



SHERIFF STEVE PRATOR

PRE-EMPLOYMENT QUESTIONNAIRE

POSITION APPLYING FOR

PERSONNEL DIVISION
(318) 681-0812

LOCATION:
GOVERNMENT PLAZA
505 Travis Street, 7th Floor
Shreveport, LA 71101-3042

MAILING ADDRESS:
CADDO PARISH SHERIFF'S OFFICE
PERSONNEL DIVISION
501 Texas Street, Room 101
Shreveport, LA 71101-5410

CADDO PARISH SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER

SHERIFF AND EX-OFFICIO TAX COLLECTOR
505 TRAVIS STREET* ROOM 700 * SHREVEPORT, LOUISIANA 71101-3042
(318) 681-0812* WEB SITE: WWW.CADDOSHERIFF.ORG

NAME:

POSITION APPLIED FOR:

**PLEASE INCLUDE A COPY OF YOUR CURRENT & VALID
DRIVER'S LICENSE**

NAME _____

ADDRESS _____

CITY/STATE _____ ZIP _____

PHONE# _____ WORK# _____

DRIVER'S LICENSE # _____ STATE _____ DATE OF ISSUED _____

Are you a citizen of the United States? Yes ___ No ___

Are you a high school graduate or its equivalent? Yes ___ No ___

Are you at least 21 years of age for a corrections position or 18 years of age for an administrative position? Yes ___ No ___

Are you willing to work shift work? (11:00pm-7:00am, 7:00am-3:00pm or 3:00pm-11:00pm) Yes ___ No ___

Have you ever been discharged/terminated from a job? Yes ___ No ___
If yes, list company, where, when and why:

How many jobs have you held in the past ten years? _____

Have you previously applied to the Caddo Parish Sheriff's Office? Yes ___ No ___
If so, provide date, position applied for and outcome.

Do you have any relatives employed by the Caddo Parish Sheriff's Office? Yes ___ No ___
If so, list name and relationship.

Do you have any relatives held in custody by a Caddo Parish System or any law enforcement agency? Yes ___ No ___
If so, list names and relationship.

DRUG HISTORY

IN REFERENCE TO ANY OF THE TYPES OF DRUGS LISTED BELOW, USAGE REFERS TO ANY FORM OF INTRODUCING THEM INTO YOUR BODY'S SYSTEM.

USAGE COVERS ANY OTHER TERMS YOU MIGHT USE IN REFERRING TO THEIR USE.

EXAMPLE: EXPERIMENTATION, TRIED, TAKING A HIT, ETC.

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 amphetamines/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 so, when, what and how many times?

Have you ever sold any illegal substance to another person? Yes ___ No ___
If so, 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 so, when was the last time ?

Have you ever sniffed glue, gasoline, paint thinner, or other mind-altering substances? Yes ___ No ___
If so, when was the last time ? _____

THEFT

Have you ever bought or been given any property or other thing of value you knew or believed to be stolen? Yes ___ No ___
If so, what and when.

Have you ever taken, under any circumstances, property that did not belong to you? Yes ___ No ___
If so, what, when, and the value of the property.

Have you ever committed any act, that had you been caught, you could have been criminally prosecuted?

Yes ___ No ___

If yes, please provide date and location.

GENERAL INFORMATION

Have you ever been convicted of Driving While Intoxicated?

Yes ___ No ___

If yes, list date and circumstances. _____

Have you ever been arrested, indicted or issued a summons to appear in court?

Yes ___ No ___

If yes, list date and circumstances. _____

Have you ever failed to register for the military draft when required to do so by law?

Yes ___ No ___

Is there anything that may prohibit your employment as a Deputy Sheriff?

Yes ___ No ___

If yes, please explain. _____

Have you ever applied for employment or a position with another law enforcement or government agency? Yes _____ No _____ If yes, please explain below.

Name of Department/Agency	Date Applied	<u>Accepted</u>		If no, give reason for rejection
		Yes	No	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all misdemeanor and felony convictions regardless of the charge or how long ago it was.

This includes all traffic violations, expungements, warrants, etc.

<u>Date</u>	<u>Charge</u>	<u>Detaining / Arresting Agency</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have answered the above questions truthfully and have completed this questionnaire of my own free will and have not been coerced in any way.

I am willing to undergo a truth verification examination to verify all information in this questionnaire and all other information supplied to CPSO.

I am aware that any falsification regarding answers to these questions can cause rejection of my application or dismissal from employment if an appointment to a position with the Caddo Parish Sheriff's Office has been made.

I further understand, agree, and acknowledge that all information obtained as a result of my application for employment shall be confidential and in the event my application is rejected, the Caddo Parish Sheriff's Office is under no obligation to reveal the reason for rejection.

Signature

Date