LAW ENFORCEMENT APPLICATION

SABINE PARISH SHERIFF'S OFFICE

400 SOUTH CAPITOL STREET

MANY, LOUISIANA 71449

318-256-9241

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information, or any other legally protected status.

INSTRUCTIONS TO THE APPLICANT

To receive appointment as a law enforcement officer with this agency, you must at the time of employment meet the following criteria:

1. You must be at least eighteen (18) years of age.
2. You must be a United States citizen.
3. You must have no felony conviction(s), including any felony conviction(s) that may have been expunged.
4. You must have no felony behavior involving use, production, transportation, or sale of illegal drugs or narcotics.
5. You must have a high school diploma or its equivalence.
6. You must currently have, or be able to obtain, a Louisiana Driver's License.
7. You must be able to qualify for vehicle insurance in the use of a motor vehicle.
8. You may be required to meet certain job-related sight and hearing standards required to meet essential job functions.
9. As a condition of employment, you may be required to pass the following job related:
   - A. Physical Agility Test
   - B. Background Investigation
   - C. Psychological Examination
   - D. Polygraph Examination
   - E. Drug Screen
   - F. Medical Examination

The completion of this form, as well as entire completion of each of the subsequent pages, is a requirement for consideration for employment with this agency.

All statements are subject to verification.

Inaccuracies or incomplete statements may prevent you from being hired by this agency and may be cause for your removal from the hiring list.

If you need assistance in completing this application or any other accommodations, please contact the personnel office.

In accordance with the Privacy Act of 1974, disclosure of your social security is voluntary. The social security number will be used for identification purposes to ensure that proper records are obtained.

I have read and understand the above instructions and do agree to the terms and conditions of completing the application.

Signed: _____ Date _____

Printed Name: _____

If you meet the listed qualifications and understand the requirements for obtaining employment and wish to continue, complete the following pages in their entirety. An incomplete application may preclude you from consideration for employment.

POSITION APPLYING FOR: _____

PERSONAL INFORMATION:

Name _____
Last First Middle

Address _____ City_____ State_____ Zip_____

Home Phone_____ Cell Phone_____

Are you a United States Citizen? _____ Yes _____ No Social Security Number_____

Birthdate_____ ***(to be used as identification in Background Investigation)***
Month Day Year

This position requires that the person qualify and obtain a Louisiana Driver's License, as well as qualify for automobile insurance. Please answer the following questions.

Current Driver's License Number _____ State _____

Have you been convicted of **or arrested for** any criminal offenses other than minor traffic violations? ____ Yes ____ No

If yes, please explain: _____

_____

_____

Have you been convicted of a felony, including any expunged and annulled felony record from this state, any other state or any military jurisdiction that would be considered a felony in Louisiana? _____ Yes _____ No

If yes, please explain:

_____

_____

_____

Do you have any criminal charges pending? _____ Yes _____ No

If yes: Type of Charge _____

Date _____

Location _____

Disclosure of a misdemeanor criminal record will not **necessarily** disqualify you from employment consideration. Each conviction will be evaluated on its own merit with respect to time, circumstances, and seriousness, in relation to the job for which you are applying. However, failure to disclose such information may result in disqualifying you from consideration or termination of employment.

EDUCATION:

A position as a law enforcement officer requires you to have a high school education or its equivalent. Please complete the table shown below.

	Name of School	Location	Dates Attended	Major Studies	Hours Obtained	List Diploma or Degree received
High School or Equivalent						
College						
Graduate School						
Trade or Vocational School						

Please list those skills you have acquired that are relevant to the job(s) for which you are applying.

_____

_____

_____

_____

EMPLOYMENT:

List below present and all past employment, beginning with your most recent.

1. Name and Address of Company: _____
   Position Held: _____ Dates From: _____ To: _____
   Starting Monthly Salary: _____ Final Monthly Salary: _____
   Supervisor: _____ Telephone: _____
   Reason for Leaving:
   _____
   _____
   _____
2. Name and Address of Company:_____
   Position Held: _____ Dates From: _____ To: _____
   Starting Monthly Salary: _____ Final Monthly Salary: _____
   Supervisor: _____ Telephone: _____
   Reason for Leaving:
   _____
   _____
   _____

3. Name and Address of Company:_____
   Position Held: _____ Dates From: _____ To: _____
   Starting Monthly Salary: _____ Final Monthly Salary: _____
   Supervisor: _____ Telephone: _____
   Reason for Leaving:
   _____
   _____
   _____

4. Name and Address of Company:_____
   Position Held: _____ Dates From: _____ To: _____
   Starting Monthly Salary: _____ Final Monthly Salary: _____
   Supervisor: _____ Telephone: _____
   Reason for Leaving:
   _____
   _____
   _____

5. Name and Address of Company:_____
   Position Held: _____ Dates From: _____ To :_____
   Starting Monthly Salary: _____ Final Monthly Salary: _____
   Supervisor: _____ Telephone: _____
   Reason for Leaving:
   _____
   _____
   _____

Account for any time that you were unemployed by stating the date and nature of your activities:

_____

_____

_____

_____

Do you authorize us to inquire about you from your present employer? _____ Yes _____ No

I certify that I have made no misrepresentation in this application, and I have not withheld information in my statements and answers to questions. I hereby give my full permission for any and all information in this application to be investigated. I am aware that any misrepresentation may cause my application to be rejected or may cause dismissal if I am hired before such misrepresentations are discovered.

_____ _____

Signature of Applicant **Date**

REFERENCES

Name of Reference: _____

Title: _____ Organization Name: _____

Street Address: _____

City, State and Zip: _____

Work Phone: _____ Home Phone: _____

Relationship to you: _____

Name of Reference: _____

Title: _____ Organization Name: _____

Street Address: _____

City, State and Zip: _____

Work Phone: _____ Home Phone: _____

Relationship to you: _____

Name of Reference: _____

Title: _____ Organization Name: _____

Street Address: _____

City, State and Zip: _____

Work Phone: _____ Home Phone: _____

Relationship to you: _____

SABINE PARISH SHERIFF'S OFFICE

CONFIDENTIAL INFORMATION AGREEMENT FORM

I, _____ understand that a thorough investigation will be

conducted to determine my qualifications for the position of _____ with the Sabine Parish Sheriff's Office. Further, that to a great extent, my employment will depend on the information obtained in confidential interviews with persons whom I have associated. Therefore, I understand that such information is confidential, and the Sheriff's Office cannot reveal the reasons why an applicant is removed from the selection process, and/or not offered employment.

I further understand that if the reason(s) for my non-acceptance are of a temporary nature whereby I should be accepted at a later date, I will be notified.

I have read and fully understand the foregoing statement.

_____ _____

Applicant **Date**

Subscribed and sworn before me this _____ day of _____, _____.

(SEAL) _____

Notary Public

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any sworn Deputy or another authorized representative of the Sabine Parish Sheriff's Office bearing this release, or a photo static copy thereof, within one year of its date, to obtain information from your files pertaining to my employment, credit, or education records, including but not limited to academics, achievements, attendance, athletics, personal (no-medical) history and disciplinary records. I hereby direct you to release such information upon request of bearer.

This release is executed with the full knowledge and understanding that the information is for the official use of the Sabine Parish Sheriff's Office. Consent is granted for the Sabine Parish Sheriff's Office to furnish such information as is described above, as third parties in the course of fulfilling its official responsibilities.

I hereby release you as the custodian of such records and any school, college, university or other educational institution, credit bureau, lending institutions, consumer reporting agency or retail business establishment including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associated because of compliance with this authorization and request to release information or any attempt to comply with it.

I hereby acknowledge that information obtained in the background investigation is confidential and will not be released to the applicant. I acknowledge that this is important in order to obtain objective and unbiased information. I also will not attempt to obtain from the Sheriff's Office a copy of any background information.

A copy of this authority to release information will be as valid as the original. Should there be any question as to the validity of this release, you may contact me as indicated below.

Name Typed or Printed: _____
First Middle Last

Current Address: _____
Street City State Zip Code

Telephone number(s): _____

Date: _____ Signature: _____
Month/Day/Year First Middle Last

Subscribed and sworn before me this _____ day of _____, _____.

(SEAL) _____
Notary Public

SABINE PARISH SHERIFF'S OFFICE
SABINE PARISH DETENTION CENTER

384 DETENTION CENTER ROAD
MANY, LA 71449
PHONE (318) 256-0006

Authorization to Contact

Previous Employers

I hereby authorize the Personnel Department of the Sabine Parish Sheriff's Office, to contact any of my prior Employers, whether listed on my employment application or not, to ascertain information required by the Prison Rape Elimination Act, Part 115 of Title 28 of the Code of Federal Regulations. I further understand that prior to any offer of employment by the Sabine Parish Sheriff's Office that such information must be obtained.

I understand that if I do not authorize such contact, I will not be eligible for employment with the Sabine Parish Sheriff's Office. I further understand that this authorization will remain valid for the duration of my employment with the Sabine Parish Sheriff's Office.

_____

Applicant's Name (Print)

_____ _____

Applicant's Signature Date

_____ _____

Witness Date

Form: S-550.35 (revised 11/2022)

SABINE PARISH SHERIFF'S OFFICE
SABINE PARISH DETENTION CENTER

384 DETENTION CENTER ROAD

MANY, LA 71449

PHONE (318) 256-0006

PREA Requirements for Applicants and Employees Being Considered for Hire, Assigned to Special Duty and/or Promotion

Applicant/Employee Name (Print): _____

Date: _____ Unit: _____ Job Title: _____

Please answer the following questions in accordance with the Prison Rape Elimination Act, Part 115 of Title 28 of the Code of Federal Regulations:

1. Have you engaged in sexual abuse in a Community Confinement Facility, Jail, Lockup or Prison as defined in SPSO Policy and Procedure S-550R – "Prison Rape Elimination Act?

   No / Yes (if so, please explain) _____

   _____

2. Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the Victim did not consent or was unable to consent or refuse? **No / Yes** (if so, please explain) _____

   _____

3. Have you ever been disciplined or personally sued due to allegations of engaging in the activity descried in number 2 above? **No / Yes** (if so, please explain) _____

   _____

4. Have you ever had a substantiated allegation of sexual abuse, or any sexual harassment charge filed against you? **No / Yes** (if so, please explain) _____

   _____

NOTE: Each Employee has a personal responsibility for disclosing to SPSO Personnel within 72 hours, any such conduct of which you are accused or charged and/or convicted. Such disclosure is not an admission of guilt. Omissions regarding such conduct or providing false information about such conduct shall be grounds for disciplinary action up to and including dismissal.

I certify that I have read, understand, and truthfully answered the above questions. I also understand my responsibility to notify SPSO Personnel of any such accusations, charges or convictions levied against me for such conduct.

Signature: _____ Date: _____