

**MARK WOOD**

**SHERIFF**

**RAPIDES PARISH, LOUISIANA**



**APPLICATION FOR EMPLOYMENT**

Name: \_\_\_\_\_

Last \_\_\_\_\_

First \_\_\_\_\_

M.I. \_\_\_\_\_

Please type or print

**Thank you for your interest in the Rapides Parish Sheriff's Office. However, by submitting your application, this is not an offer of employment. All applications are processed as needed by qualifications for positions available. All information received will be used only for verification purposes and will not be shared with or released to any third party.**

**Sincerely,**

**Mark Wood  
Sheriff**

## **QUALIFICATIONS AND INSTRUCTIONS TO APPLICANT:**

1. In order to comply with Louisiana law, all applications must meet the following qualifications:
  - A) All applicants for the office of deputy sheriff, except auxiliary and reserves deputies, process servers, deputized unpaid volunteer, litter watch agents, bailiffs and keepers of property shall meet the following qualifications:
    - 1) Have attained the age of twenty-one (21) (exempt for clerical) and reside within the parish where commissioned. The residency requirement will not be applicable with respect to deputies who are members of the Louisiana Sheriff's Association Narcotics Task Force.
    - 2) Have graduated from an accredited high school or possess a high school equivalency diploma recognized in the state of Louisiana.
    - 3) Qualify for life and liability insurance in the amounts required by the Louisiana Sheriff's Association.
    - 4) Meet the physical requirement set down by the Sheriff's Pension and Relief Fund Board, unless said board, upon the petition by the applicant, specifically grants a waiver thereto.
2. Please attach copies of the following documents to your application:
  - a) Birth certificate
  - b) High school diploma or G.E.D. certificate
  - c) All college transcripts and/or degree(s)
  - d) Current driver's license
  - e) Social security card
  - f) If Applicable, Military DD-214
3. If you do not have enough space for your answer to any question, please attach an additional sheet of paper.
4. When you have completed your application, return it to:

Rapides Parish Sheriff's Office  
Human Resources  
Rapides Parish Court House, 3rd Floor  
Alexandria, LA  
or by mail to:  
701 Murray St, Suite 301  
Alexandria, LA 71301

Thank you for your cooperation, and for your interest in employment with the Rapides Parish Sheriff's Office. If you have any questions, please contact the Human Resources Department at 318-449-5494

# RAPIDES PARISH SHERIFF'S OFFICE

701 MURRAY ST SUITE 301 • ALEXANDRIA, LOUISIANA 71301

---

## PRE-EMPLOYMENT INQUIRY

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

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

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

I further understand that I may be required to submit to a physical exam if I am offered employment and hereby authorize review and full disclosure of all information and records concerning myself to the Rapides Parish Sheriff's Office relative to my medical and psychiatric treatments and/ or consultation.

I further understand that all information obtained as a result of this investigation shall be confidential and in the event my application is rejected, that reason for said rejection shall not be revealed.

Applicant Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_

Witness \_\_\_\_\_

# **RAPIDES PARISH SHERIFF'S OFFICE APPLICATION DRUG TESTING AND PHYSICAL FITNESS EXAMINATION**

I, \_\_\_\_\_, the undersigned, so hereby understand and acknowledge that it is a matter of policy of the Rapides Parish Sheriff's Office that applicants are tested for drug usage, alcohol abuse, and complete physical fitness as a condition of employment.

If I am offered employment with the Rapides Parish Sheriff's Office, I understand and acknowledge that the offer for employment will be contingent upon the results of such examinations being satisfactory to the Rapides Parish Sheriff's Office and I will voluntarily submit to such examinations.

I further understand that random drug tests and/or polygraph examinations for departmental employees may be conducted during employment if hired.

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

WITNESS:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**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

---

Signature

# APPLICATION FOR EMPLOYMENT

**LEAVE THIS AREA BLANK**

## Rapides Parish Sheriff's Office

701 Murray St Suite 301  
Alexandria, LA 71301  
Telephone: (318) 473-6700

Date Received: \_\_\_\_\_  
Pass III Test Date: \_\_\_\_\_ Score: \_\_\_\_\_  
Nelson Denny Date: \_\_\_\_\_ Score: \_\_\_\_\_

The Rapides Parish Sheriff's Office does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, ancestry, medical condition, disability or handicap or on the basis of age against persons whose age is between forty and seventy. No questions on this application is intended to secure information to be used for such discrimination. Application shall remain on file for one year from date of receipt.

Position Applying For: \_\_\_\_\_  
(Corrections, Uniform, Investigations, Clerical, Other)

1. NAME: \_\_\_\_\_  
Last First Middle
- a. ADDRESS: \_\_\_\_\_  
Street Address City State Zip Code
- b. \_\_\_\_\_  
Residence Phone Number Business Phone Number Social Security Number
- c. Race\* \_\_\_\_\_ Sex \_\_\_\_\_ Religion \_\_\_\_\_ Blood Type \_\_\_\_\_
- d. \_\_\_\_\_  
Driver's License State Issued License Number Type Expiration Date
- e. Are you a United States Citizen? \_\_\_\_ Yes \_\_\_\_ No. If no, what type of Visa do you hold? \_\_\_\_\_
- f. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_
- g. Person to be notified in case of emergency:  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

\* This information needed to measure compliance with the Office's Affirmative Action Policy and with Equal Opportunity Laws.

h. List all relatives employed by the Rapides Parish Sheriffs Office:

<i><b>Full Name</b></i>	<i><b>Relationship</b></i>	<i><b>Department</b></i>
-------------------------	----------------------------	--------------------------

---



---



---

i. Married: \_\_\_\_\_ Single: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

2. **SPOUSE's Name:** \_\_\_\_\_  
Last First Middle or Maiden

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Number of Years Employed: \_\_\_\_\_

3. **APPLICANT'S CHILDREN:** *List names, addresses and dates of birth.*

---



---



---

4. **CHARACTER REFERENCES:** *List three persons (not employers or relatives) who know you well enough to give current or former information about you.*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Occupations: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Occupations: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Occupations: \_\_\_\_\_ Business Phone: \_\_\_\_\_



5. **EMPLOYMENT HISTORY** List all positions held regardless of length of employment beginning with your present place of employment and going back for the past five (5) years. If additional space is needed, use separate sheet of paper.

a.) From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Salary: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: [ ] VOLUNTARY  
[ ] INVOLUNTARY

b.) From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Salary: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: [ ] VOLUNTARY  
[ ] INVOLUNTARY

c.) From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Salary: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: [ ] VOLUNTARY  
[ ] INVOLUNTARY

d.) From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Salary: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: [ ] VOLUNTARY  
[ ] INVOLUNTARY

e.) From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Salary: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: [ ] VOLUNTARY  
[ ] INVOLUNTARY

**EMPLOYMENT HISTORY continued:**

f. Have you ever been the subject of a misconduct investigation by an employer?

Yes  No *(if yes, please state details\*)*

---

---

---

---

---

g. Has an employer ever proposed that you be reprimanded, demoted, suspended, or dismissed?  Yes  No *(if yes, please state details\*)*

---

---

---

---

---

h. Have you ever been reprimanded, demoted, suspended or dismissed?

Yes  No *(if yes, please state details\*)*

---

---

---

---

---

i. Have you ever resigned from employment?  Yes  No *(if yes, please state details\*)*

---

---

---

---

---

j. Have you ever resigned from employment as an alternative to being dismissed?

Yes  No *(if yes, please state details\*)*

---

---

---

---

---

6. **EDUCATION:** List your educational training including high school, college, business and technical schools. Graduate  Yes  No

<u>School Name</u>	<u>Address</u>	<u>From</u>	<u>To</u>

7. Have you ever applied for a position with the Rapides Parish Sheriff's Office?  Yes  No  
*If yes, please explain below:*

Have you ever applied for a position with another law enforcement or government agency? *If yes, please explain below:*  Yes  No

Name of Department or Agency	Date Applied

8. Do you have any civil or criminal action pending against you?  Yes  No  
 Have you ever had any civil or criminal action filed against you?  Yes  No  
 Have you or your spouse ever been refused credit?  Yes  No  
 Have you or your spouse ever filed bankruptcy?  Yes  No  
 Have you or your spouse ever been handled through checks and forgery division?  Yes  No  
 Have you ever been divorced?  Yes  No  
 Have you or your spouse ever had a garnishment against your wages?  Yes  No

9. **CREDIT REFERENCES** Please list three (3) credit establishments below.

Credit Establishment	Address	Amount
----------------------	---------	--------

---

---

---

10. Have you ever received a traffic citation or been involved in a traffic accident?

*If yes, please explain below including dates:*  Yes  No

---

---

---

11. List all misdemeanor and felony arrests below. NOTE: What were you convicted of and how long ago are important. Give all facts so that a decision can be made.

Date:	Charge	Detaining/ Arresting Department	Penalty
-------	--------	---------------------------------	---------

---

---

---

12. Have you ever used illegal narcotics?  Yes  No

Type of Drug:	Number of times used:	Date last used:
---------------	-----------------------	-----------------

---

---

---

13. Have you ever been involved in a police investigation as a victim, suspect or witness?

*If yes, please explain below including dates:*  Yes  No

---

---

14. If employed by the Sheriff's Office, do you anticipate any income other than your sheriff's department income? *If yes, please explain below including dates:*  Yes  No

---

---

15. Have you ever been refused an automobile insurance policy?  Yes  No

---

---

---

16. Have you ever served in the U.S. Armed Forces?  Yes  No

If yes what branch? \_\_\_\_\_

Date of duty: From \_\_\_\_\_ to \_\_\_\_\_

Rank at Separation: \_\_\_\_\_

If you received other than an honorable or medical discharge, state type of discharge:

---

Service Awards/Decorations: \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_

---

17. Are you presently a member of the National Guard?  Yes  No

18. Are you now a registered voter in Rapides Parish?  Yes  No

Ward \_\_\_\_\_ Precinct \_\_\_\_\_ Voting Place \_\_\_\_\_

19. List your previous addresses beginning with your most recent:

Previous Address	Telephone #	From	To
------------------	-------------	------	----

---

---

---

---

---

20. List your immediate family below:

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

If additional space is needed, please use separate sheet.

21. This job requires punctuality and good attendance and may require shift work.  
 Is there any reason why you could not fulfill this requirement?       Yes     No
22. 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
23. Do you understand that in your first six (6) months of employment you are on probation which is a period of selection; that during this time your supervisor will evaluate your performance and abilities; that you must complete it successfully; that you may be discharged at any time; that you must submit yourself to office policy and strict discipline and that you may not have any other employment without approval of the sheriff or his designee?       Yes     No
24. Do you understand that if this application is for a uniform division (Line or Corrections) you must be at least 21 years of age, and must successfully complete P.O.S.T. certification?       Yes     No

25. Why do you think you are qualified for employment by the Rapides Parish Sheriffs Office?

---

---

---

26. List all employees you know in the Rapides Parish Sheriff's Office, Alexandria Police Department, Pineville Police Department and Louisiana State Police.

---

---

---

27. 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, accomplishments, etc. If you are applying for a clerical position, please give you typing speed, shorthand skills, computer skills etc. (You may exclude all information indicative of age, race, religion, color, national origin, disability or handicap).

---

---

---

---

---

---

---

28. Please list all of your memberships in business, civic or fraternal organizations.

---

---

---

