

**ASCENSION PARISH SHERIFF'S OFFICE**  
**Employment Application**

NO FACSIMILE TRANSMITTALS WILL BE ACCEPTED

**Position(s) applying for (number in order of priority):**

\_\_\_\_\_ Clerical      \_\_\_\_\_ Corrections      \_\_\_\_\_ E-911 Dispatch      \_\_\_\_\_ Patrol      \_\_\_\_\_ Other

**Minimum Requirements for Employment:**

1. Must be a high school graduate or equivalent.
2. Must be at least 19 years of age.
3. Must possess a valid Louisiana driver's license.
4. Must be a resident of Ascension Parish.
5. Must pass a physical examination.

An applicant will be disqualified if there are any indictments or bills of information pending against them in which they are charged with a felony. An applicant that has been convicted of a felony will be disqualified until relief from the disabilities imposed by the state and federal law is granted. Any applicant convicted of driving while intoxicated or hit and run within the past three (3) years will be disqualified. False statements of any material fact, any attempt to practice deception or fraud will result in the rejection of your application and refusing to administer any examination to the applicant.

**NOTICE: ALL APPLICANTS WILL BE SUBJECT TO DRUG SCREENING AND AN INTENSIVE BACKGROUND INVESTIGATION.**

1. **MANDATORY – You must attach a photo of yourself, copy of your birth certificate, driver's license, social security card, high school diploma or equivalent, voter registration card, and DD-214 (if applicable) to the application or it will not be processed. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**
2. DO NOT SUBMIT A RESUME INSTEAD OF THIS APPLICATION.
3. TYPE OR PRINT CLEARLY.
4. If you need more space for an answer, you may attach extra sheets. Make sure your name and social security number are on each additional page.
5. Your social security number, zip code and telephone numbers are essential pieces of information. Applications without this information will not be processed.
6. If you require special testing procedures or accommodations, you must attach a description of the type of accommodations needed to the front of your application.
7. Instructions for work experience:
  - Give brief but complete descriptions of your major work duties for each job.
  - Attach a sheet of paper to add additional jobs or information. Use the same format as the work experience blocks of the application.
8. If using certified mail, return the completed application, along with requested attachments, to:

**Ascension Parish Sheriff's Office**  
**Attn: Administrative Services Division**  
**828 S. Irma Blvd.**  
**Gonzales, LA 70737**



# Ascension Parish Sheriff's Office

## Pre-employment Questionnaire



Drug Name	Yes	No	Date Last Used	Age Last Used	Times Used	How used? (smoked, injected, etc.)
Cocaine (rock, crack)						
Morphine						
Heroin						
Methamphetamine (speed)						
LSD (acid)						
Marijuana (weed, grass)						
Mojo (synthetic marijuana)						
Hashish						
Opium						
Anabolic Steroids						
Inhaled Solvents						
Other Hallucinogens (mushrooms, mescaline, etc)						
Designer Drugs (MDMA, ecstasy, etc.)						
Prescription drugs that were NOT prescribed to you such as:						
Oxycontin / Oxycodone						
Alparzolam / Xanax						
Promehtazine / Codeine syrup						
Others:						
Have you ever sold, cultivated, distributed, or transported any illegal drugs?						

The Applicant, \_\_\_\_\_, clearly understands that the responses to all questions listed above  
Print Name  
 are NOT untruthful and misleading. The applicant agrees that if he/she is found untruthful, misleading, or fail to report any information required during this process, the applicant will be disqualified.

The Applicant, \_\_\_\_\_, agrees that if it is discovered that he or she may show any conduct or  
Print Name  
 pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the law enforcement profession, their application will be disqualified.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

## Personal Information

1. NAME (Last) (First) (Middle)

2. SOCIAL SECURITY NUMBER

MAILING ADDRESS

WORK TELEPHONE NUMBER

CITY STATE ZIP

HOME TELEPHONE NUMBER

DATE OF BIRTH E-MAIL ADDRESS

CELL PHONE NUMBER

3. Do you possess a valid driver's license?

YES  NO

4. Are you currently holding or running for an elective office?

YES  NO

5. Have you ever been fired from employment, or resigned to avoid dismissal?

YES  NO

6. Are you a Veteran? (If so, attach a DD-214)

YES  NO

7. The following information is collected to complete Equal Opportunity Reports required by law.  
You ARE NOT LEGALLY OBLIGATED to provide this information.

Caucasian  African American  Hispanic  Asian/Pacific Islander  American Indian

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION:

**AUTHORITY TO RELEASE INFORMATION:** I consent to the release of information concerning my capacity and / or all aspects of prior job performance by employers, educational institutions, law enforcement agencies, and other individuals to investigators, personnel technicians and other authorized employees of the Ascension Parish Sheriff's Office for the purpose of determining my eligibility and suitability for employment.

I grant permission to the Sheriff of Ascension Parish, or his designee, to make inquiries into my criminal history, driving history, and credit history, or make any other inquiries deemed necessary in order to verify and confirm the information I have provided on this application.

I certify that the statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that information on this application may be subject to investigation and verification and that any misrepresentation or material omission may cause my application to be rejected, my name to be removed from the eligible register and / or subject me to dismissal from service.

I further agree to hold harmless from any civil or criminal liabilities, the Ascension Parish Sheriff's Office and its representatives, due to the outcome of these records and background checks.

8. \_\_\_\_\_  
SIGNATURE OF APPLICANT

9. \_\_\_\_\_  
DATE

## Personal Information (continued)

The following documents must be submitted with the application:

- \* Birth Certificate (Photocopy)
- \* High School Diploma (Photocopy)
- \* College Transcripts
- \* DD-214 (Military Personnel Only)
- \* Driver's License or current state ID (Photocopy)
- \* Social Security Card (Photocopy)
- \* Voter Registration Card
- \* Photo of yourself

10. Have you ever been arrested, indicted, or received a criminal summons by a law enforcement agency?  
(Including campus police & security agencies)

YES       NO

If yes, explain in detail below giving date, reason, agency and disposition.

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11. Have you ever filed or been the subject of a temporary or permanent restraining order?

YES       NO

If yes, please provide the date and jurisdiction of the order: \_\_\_\_\_

12. Do you currently have any pending criminal charges by any law enforcement authority?

YES       NO

13. Are you currently on bail or out on personal recognizance or other conditional release for any reason?

YES       NO

14. Are you currently on probation or parole?

YES       NO

If yes, on any of the above, provide full details.

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**Personal Information (continued)**

15. Have you ever been convicted of a criminal offense, to include petty offense citations (i.e. underage consumption, noise violation)?

- YES       NO

If yes, provide all details giving dates, location, arresting agency, court disposition, etc.

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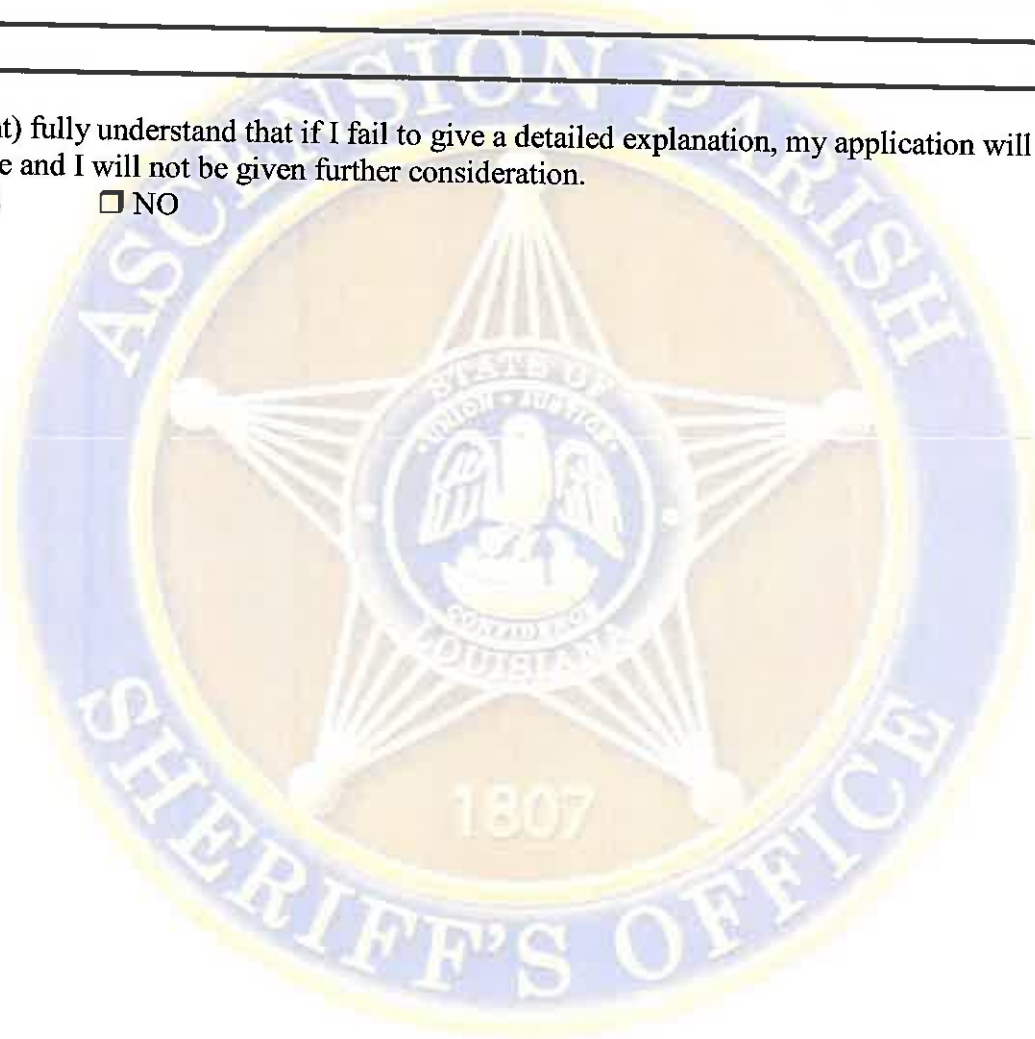
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16. I (applicant) fully understand that if I fail to give a detailed explanation, my application will be considered incomplete and I will not be given further consideration.

- YES       NO



## Formal Education

17. Have you received a high school diploma or equivalency certificate?

YES       NO      Date received: \_\_\_\_\_

(Provide official college transcript or copy of diploma.)

NAME OF COLLEGE OR UNIVERSITY/ CITY AND STATE	Dates Attended (Month & Year)		Total Credit Hours Earned Semester or Quarter	Type of Degree Earned (BA, MA, etc.)	Major Field of Study
	FROM	TO			



## Employment History Information

18. Have you ever been discharged/terminated/fired or disciplined by any employer?

YES       NO

If yes, explain.

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19. Have you ever resigned while anticipating that your employer intended to discharge or take any disciplinary action against you for any reason?

YES       NO

If yes, explain.

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20. Have you ever resigned from a job by mutual agreement following allegations of misconduct?

YES       NO

If yes, explain.

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21. Have you ever resigned from a job by mutual agreement following allegations of unsatisfactory work performance?

YES       NO

If yes, explain.

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## Previous Employment History

List all your employment history, including part-time. Begin with current employer first. Include all periods of unemployment, internships, and volunteer positions.

22. **Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
: ( ) \_\_\_\_\_ Position/Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Full-Time  Part-time  Internship  Volunteer  Salaried

Dates of employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: (Exclude Medical Reasons) \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ Ext \_\_\_\_\_

**Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Position/Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Full-Time  Part-time  Internship  Volunteer  Salaried

Dates of employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: (Exclude Medical Reasons) \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ Ext \_\_\_\_\_

**Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Position/Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Full-Time  Part-time  Internship  Volunteer  Salaried

Dates of employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: (Exclude Medical Reasons) \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ Ext \_\_\_\_\_



**Previous Employment History (continued)**

**Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Position/Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Full-Time  Part-time  Internship  Volunteer  Salaried

Dates of employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: (Exclude Medical Reasons)

\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ Ext \_\_\_\_\_

**Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Position/Title: \_\_\_\_\_ Salary: \_\_\_\_\_

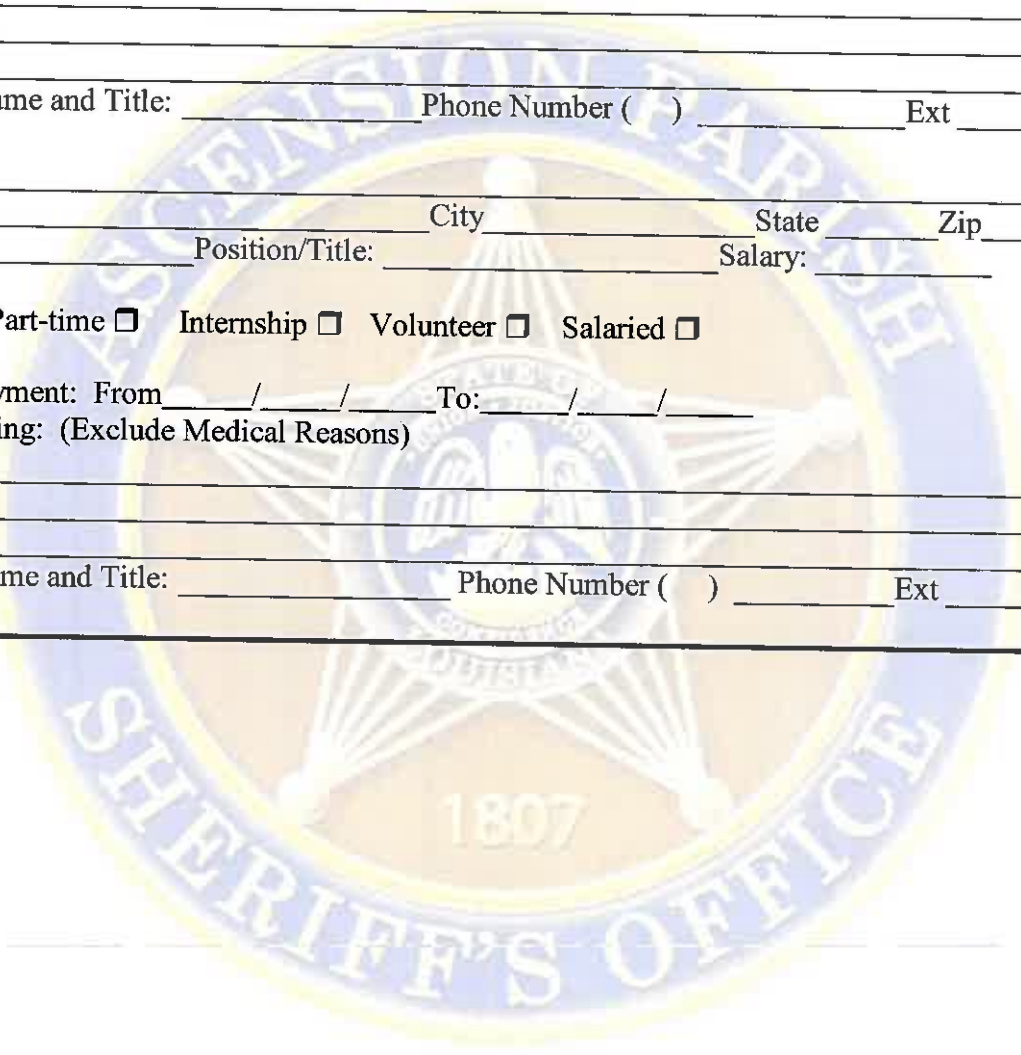
Full-Time  Part-time  Internship  Volunteer  Salaried

Dates of employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: (Exclude Medical Reasons)

\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ Ext \_\_\_\_\_



**Military Status**

*If these questions do not apply to you, put NA in the response lines.*

23. Are you registered with the Selective Service System?  
 YES       NO

24. Have you served in the Armed Forces of the U.S.? (Includes Merchant Marines)  
 YES       NO

25. Type of discharge: (Exclude Medical Reasons)

\_\_\_\_\_

26. Job Title and Rank at time of separation:

\_\_\_\_\_

27. Primary M.O.S. / A.F.S.C.: \_\_\_\_\_ Secondary M.O.S. / A.F.S.C.: \_\_\_\_\_

28. Do you have any current Military Reserve obligation:  
 YES       NO  
 ACTIVE     INACTIVE

29. Were you ever reduced/demoted in rank?  
 YES       NO

30. Were you ever confined/detained in a brig, stockade, guardhouse, or jail while in the military?  
 YES       NO

If yes, describe in detail.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

31. Have you ever been AWOL?  
 YES       NO

If yes, explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

## Financial Status

32. Have you ever filed for or declared bankruptcy?

YES       NO

If yes, give date, location, reason for case and disposition.

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33. Do you currently have any court ordered child support or alimony payment obligation?

YES       NO

If yes, provide dates, amounts, recipient, etc.

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34. Have you ever been delinquent in any child support or alimony payments?

YES       NO

If yes, provide dates, amounts, recipient, etc.

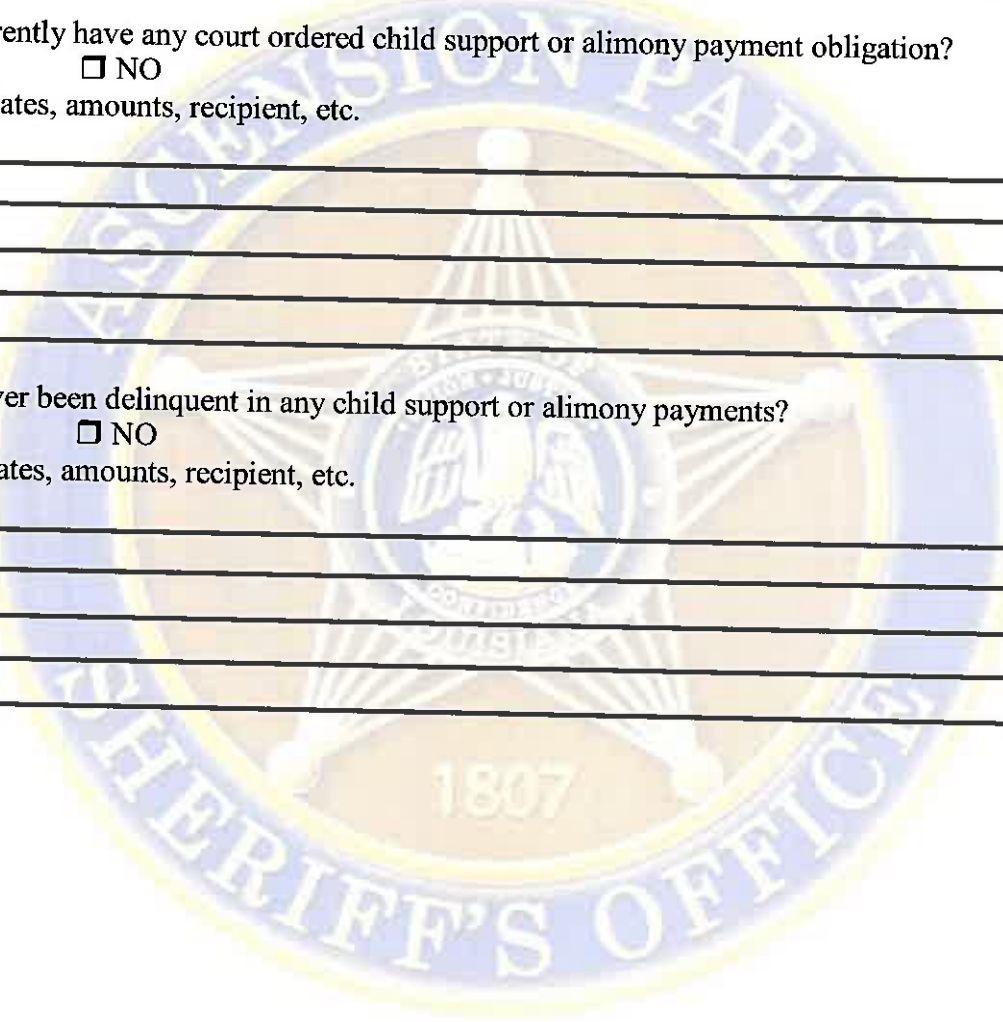
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## References

Provide the names and addresses of six (6) character references (not related to you by blood or marriage) who are not listed elsewhere in this application.

35. Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

## Family Information

Married:  Single:  Separated:  Divorced:  Widow or Widower:

Spouse/Significant other/Current dating partner:

Name: \_\_\_\_\_ Maiden name: \_\_\_\_\_ DOB: \_\_\_\_\_ Present

address: \_\_\_\_\_  
Street address City State Zip

Son/Daughter:

Name: \_\_\_\_\_ Maiden name: \_\_\_\_\_ DOB: \_\_\_\_\_ Present

address: \_\_\_\_\_  
Street address City State Zip

Son/Daughter:

Name: \_\_\_\_\_ Maiden name: \_\_\_\_\_ DOB: \_\_\_\_\_ Present

address: \_\_\_\_\_  
Street address City State Zip

Son/Daughter:

Name: \_\_\_\_\_ Maiden name: \_\_\_\_\_ DOB: \_\_\_\_\_ Present

address: \_\_\_\_\_  
Street address City State Zip

Son/Daughter:

Name: \_\_\_\_\_ Maiden name: \_\_\_\_\_ DOB: \_\_\_\_\_ Present

address: \_\_\_\_\_  
Street address City State Zip

Father:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Present

address: \_\_\_\_\_  
Street address City State Zip

Mother:

Name: \_\_\_\_\_ Maiden name: \_\_\_\_\_ DOB: \_\_\_\_\_ Present

address: \_\_\_\_\_  
Street address City State Zip

Sibling:

Name: \_\_\_\_\_ Maiden name: \_\_\_\_\_ DOB: \_\_\_\_\_ Present

address: \_\_\_\_\_  
Street address City State Zip

Sibling:

Name: \_\_\_\_\_ Maiden name: \_\_\_\_\_ DOB: \_\_\_\_\_ Present

address: \_\_\_\_\_  
Street address City State Zip

## Police/Public Safety/Security Experience

36. Do you have experience as a sworn Law Enforcement Officer?  
 YES       NO

If yes, explain to include agency(s), position and length of service.

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37. Do you have experience in private security?  
 YES       NO

If yes, provide agency(s), dates, and position.

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38. Do you have experience as a paid or volunteer member of any fire department or medical response squad?  
 YES       NO

If yes, provide agency(s), dates, and position.

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39. Do you personally know any Ascension Parish Sheriff's Deputies?  
 YES       NO

If yes, list name, relationship and length of time you have known them.

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40. Do you have any relatives who are current or past members of a law enforcement agency?  
 YES       NO

If yes, please list name(s), relationship and their department/agency.

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