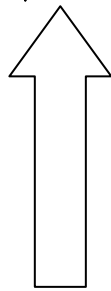
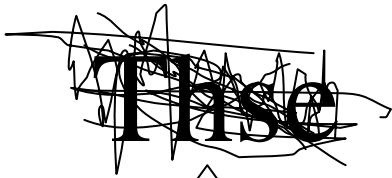
## IMPORTANT

Complete the application as follows: ALL answers must be complete, accurate and truthful. Failure to provide complete, accurate and truthful answers will result in discontinuation of your application process or dismissal after employment with the Caddo Parish Sheriff's Office.

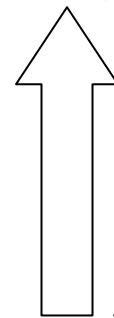
- 1 **QUESTIONS:** Answer **ALL** completely. If a question does not apply to you, you should place an "N/A" or "**NONE**" in each blank. If you need more space for an answer, use an additional sheet of paper.
- 2 **EMPLOYMENT HISTORY:** Do not leave gaps in employment (or lack of) history time frame. If you have an "unemployed" period of time, then mark the appropriate time frame as such. If you were in school, then mark the appropriate time frame as such. Complete **names, mailing addresses (including zip codes), and current telephone numbers**, dates of employment, and your job title must be provided in each entry.
- 3 **COPIES:** All applicants must attach to your application copies of the following documents at the time you turn this application in to our office:
  - Birth Certificate
  - Social Security Card
  - Drivers License
  - High School Diploma or State Equivalency (GED)
    - NOTE: If you have a GED from a state other than Louisiana, then you must provide a copy of your transcript.
  - Long Form DD-214, if former military service (M-1 or M-4 copy)
  - (2) Separate Letters of recommendation
  - State Certifications
- 4 If applicable the following additional copies are required, but may either be turned in with your application **OR** within ten (10) days after submission:
  - ✓ Certificates of Training
  - ✓ Certified College Transcripts
  - ✓ Documents showing any legal name change (for example: marriage license, adoption papers, etc.)

DO NOT Use Liquid Paper or White-Out Tape

DO NOT Scribble Out (If you make a mistake, see below)



**NO**



**YES**

Place 2 lines through your error  
and initial by the scratch-through!

# APPLICATION FOR EMPLOYMENT

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POSITION APPLIED FOR



PERSONNEL DIVISION  
505 TRAVIS STREET, 7<sup>TH</sup> FLOOR  
SHREVEPORT, LA 71101-3042

(318) 681-0812

# APPLICATION FOR EMPLOYMENT

ALL answers must be complete, accurate and truthful. Failure to provide complete, accurate and truthful answers will result in discontinuation of your application process or dismissal after employment with the Caddo Parish Sheriff's Office.

Position Applying For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

1. Name \_\_\_\_\_  
Last First Middle

a. Address \_\_\_\_\_  
Present Street Address Apt. No.

\_\_\_\_\_ City State Zip Code

b. ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Residence Phone Business Phone Cellular Phone

EMAIL Address: \_\_\_\_\_ @ \_\_\_\_\_ .

c. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(The Age Discrimination Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are 40 or more years of age.)

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race / Sex \_\_\_\_\_ / \_\_\_\_\_  
(Optional)

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Date of Issue \_\_\_\_\_

d. Are you a United States citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, what type of visa do you hold? \_\_\_\_\_

e. Person to be notified in the event of an emergency:  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

f. List all relatives employed by the Caddo Parish Sheriff's Office:  
Full Name Relationship Division  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g. List all relatives held in custody by the Caddo Parish Jail System:  
\_\_\_\_\_  
\_\_\_\_\_

# PREVIOUS DRUG USE HISTORY

In reference to any of the types of drugs listed below, usage refers to usage in any form of introducing them into your body's system.

(Example: experimentation, tried, taking a hit, etc.)

If you used any of these drugs under a legal prescription from a licensed doctor, write the word "prescribed" next to your answer for the last possible date used.

Have you ever used marijuana in any form? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ was the last possible date I used marijuana.

Have you ever used hashish in any form? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ was the last possible date I used hashish.

Have you ever used cocaine in any form (crack, snow, powder)? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ was the last possible date I used cocaine.

Have you ever used "L.S.D." (acid)? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ was the last possible date I used "L.S.D.".

Have you ever used "X.T.C." (x, ecstasy)? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ was the last possible date I used "X.T.C.".

Have you ever used amphetamine / meth-amphetamines (ice, crystal, crank, meth)? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ was the last possible date I used meth/amphetamines.

Have you ever used heroin of any type? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ was the last possible date I used heroin.

Have you ever used GHB? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ was the last possible date I used GHB.

Have you ever used Lortabs or Oxycontin? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ was the last possible date I used Lortabs or Oxycontin.

Have you ever used Opium? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ was the last possible date I ever used Opium.

Have you ever used PCP? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ was the last possible date I used PCP .

Have you ever used Designer Drugs of any type? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ was the last possible date I used Designer Drugs.

Have you ever used Peyote? Yes \_\_\_ No \_\_\_  
\_\_\_\_\_ was the last possible date I used Peyote was.

Have you ever used Psilocybin (Mushrooms)? Yes \_\_\_ No \_\_\_  
\_\_\_\_\_ was the last possible date I used Psilocybin.

Have you ever used any illegal substance (narcotic, prescription drugs without a  
lawful prescription TO YOU) of any type? Yes \_\_\_ No \_\_\_  
\_\_\_\_\_ was the last possible date I ever used any illegal substance.

Have you ever used a legal substance illegally? Yes \_\_\_ No \_\_\_  
\_\_\_\_\_ was the last possible date I ever used a legal substance illegally.

Have you ever had an injection of any illegal substance? Yes \_\_\_ No \_\_\_  
\_\_\_\_\_ was the last possible date I ever injected any illegal substance.

Have you ever given an illegal substance to another person for their use? Yes \_\_\_ No \_\_\_  
If YES, when, what and how many times?  
\_\_\_\_\_

Have you ever sold any illegal substance to another person? Yes \_\_\_ No \_\_\_  
If YES, when, what and how many times?  
\_\_\_\_\_

Have you ever manufactured any illegal drugs? Yes \_\_\_ No \_\_\_  
\_\_\_\_\_ was the last possible date I manufactured any illegal drugs.

Have you ever bought an illegal substance for anyone else's use? Yes \_\_\_ No \_\_\_  
If YES, when, what and how many times?  
\_\_\_\_\_

Have you ever sniffed glue, gasoline, or other mind-altering substances? Yes \_\_\_ No \_\_\_  
If YES, when was the last time?  
\_\_\_\_\_

# CHARACTER REFERENCES

2. List at least four (4) persons (**not CPSO employees** or relatives) who know you well enough to give current or former details about you.

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Apt. # City State Zip

**Occupation:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Apt. # City State Zip

**Occupation:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Apt. # City State Zip

**Occupation:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Apt. # City State Zip

**Occupation:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_



# EXAMPLES

## DO NOT LEAVE TIME GAPS

EMPLOYER BLOCKBUSTER Dates of Employment FROM: 02-10 TO: Present  
Month / Year Month / Year  
Address: 285 Buster Drive Bossier City LA (318) 111-1111  
Street City State PHONE  
Position Held: Stocker Kind of Business: Video Store  
Supervisor: Ms. Lane Reason for Leaving: Still Employed  
Description of Duties: Stocking videos and displays. Salary or Earnings  
Starting 12.00 per hr  
Ending 12.00 per hr

EMPLOYER Unemployed Dates of Employment FROM: 12-06 TO: 01-10  
Month / Year Month / Year  
Address: (Student in College - LSUS)  
Street City State PHONE  
Position Held: \_\_\_\_\_ Kind of Business: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_ Salary or Earnings  
Starting \_\_\_\_\_ per \_\_\_\_\_  
Ending \_\_\_\_\_ per \_\_\_\_\_

EMPLOYER Pet Supply Dates of Employment FROM: 01-05 TO: 11-06  
Month / Year Month / Year  
Address: Youree Drive Shreveport LA (Out-of-Business)  
Street City State PHONE  
Position Held: Cashier Kind of Business: Pet Supplies Store  
Supervisor: Various / Mr. King Reason for Leaving: Store Closed  
Description of Duties: Rung up sales, stocked, cleaned! Salary or Earnings  
Starting 5.85 per hr  
Ending 6.15 per hr

EMPLOYER Unemployed Dates of Employment FROM: 07-01 TO: 12-04  
Month / Year Month / Year  
Address: (Stay at Home Parent)  
Street City State PHONE  
Position Held: \_\_\_\_\_ Kind of Business: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_ Salary or Earnings  
Starting \_\_\_\_\_ per \_\_\_\_\_  
Ending \_\_\_\_\_ per \_\_\_\_\_

# EMPLOYMENT HISTORY

May we contact your **present** employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. **Beginning** with your **present or most recent employer**, list **ALL employment** positions held during the past regardless of length of time employed. You must provide complete addresses and telephone numbers.

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1. EMPLOYER \_\_\_\_\_ Dates of Employment FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Month / Year Month / Year

Address: \_\_\_\_\_  
Street City State PHONE

Position Held: \_\_\_\_\_ Kind of Business: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_ *Salary or Earnings*  
Starting \_\_\_\_\_ per \_\_\_\_  
Ending \_\_\_\_\_ per \_\_\_\_

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2. EMPLOYER \_\_\_\_\_ Dates of Employment FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Month / Year Month / Year

Address: \_\_\_\_\_  
Street City State PHONE

Position Held: \_\_\_\_\_ Kind of Business: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_ *Salary or Earnings*  
Starting \_\_\_\_\_ per \_\_\_\_  
Ending \_\_\_\_\_ per \_\_\_\_

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3. EMPLOYER \_\_\_\_\_ Dates of Employment FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Month / Year Month / Year

Address: \_\_\_\_\_  
Street City State PHONE

Position Held: \_\_\_\_\_ Kind of Business: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_ *Salary or Earnings*  
Starting \_\_\_\_\_ per \_\_\_\_  
Ending \_\_\_\_\_ per \_\_\_\_

4. EMPLOYER \_\_\_\_\_ Dates of Employment FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Month / Year Month / Year  
Address: \_\_\_\_\_  
Street City State PHONE  
Position Held: \_\_\_\_\_ Kind of Business: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_ *Salary or Earnings*  
Starting \_\_\_\_\_ per \_\_\_\_  
Ending \_\_\_\_\_ per \_\_\_\_

5. EMPLOYER \_\_\_\_\_ Dates of Employment FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Month / Year Month / Year  
Address: \_\_\_\_\_  
Street City State PHONE  
Position Held: \_\_\_\_\_ Kind of Business: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_ *Salary or Earnings*  
Starting \_\_\_\_\_ per \_\_\_\_  
Ending \_\_\_\_\_ per \_\_\_\_

6. EMPLOYER \_\_\_\_\_ Dates of Employment FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Month / Year Month / Year  
Address: \_\_\_\_\_  
Street City State PHONE  
Position Held: \_\_\_\_\_ Kind of Business: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_ *Salary or Earnings*  
Starting \_\_\_\_\_ per \_\_\_\_  
Ending \_\_\_\_\_ per \_\_\_\_

7. EMPLOYER \_\_\_\_\_ Dates of Employment FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Month / Year Month / Year  
Address: \_\_\_\_\_  
Street City State PHONE  
Position Held: \_\_\_\_\_ Kind of Business: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_ *Salary or Earnings*  
Starting \_\_\_\_\_ per \_\_\_\_  
Ending \_\_\_\_\_ per \_\_\_\_

8. EMPLOYER \_\_\_\_\_ Dates of Employment FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Month / Year Month / Year

Address: \_\_\_\_\_  
Street City State PHONE

Position Held: \_\_\_\_\_ Kind of Business: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_ *Salary or Earnings*  
 \_\_\_\_\_ Starting \_\_\_\_\_ per \_\_\_\_  
 \_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_

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9. EMPLOYER \_\_\_\_\_ Dates of Employment FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Month / Year Month / Year

Address: \_\_\_\_\_  
Street City State PHONE

Position Held: \_\_\_\_\_ Kind of Business: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_ *Salary or Earnings*  
 \_\_\_\_\_ Starting \_\_\_\_\_ per \_\_\_\_  
 \_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_

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10. EMPLOYER \_\_\_\_\_ Dates of Employment FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Month / Year Month / Year

Address: \_\_\_\_\_  
Street City State PHONE

Position Held: \_\_\_\_\_ Kind of Business: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_ *Salary or Earnings*  
 \_\_\_\_\_ Starting \_\_\_\_\_ per \_\_\_\_  
 \_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_

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11. EMPLOYER \_\_\_\_\_ Dates of Employment FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Month / Year Month / Year

Address: \_\_\_\_\_  
Street City State PHONE

Position Held: \_\_\_\_\_ Kind of Business: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_ *Salary or Earnings*  
 \_\_\_\_\_ Starting \_\_\_\_\_ per \_\_\_\_  
 \_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_

**Background Investigation:**

When information obtained in the application regarding a termination, disciplinary action, criminal history, polygraph or any other information that leads to concerns about the applicant's character, the Background Investigator will conduct more in depth follow up when practical to include but not limited to:

- Personal visit to employer when practical to review files and gauge behavior
- Identify and contact former co-workers in person when practical
- Contact former and current neighbors in person when practical
- Contact surrounding law enforcement agencies by phone or in person when practical

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Applicant Signature

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Date



# EDUCATIONAL RECORD

**High School** (LAST)

Dates Attended  
FROM / TO  
Month-Year  
/

Did you graduate?  Yes  No  
If NO, do you have a general education diploma  
(G.E.D.) or a high school equivalency?  
 Yes  No

NAME CITY STATE

**College**

Dates Attended  
FROM / TO  
Month-Year  
/

Course of Study: \_\_\_\_\_  
Degree: \_\_\_\_\_  
If NO degree, how many credit hours  
did you complete?

NAME CITY STATE

**College** (POST GRADUATE)

Dates Attended  
FROM / TO  
Month-Year  
/

Course of Study: \_\_\_\_\_  
Degree: \_\_\_\_\_  
If NO degree, how many credit hours  
did you complete?

NAME CITY STATE

**Trade / Technical / Business**

Dates Attended  
FROM / TO  
Month-Year  
/

Did you graduate?  Yes  No  
If NO Diploma, describe the training received:

NAME CITY STATE

**OTHER Significant Training**

Dates Attended  
FROM / TO  
Month-Year  
/

Course of Study: \_\_\_\_\_  
Explain in Detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME CITY STATE

**HONORS & AWARDS**

**PROFESSIONAL SOCIETY AFFILIATIONS**

# U. S. MILITARY RECORD

5. Draft Status: \_\_\_\_\_ National Guard / Reserve Status: \_\_\_\_\_

6. Active Service: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Branch: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ (DD-214)

Military Specialization and Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OR**

7. I, \_\_\_\_\_, have never served in the United States Armed Forces

\_\_\_\_\_  
(Signature Required)

# MOTOR VEHICLE OPERATOR RECORD

8. Do you possess a valid Driver's License?  Yes  No

Drivers License Type: Chauffeurs \_\_\_\_\_ Operator \_\_\_\_\_

Other \_\_\_\_\_ What State? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

9. Have you ever had a Driver's License suspended or revoked?  Yes  No

If YES, explain (1) when, (2) the state, (3) all details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If YES, was your license ever restored?  Yes  No



(#10 EXAMPLES)

1. May 3, 2005;	Caddo Sheriff's;	Caddo Parish, LA;	Running Stop Sign;	Paid Fine
2. May 2005;	Shreveport PD;	Shreveport, Caddo, LA	No Seat Belt;	Went to Court – Dismissed
3. 2005	LA State Police;	Bossier City, LA;	Speeding;	Went to Class
4. August 1994	Marshall PD	Harrison County, TX	DWI	Pled Guilty

10. Have you ever received a traffic citation (other than parking)?  Yes  No

If YES, (1) date; (2) name of issuing agency; (3) city, county, and state received; (4) charge(s); (5) final disposition (outcome). Complete information MUST be supplied:

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11. Do you have any civil or criminal action pending against you?  Yes  No

If YES, please explain \_\_\_\_\_

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12. Have you ever been involuntarily terminated from employment? If yes, state the reason(s) in detail (Use a separate sheet if needed).

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13. Provide a detailed explanation for any disciplinary action taken against you by your employer (Use a separate sheet if needed).

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14. If you have ever applied for and been denied unemployment compensation due to misconduct? List the location where you made your application and the employer you filed against.

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# CERTIFICATES, LICENSES, TRAINING

15. A certificate, as defined for this application, is a document certifying you have fulfilled the requirements of and may practice in a particular field.

List all certificates, valid or expired, which you have earned. List certificates relating to the position which you are applying for first.

Date Granted	Issuing Agency	Certificate Type	Expiration Date

Have you ever previously applied for a position with the Caddo Parish Sheriff's Office?  Yes  No  
If YES, please explain below and provide date and status.

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Have you ever previously applied for a position with another law enforcement agency?  Yes  No  
If YES, please explain below. (If hired, explain in detail why you left employment.)

Agency Name	Date Applied	Accepted	If NO, Why?

List ALL arrests, misdemeanor or felony, throughout your lifetime, regardless of; whether booked into a jail facility, issued a “summons to appear”, how long ago, the type of charge, the charge disposition, or whether or not the charge was expunged.

<b>Date</b>	<b>Charge</b>	<b>Detaining / Arresting Agency</b>	<b>Penalty / Disposition</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a registered voter?                       Yes     No

If so, what parish (county)?                      \_\_\_\_\_

List all licenses other than Drivers License (pilot, radio operator, etc.) you currently hold. List your operators or chauffeurs license first.

<b>Type License</b>	<b>Issuing Agency</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>Restrictions</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If employed by the Caddo Parish Sheriff’s Office, do you anticipate any income other than your Sheriff’s Office income?                       Yes     No

If YES, please explain.

\_\_\_\_\_

\_\_\_\_\_

If it became necessary in the course of your duties to take a human life, would you have any reluctance to do so?                       Yes     No

If YES, please explain.

\_\_\_\_\_

\_\_\_\_\_

This job may require shift work such as day, evening, midnight shift or even weekend work. Is there any reason why you could not fulfill being punctual with good attendance in performing your duties regardless of the assigned shift?

Yes     No

If YES, please explain.

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We are seeking permanent employees and are willing to make an investment in you and your training. Do you understand you will be will be obligated, by contract, to reimburse the cost of your processing and training if you leave within 2 years of your employment date?      Yes\_\_\_      No\_\_\_

**(Initial Yes or No)**

Do you understand that in your first year of employment you are on probation, which is a period of selection / evaluation; that you must complete successfully; that you may be discharged at any time; that you must submit yourself to office evaluation and strict discipline and that you may not have any other employment without prior approval by the Sheriff or his designee?       Yes     No

Why do you think you are qualified for employment by the Caddo Parish Sheriff's Office?

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Please provide any additional information you believe would be helpful to us in considering you for employment, such as additional work experience, articles / publications, activities, accomplishments, etc. (You may exclude all information indicative of age, race, sex, religion, color, national origin or disability.)

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## APPLICATION AGREEMENT

**Applicant:** Please read carefully before signing this application. If you have any questions regarding the following statement or any questions contained in this application, please contact the Personnel Division of the Caddo Parish Sheriff's Office before signing.

I hereby affirm that the information contained in this application is truthful, accurate and complete to the best of my knowledge. I agree to inform the agency in writing of any additional information relating to questions raised on the application which occur subsequent to my completion of the application. **I realize that misrepresentation of facts or the failure to update any information relating to questions of the application may be cause for rejection of this application or dismissal after employment.**

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Signature

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Date

# POLYGRAPH EXAMINATION

Are you willing to take a polygraph examination to verify all information in this application and all other information supplied by you to this agency?       Yes     No

If NO, state your reason.

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# DRUG SCREEN AGREEMENT

By my signature below, I am aware that the Caddo Parish Sheriff's Office does pre-employment drug screening and that in order to become employed and remain employed, any drug screening must be negative for illegal drugs and or prescription drugs for which I do not have an authorized prescription by a physician.

I am not an illegal drug user and at this time I can pass a drug screening. I understand that I will be immediately discharged, if I am employed prior to the Caddo Parish Sheriff's Office receiving notification of a drug screen indicating the presence of illegal drugs in my body.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# AFFIDAVIT

I, \_\_\_\_\_, being duly sworn, do, by this affidavit, certify that I have personally read and answered each and every questions therein, and do solemnly swear that each and every answer is full and correct in every respect. I authorize any person to release any information, to the Caddo Parish Sheriff's Office, and I release said parties from all liability for any damage which might result from issuing same. I understand that any false or misleading statements, or omissions of important information, may be sufficient grounds for dismissal, if subsequently hired. I agree to submit to all specified examinations and interviews required pursuant to employment. If employed, I shall comply with all orders, rules and regulations of the Caddo Parish Sheriff's Office.

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(Applicant will sign **in ink** on this line in the presence of a Notary Public)

SWORN TO AN SUBSCRIBED BEFORE ME THIS

THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

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(NOTARY PUBLIC)

MY COMMISSION EXPIRES \_\_\_\_\_

# Informational Release Authorization

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

Applicants Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

I respectfully request and authorize you to furnish the Caddo Parish Sheriff's Office any and all information that you may have concerning my work record, school record, military service record, reputation, and financial and credit status including but not limited to duties, responsibilities, pay, training records, promotions, demotions, commendations or disciplinary history, with reasons therefore. This information is to be used to assist the Caddo Parish Sheriff's Office in determining my qualifications and fitness for the position I am seeking with the Caddo Parish Sheriff's Office.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Address \_\_\_\_\_  
\_\_\_\_\_

## AFFIDAVIT

STATE OF LOUISIANA  
PARISH OF CADDO

BEFORE ME PERSONALLY APPEARED THE SAID ABOVE \_\_\_\_\_  
WHO SAYS THAT HE / SHE EXECUTED THE ABOVE INSTRUMENT OF HIS / HER OWN FREE  
WILL AND ACCORD, WITH FULL KNOWLEDGE OF THE PURPOSE THEREFOR.

SWORN TO AND SUBSCRIBED IN MY PRESENCE THIS THE \_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

MY COMMISSION EXPIRES \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)



# AT-WILL EMPLOYMENT

I understand and accept that I must successfully complete a probationary period, if I am employed and appointed as a deputy by the Caddo Parish Sheriff's Office. As an employee whether full time, part time or probationary, I understand that I may be discharged at-will with no entitlement to any administrative appeal. I acknowledge that the sheriff has the exclusive right to terminate my employment at anytime with or without cause.

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Signature

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Date

SWORN TO AN SUBSCRIBED BEFORE ME THIS

THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

---

(NOTARY PUBLIC)

MY COMMISSION EXPIRES \_\_\_\_\_