

# JACKSON PARISH SHERIFF'S DEPARTMENT

## APPLICATION FOR EMPLOYMENT

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

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Present Street Address

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

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Drivers License No. \_\_\_\_\_ State \_\_\_\_\_

Married \_\_\_ Yes \_\_\_ No Divorced \_\_\_ Yes \_\_\_ No Single \_\_\_ Yes \_\_\_ No

If married list name of spouse \_\_\_\_\_

Date of birth of spouse \_\_\_\_\_ Occupation \_\_\_\_\_

If you have children list name(s) and age: \_\_\_\_\_

Are you currently paying alimony and/or child support? \_\_\_ Yes \_\_\_ No

If the answer to the above is "yes", please state whether or not you are delinquent in any of these payments: \_\_\_ Yes \_\_\_ No

Do you reside in the same residence with someone other than a relative?

\_\_\_ Yes \_\_\_ No If so, list name of person(s): \_\_\_\_\_

Have you ever had your drivers license suspended or revoked? \_\_\_ Yes \_\_\_ No

Have you ever been arrested, charged with, plead guilty to or convicted of a crime? \_\_\_ Yes \_\_\_ No If "yes", explain: \_\_\_\_\_

Do you participate in the use of any controlled dangerous substance that is not prescribed by a doctor? \_\_\_ Yes \_\_\_ No

Have you ever participated in the sell or manufacture of any illegal controlled dangerous substance? \_\_\_ Yes \_\_\_ No

Do you or your spouse have any civil or criminal action pending against you? \_\_\_ Yes \_\_\_ No

Have you ever been fired or asked to resign from a job? \_\_\_ Yes \_\_\_ No If "yes" please explain: \_\_\_\_\_

Are you a registered voter in Jackson Parish? \_\_\_ Yes \_\_\_ No

## Jackson Parish Sheriff's Department

Do you currently reside in Jackson Parish? \_\_\_\_ Yes \_\_\_\_ No

Are you willing to work shift work? \_\_\_\_ Yes \_\_\_\_ No

Are you willing to work weekends? \_\_\_\_ Yes \_\_\_\_ No

If employment becomes available would you anticipate having to work a second job for extra income? \_\_\_\_ Yes \_\_\_\_ No If "yes" explain: \_\_\_\_\_

Do you have a high school diploma? \_\_\_\_ Yes \_\_\_\_ No

List the high school attended and year graduated: \_\_\_\_\_

If you did not graduate high school, do you have a general education diploma or a high school equivalency? \_\_\_\_ Yes \_\_\_\_ No

List any higher education: \_\_\_\_\_

List any certifications or special training: \_\_\_\_\_

Branch of service: \_\_\_\_\_ Type of discharge \_\_\_\_\_

If other than honorable explain: \_\_\_\_\_

Highest rank attained: \_\_\_\_\_

List Reserve or National Guard status: \_\_\_\_\_

List three persons (not employees or relatives) who know you well enough to give former or current information about you:

1.Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

2.Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

3.Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Are you presently employed? \_\_\_\_ Yes \_\_\_\_ No

Current employer \_\_\_\_\_ Address of employer \_\_\_\_\_

Date of employment \_\_\_\_\_ Current monthly salary \_\_\_\_\_

List previous employment starting with the most recent:

1.Employer \_\_\_\_\_ Address \_\_\_\_\_

Starting date \_\_\_\_\_ Ending date \_\_\_\_\_ Ending salary \_\_\_\_\_

2.Employer \_\_\_\_\_ Address \_\_\_\_\_

Starting date \_\_\_\_\_ Ending date \_\_\_\_\_ Ending salary \_\_\_\_\_

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

Is there anything in your personal life that could embarrass the Jackson Parish Sheriff's Department? \_\_\_\_ Yes \_\_\_\_ No If the answer is "yes" please explain: \_\_\_\_\_

## **JACKSON PARISH SHERIFF'S DEPARTMENT**

The Sheriff and/or his designee exercise authority to take final action in matters pertaining to employment, direction and general administration of personnel in the Jackson Parish Sheriff's Department.

I understand that it may be necessary to work nights and/or 12-hour shifts in view of which I must be completely available for such assignments as the need might arise

I am aware that any misrepresentations or falsifications made in connection with my obtaining employment with the Jackson Parish Sheriff's Department will be grounds for rejection or dismissal. I hereby certify that all the facts in my application for employment are true and correct. I hereby authorize you to make any investigations of my background through any investigative agency of your choice.

I further understand that any appointment issued to me by the Jackson Parish Sheriff's Department may be revoked at any time, with or without cause, by the Sheriff.

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Print Full Name

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Signature of Applicant

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Date

## **CHECKLIST OF ATTACHMENTS**

The following materials must be submitted for your background investigation to proceed. Failure to submit these documents in a timely manner may result in a delay in completing the investigation.

- Copy of birth certificate
- Copy of high school diploma or GED certificate
- Copy of college diploma
- Transcript of all college hours
- Form DD214 for previous military service
- Copies of any restraining orders obtained by you or against you
- Proof of vehicle liability insurance
- Copy of driver's license
- Certified copies of any bankruptcy proceedings
- Copy of P.O.S.T. certification
- Copy of all related training certificates
- Copies of any commendations received from previous employers
- Any letters of recommendations you wish to submit

**EQUAL EMPLOYMENT OPPORTUNITY STATEMENT.** As an equal opportunity employer, the Jackson Parish Sheriff's Department does not discriminate on the basis of race, color, national origin, sex, religion, age, mental or physical disability, marital status, prior military service, political affiliation, or any other legally protected status.

### **JACKSON PARISH SHERIFF'S DEPARTMENT**

500 E. Court Street, Room 100

Jonesboro, LA 71251

(318)259-9021

(318)259-8263 (fax)