

CALDWELL PARISH SHERIFF'S OFFICE



APPLICATION FOR EMPLOYMENT

**CLAY BENNETT, SHERIFF
CALDWELL PARISH, LOUISIANA
TELEPHONE - 318.649.2345**

TO THE APPLICANT

Please complete and return this application to the Personnel & Training Division located at 201 Main Street - Columbia, LA 71418. If you have any questions call (318) 649-2345.

1. Please fill out the application completely. Be sure that all mailing addresses are correct and include the zip codes.

2. **IMPORTANT!**

Applications will not be accepted
without the following:



Applications **MUST** provide:
(Check each box)

- ☐ Copy of current drivers license
- ☐ Social Security Card
- ☐ Copy of Birth Certificate
- ☐ Copy of High School Diploma (or GED)
- ☐ Copy of all college transcripts (If applicable)
- ☐ Copy of military DD Form 214 copy 4 (If applicable)

3. If you do not have enough space for your answers to any questions please use an additional sheet of paper.
4. Please complete each blank. If it does not apply to you place "dna" in the space provided.
5. When you have completed your application, return it to the Personnel Division and you will be given instructions for further processing.

PHYSICAL FITNESS STANDARDS

All employees of the Caldwell Parish Sheriff's Office with the exception of clerical and communications will be required to successfully complete a Peace Officer Standards and Training (POST) Academy after employment in order to become POST certified. Certain physical fitness requirements must be met as specified on the attached Physical Fitness Standards. Pre-employment testing will be administered to determine the current physical ability and potential proficiency. Applicants failing to meet the minimum acceptable standard shall result in their application being placed on inactive status. Failure to pass POST requirements after employment may lead to disciplinary action up to and including dismissal.

I hereby acknowledge that I have received a copy of these physical fitness requirements and fully understand the rules as they pertain to my employment with the Caldwell Parish Sheriff's Office.

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICATION AGREEMENT
DRUG SCREENING

CALDWELL PARISH SHERIFF'S OFFICE

I, _____ the undersigned, do hereby understand and acknowledge that it is a matter of policy of the Caldwell Parish Sheriff's Office that applicants be tested for drug usage, alcohol abuse, and complete physical fitness as a condition of employment.

I further understand that, if hired, random drug screening for all departmental employees may be conducted.

I have NO objections to this policy and will voluntarily comply when requested to do so.

Applicant Signature

Witness Signature

Date

APPLICATION AGREEMENT
RELEASE OF PERSONAL INFORMATION

I, _____ the undersigned, agree and acknowledge that I am an applicant for employment with the Caldwell Parish Sheriff's Office.

I hereby authorize a review and full disclosure of all information and records concerning myself to the Caldwell Parish Sheriff's Office relative to educational background, employment, pre-employment records including background reports, efficiency ratings, financial information, criminal and traffic arrests or convictions and any other factors that would be pertinent to my suitability for employment.

I understand that any information obtained by a personal history background investigation will be considered in determining my suitability for employment by the Caldwell Parish Sheriff's Office.

I hereby authorize any agency or individual questioned by the Caldwell Parish Sheriff's Office about my background to release any and all information deemed pertinent by the Caldwell Parish Sheriff's Office. I hereby release the Caldwell Parish Sheriff's Office and any other agency or persons from any liability in connection with furnishing such information.

I understand, agree, and acknowledge that all information obtained as a result of this process, shall be confidential and in the event my application is rejected the reason for said rejection may NOT be revealed.

Applicant Signature

Witness Signature

Address

Phone

Social Security Number

Full Name	Relationship	Department
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1. Spouse's Name _____
Last First Middle Maiden

Spouse's Date of Birth _____ Social Security Number _____

Spouse's Place of Employment _____ Business Phone _____

3. Applicant's Children: (List names, addresses and dates of birth)

4. Character References: List three persons (not employers or relatives) who knows you well enough to give current or former information about you:

Name _____ Home Phone _____

Address (include city) _____

Occupation _____ Business Phone _____

Name _____ Home Phone _____

Address (include city) _____

Occupation _____ Business Phone _____

Name _____ Home Phone _____

Address (include city) _____

Occupation _____ Business Phone _____

5. Employment History: List all the positions held regardless of length of time employed beginning with your present place of employment and going back. If additional space is needed use a separate sheet. Salary information is optional.

Do we have your permission to contact your present employer? ☐ YES ☐ NO

From _____ To _____ Job Title _____

Name of Employer: _____ Phone _____

Address _____ Salary _____

Description of Duties _____

Name of Supervisor _____ Reason for Leaving _____

From _____ To _____ Job Title _____

Name of Employer: _____ Phone _____

Address _____ Salary _____

Description of Duties _____

Name of Supervisor _____ Reason for Leaving _____

From _____ To _____ Job Title _____
Name of Employer: _____ Phone _____
Address _____ Salary _____
Description of Duties _____
Name of Supervisor _____ Reason for Leaving _____

From _____ To _____ Job Title _____
Name of Employer: _____ Phone _____
Address _____ Salary _____
Description of Duties _____
Name of Supervisor _____ Reason for Leaving _____

From _____ To _____ Job Title _____
Name of Employer: _____ Phone _____
Address _____ Salary _____
Description of Duties _____
Name of Supervisor _____ Reason for Leaving _____

6. Education: List your education including high school, college, business, and technical schools.

School Name	Address	From/To	Graduate (Yes/No)

7. Have you ever applied for a position with the Caldwell Parish Sheriff's Office? ☐ YES ☐ NO
If yes explain below.

8. Have you ever applied for a position with another law enforcement or government agency ☐ YES ☐ NO
If yes explain below.

Name of Department or Agency	Date Applied	Accepted? If no, give reason for rejection.

9. List your previous addresses below

From

To

10. List your immediate family below:

Father	Address	Age
Mother	Address	Age
Brother or Sister	Address	Age
Brother or Sister	Address	Age
Brother or Sister	Address	Age
Brother or Sister	Address	Age
Brother or Sister	Address	Age

11. Credit References: Please list three credit establishments below:

Credit Establishment	Address	Amount	Rating

12. Have you ever received a traffic citation or been involved in a traffic accident? ☐ YES ☐ NO
(If yes explain including dates)

13. List all misdemeanor and felony arrests below. NOTE: What you were convicted of and how long ago are important.
Give All Facts.

Date	Charge	Detaining or Arresting Agency	Penalty

14. Has your spouse ever been arrested? If yes, explain. _____ ☐ YES ☐ NO
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15. Have you ever been involved in a police investigation as a victim, suspect or witness? ☐ YES ☐ NO
16. If employed by the Sheriff's Office do you anticipate any income other than your Sheriff's Office income? ☐ YES ☐ NO
17. Have you ever been refused an automobile policy or any other liability policy? ☐ YES ☐ NO
18. Have you ever served in the U.S. Armed Forces? ☐ YES ☐ NO
Branch _____ From _____ To _____ Separation Rank _____
Duties: _____ (attach copy 4 DD Form 214)
19. Are you a registered voter in Caldwell Parish? ☐ YES ☐ NO
Ward _____ Precinct _____ Voting Place _____
20. Have you ever illegally used drugs? If yes, explain. _____ ☐ YES ☐ NO
-
21. Has your spouse ever illegally used drugs? If yes, explain. _____ ☐ YES ☐ NO
-
22. Are you willing to undergo a pre-employment physical? ☐ YES ☐ NO
23. Name of family doctor _____
24. Have you ever filed any civil or criminal action against anyone? If yes, explain. _____ ☐ YES ☐ NO
-
25. Have you ever had any civil or criminal action filed against you? If yes, explain. _____ ☐ YES ☐ NO
-
26. Have you or your spouse ever been refused credit? If yes, explain. _____ ☐ YES ☐ NO
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27. Have you or your spouse ever filed bankruptcy? If yes, explain. _____ ☐ YES ☐ NO
-
28. Have you or your spouse ever had a garnishment against your wages? If yes, explain. ☐ YES ☐ NO
-
29. Have you ever had any bill placed for collection or any repossessions? If yes, explain. ☐ YES ☐ NO
-
30. This job requires shift work, punctuality and good attendance. Is there any reason why you could not fulfill these requirements. If yes, explain. _____ ☐ YES ☐ NO
-
31. We are looking for a permanent employee and will make an investment in training. Is there any reason why you would not expect to stay with this agency? If yes, explain. _____ ☐ YES ☐ NO
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39. Why do you think you are qualified for employment by the Caldwell Parish Sheriff's Office?
Please answer in paragraph form.

40. Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, special skills, articles/books published, activities accomplished, etc. If you are applying for a clerical position please give your typing speed, shorthand skills, computer skills, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or handicap).

AGREEMENT

(PLEASE READ THE FOLLOWING STATEMENT CAREFULLY)

I, _____ hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Date

Applicant's Signature

PSYCHOLOGICAL STRESS EVALUATOR

Prior to employment and sometimes during employment, the Caldwell Parish Sheriff's Office may require evaluation by means of the Psychological Stress Evaluator (PSE).

1. Do you agree to take a PSE (voice exam) prior to employment with the Caldwell Parish Sheriff's Office? ☐ YES ☐ NO
2. Do you agree to take the PSE as to the truthfulness of all answers you give on your application? ☐ YES ☐ NO
3. Do you agree to take the PSE during your term of employment? ☐ YES ☐ NO
4. Have you ever taken any type of lie detector exam before? ☐ YES ☐ NO
(If yes, explain for what reason, where the test was administered and who asked you to take the test.)

Date

Applicant's Signature