

VICTOR E. JONES, JR..SHERIFF  
NATCHITOCHE PARISH, LOUISIANA

APPLICATION FOR EMPLOYMENT



NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

POSITION:

- Deputy Sheriff       Corrections  
 Communications  
 Reserve               Other

NATCHITOCHE PARISH SHERIFF'S OFFICE  
200 CHURCH STREET  
P.O. BOX 266  
NATCHITOCHE, LA 71457  
(318) 352-6432

NO: \_\_\_\_\_  
2015

**THE NATCHITOCHE PARISH SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER**

It is required that you, the applicant, furnish the information that is requested on this form. The information that you provide is confidential. The application must be clear and legible. Typewritten applications are preferred but we will accept a legible printed application in black ink. This application will be kept on file for a **period of six months**. If you are not hired during this period, but want to continue to be considered for available positions, you will need to fill out another application.

This application will be given every consideration, but acceptance does not imply that the applicant will be hired.

**ATTACH a photograph of yourself only – either black and white or color.**

All required documents must accompany your completed **NOTARIZED** application.

**Pages 15 and 16 of this application must be notarized.** Your application will not be considered if it is not notarized and/or is not accompanied by all required documents. Notarization and copies of documents must be completed prior to submitting the application to the Natchitoches Parish Sheriff's Office.

**IMPORTANT**

Complete the application as follows:

**Answer all questions.** If they do not apply to you, place N/A by the number/question. If you do not have enough space for your answer to any questions, use an additional sheet of paper the same size as this application.

Provide names, complete mailing addresses including zip codes, and telephone numbers of former employers, dates of employment, and your job title.

**Please provide** the Natchitoches Parish Sheriff's Office with copies of the following documents with your application, if applicable:

- Social Security Card
- Driver's License
- Birth Certificate
- Certificates of Training
- State Certifications
- Certified College Transcripts
- Letters of Recommendation
- High School Diploma or State Equivalency (G.E.D.) NOTE: If you have an equivalency diploma from any state other than Louisiana, you must provide a copy of your transcript.
- Long form DD214, if you are former military.
- Documents showing legal changes of name (for example: marriage license, divorce papers, adoption papers, etc.)

(318) 352-6432  
SHERIFF AND EX-OFFICIO TAX COLLECTOR  
200 CHURCH STREET  
NATCHITOCHE, LOUISIANA 71457



## CHARACTER REFERENCES

List at least four individuals (not NPSO employees or relatives) who know you well enough to give current information about you.

1) NAME \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

Apartment Number

City

State

ZIP

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

2) NAME \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

Apartment Number

City

State

ZIP

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

3) NAME \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

Apartment Number

City

State

ZIP

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

4) NAME \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

Apartment Number

City

State

ZIP

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

## EMPLOYMENT HISTORY

May we contact your present employer?   ( ) Yes   ( ) No

Beginning with your present or most recent employer, list all positions held during the past years (all employment) regardless of length of time employed. You must provide complete addresses and phone numbers. Please explain any gaps in your employment history.

EMPLOYER \_\_\_\_\_ DATES OF  
EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

ADDRESS \_\_\_\_\_  
STREET CITY STATE PHONE

POSITION HELD \_\_\_\_\_ KIND OF BUSINESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

Description of Duties \_\_\_\_\_ SALARY OR EARNINGS

\_\_\_\_\_ Starting \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

ADDRESS \_\_\_\_\_  
STREET CITY STATE PHONE

POSITION HELD \_\_\_\_\_ KIND OF BUSINESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

Description of Duties \_\_\_\_\_ SALARY OR EARNINGS

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\_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_  
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ADDRESS \_\_\_\_\_  
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\_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_  
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MONTH/YEAR MONTH/YEAR

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STREET CITY STATE PHONE

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\_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

ADDRESS \_\_\_\_\_  
STREET CITY STATE PHONE

POSITION HELD \_\_\_\_\_ KIND OF BUSINESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

Description of Duties \_\_\_\_\_ SALARY OR EARNINGS

\_\_\_\_\_ Starting \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_\_





**Education: Did you graduate from high school ( ) Yes ( ) No GED Score**

	High School	Vocational/Technical	College/ University	Graduate/ Professional
School Name				
City and State				
Year Completed				
Dates Attended (Mo/yr)	From: To:	From: To:	From: To:	From: To:
Type of Diploma/Degree				
Major Field				

Please list any profession you are licensed or certified to practice, giving the type, number, expiration date, and state by which the license was issued:

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**CERTIFICATES, LICENSE, TRAINING**

A certificate, as defined for this application, is a document certifying that you have fulfilled the requirements and may practice in a field.

List all certificates, valid or expired, which you have earned. Place certificates in relation to the position you are applying for first.

DATE GRANTED	ISSUING AGENCY	CERTIFICATE	EXP. DATE

U. S. MILITARY RECORD

Draft Status \_\_\_\_\_ Reserve Status \_\_\_\_\_

National Guard Status \_\_\_\_\_

Active Service: From \_\_\_\_\_ To \_\_\_\_\_

Branch \_\_\_\_\_ Highest Rank \_\_\_\_\_

Date of Discharge \_\_\_\_\_

Military Specialization and Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ have never served in the United States

Armed Forces \_\_\_\_\_

Signature

MOTOR VEHICLE OPERATOR RECORD

Do you possess a valid Driver's License? ( ) Yes ( ) No

Driver's License Type: Chauffeurs \_\_\_\_\_ Operator \_\_\_\_\_ Other \_\_\_\_\_

What State? \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Have you ever had a Driver's License suspended or revoked? ( ) Yes ( ) No

If yes, explain (1) the state, (2) all details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Yes, was your license ever restored? ( ) Yes ( ) No

Have you ever received a traffic citation (other than parking)? ( ) Yes ( ) No

If yes (1) indicate the city, county, and state (2) name of agency issuing the citation, (3) date, (4) charges and (5) final disposition.

Complete information MUST be supplied If Yes, please explain \_\_\_\_\_

ATTACH ADDITIONAL SHEET IF NECESSARY

Do you have any civil or criminal action pending against you? ( ) Yes ( ) No

If Yes, please explain \_\_\_\_\_

Have you ever applied for a position with Natchitoches Parish Sheriff's Office? ( ) Yes ( ) No

If Yes, please explain \_\_\_\_\_

Have you ever applied for a position with another law enforcement or other government agency?

( ) Yes ( ) No If yes, please explain below. \_\_\_\_\_

Name of Department(agency)	Date Applied	Accepted		If no, give reason for rejection
		Yes	No	

List all misdemeanor and felony arrests/convictions. Note: List all convictions, regardless of charge or how long ago.

Date	Charge	Detaining/Arresting Department	Penalty

Are you a registered voter? \_\_\_\_\_ If so, what parish(county)? \_\_\_\_\_

If employed by the Sheriff's Office, do you anticipate any income other than your Sheriff's Office income? ( ) Yes ( ) No. If yes, explain \_\_\_\_\_

If it becomes necessary in the course of your duties to take a human life, would you have any reluctance to do so? ( ) Yes ( ) No. If yes, please explain \_\_\_\_\_

This job could require shift work such as day shift, evening shift, and midnight shift or weekend work, punctuality and good attendance. Is there any reason why you could not fulfill this requirement?

( ) Yes ( ) No. If yes, please explain \_\_\_\_\_

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 the department? ( ) Yes ( ) No. If yes, please explain

Do you understand that if you voluntarily leave the department within one (1) year of your Post Certification Training you will be required to reimburse the department for the cost of P.O.S.T. Training? ( ) Yes ( ) No

Do you understand that in your first year of employment you are on probation, which is a period of selection/evaluation, that you must complete successfully: that you may be discharged at any time: that you must submit yourself to office evaluation and strict discipline and that you may not have any other employment without approval by the Sheriff or his designee? ( ) Yes ( ) No

**Why do you think you are qualified for employment by the Natchitoches Parish Sheriff's Office?**

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**Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin or disability.)**

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**The principal purpose of the employment application form is to collect information needed to determine qualifications, suitability, and availability of applicants for the Natchitoches Parish Sheriff's Office. Your completed application may be used to examine, rate and/or assess your qualifications; to determine suitability and restrictions based on residency requirements, and to contact you concerning availability and/or interview. All or part of your Natchitoches Parish Sheriff's Office application may be disclosed outside the department to the following:**

- 1) Appropriate Federal, State, and Local law enforcement agencies charged with the responsibility of investigating a violation or potential violation of the law.**

## APPLICATION AGREEMENT

**Applicant:** Please read carefully before signing this application. If you have questions regarding the following statement or any questions contained in this application, please contact the Administrator of the Natchitoches Parish Sheriff's Office before signing.

I hereby affirm that the information contained in this application is correct and complete to the best of my knowledge. I agree to inform the agency in writing of any additional information relating to questions raised on the application, which occur subsequent to my completion of the application. I realize that misrepresentation of facts or the failure to update any information relating to questions on the application may be cause for rejection of this application or dismissal after employment.

I understand and authorize any investigations of my personal and financial records through any investigative agency or bureau of your choice. In making this application for employment, I understand that an investigative report may be made, whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. I understand that if I am a successful candidate for employment, I will be required to take a physical examination and/or psychological examination. I further understand that any appointment issued to me by the Natchitoches Parish Sheriff's Office may be revoked at any time, with or without cause by the Sheriff.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## POLYGRAPH EXAMINATION

Are you willing to take a polygraph examination to verify all information in this application and all other information supplied by you ? ( ) Yes ( ) No

If "No" state your reason(s):

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

## DRUG SCREEN AGREEMENT

By my signature below, I am aware that the Natchitoches Parish Sheriff's Office does pre-employment drug screening and that in order to become employed and remain employed, any drug screening must be negative for illegal drugs and/or prescription drugs for which I do not have an authorized prescription by a physician.

I am not an illegal drug user and at this time I can pass a drug screen. I understand that I will be immediately discharged, if I am employed prior to the Natchitoches Parish Sheriff's Office receiving notification of a drug screen indicating the presence of illegal drugs in my body.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
(Notary Public)

My Commission expires \_\_\_\_\_

## AFFIDAVIT

I, \_\_\_\_\_, BEING DULY SWORN, DO, BY THIS AFFIDAVIT, CERTIFY THAT I HAVE PERSONALLY READ AND ANSWERED EACH AND EVERY QUESTION THEREIN, AND DO SOLEMNLY SWEAR THAT EACH AND EVERY ANSWER IS FULL AND CORRECT IN EVERY RESPECT. I AUTHORIZE ANY PERSON TO RELEASE ANY INFORMATION TO THE NATCHITOCHE PARISH SHERIFF'S OFFICE, AND I RELEASE SAID PARTIES FROM ALL LIABILITY FOR ANY DAMAGE WHICH MIGHT RESULT FROM ISSUING SAME. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS, OR OMISSIONS OF IMPORTANT INFORMATION, MAY BE SUFFICIENT GROUNDS FOR DISMISSAL, IF SUBSEQUENTLY HIRED. I AGREE TO SUBMIT TO ALL SPECIFIED EXAMINATIONS AND INTERVIEWS REQUIRED PURSUANT TO EMPLOYMENT. IF EMPLOYED, I SHALL COMPLY WITH ALL ORDERS, RULES AND REGULATIONS OF THE NATCHITOCHE PARISH SHERIFF'S OFFICE.

\_\_\_\_\_  
(Applicant will sign in ink on this line in the presence of a Notary Public)

Sworn to and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
(Notary Public)

My Commission expires \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

I RESPECTFULLY REQUIREST AND AUTHORIZE YOU TO FURNISH THE NATCHITOCHE'S PARISH SHERIFF'S OFFICE ANY AND ALL INFORMATION THAT YOU MAY HAVE CONCERNING MY WORK RECORD, SCHOOL RECORD, MILITARY RECORD, REPUTATION, AND FINANCIAL AND CREDIT STATUS. THIS INFORMATION IS TO BE USED TO ASSIST THE NATCHTIOCHES PARISH SHERIFF'S OFFICE IN DETERMINING MY QUALIFICATIONS AND FITNESS FOR THE POSITION I AM SEEKING WITH THE NATCHITOCHE'S PARISH SHERIFF'S OFFICE.

I HEREBY RELEASE YOU, YOUR ORGANIZATON OR OTHERS FROM ANY LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED ABOVE.

\_\_\_\_\_  
Applicant's Signature Date

Address: \_\_\_\_\_  
Street City State Zip

AFFIDAVIT

STATE OF LOUISIANA  
PARISH OF NATCHITOCHE'S

BEFORE ME PERSONALLLY APPEARED THE SAID \_\_\_\_\_  
WHO SAYS THAT HE/SHE EXECUTED THE ABOVE INSTRUMENT OF HIS/HER OWN FREE WILL AND ACCORD,  
WITH FULL KNOWLEDGE OF THE PURPOSE THEREFOR.

SWORN TO AND SUBSCRIBED IN MY PRESENCE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
20\_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_  
NOTARY PUBLIC