
Application for Employment



Plaquemines Parish Sheriff's Office
302 Main Street
Belle Chasse, La 70037
504.297.5120

"KEEPING PLAQUEMINES SAFE"

To The Applicant:

Please complete and return this form.

Please fill out this application completely. Be sure to complete all addresses, cities, states and zip codes. Your application cannot be processed without this information.

You must provide the following photostatic copies for our records:

1. Certified copy of birth certificate.
2. High School diploma or G.E.D.
3. Any other further education, diplomas, certificates or transcripts.
4. Form DD214 for each period of military service (If Applicable).
5. Naturalization certificate if you were born outside the United States.
6. Valid Driver's License
7. Social Security Card

Leave no blanks on this application. If questions are not applicable, enter N/A. If questions are unknown, enter UNK.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

The Plaquemines Parish Sheriff's Office is an Equal Opportunity Employer

Application for Employment



Plaquemines Parish Sheriff's Office
302 Main Street
Belle Chasse, La 70037
504.297.5120

"KEEPING PLAQUEMINES SAFE"

Name: _____

Last

First

Middle

GENERAL

DATE OF APPLICATION: _____

POSITION APPLYING FOR:

- DEPUTY SHERIFF COMMUNICATIONS / OPERATOR / DISPATCHER CORRECTIONS OFFICER
 RESERVE DEPUTY CLERICAL/ SECRETARIAL
 OTHER (Please Specify): _____

I CAN PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB(S) FOR WHICH I AM APPLYING WITH
 WITHOUT
 REASONABLE ACCOMMODATION(S). IF REASONABLE ACCOMMODATION IS NECESSARY, PLEASE SPECIFY:

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____ SUFFIX: _____

NICKNAMES OR OTHER NAMES I HAVE USED OR AM KNOWN BY: (i.e. Maiden, Change of Name, Nicknames, Alias, etc.)

HEIGHT: _____ WEIGHT: _____ DATE OF BIRTH: _____

BIRTHPLACE: _____ HAIR COLOR: _____ EYE COLOR: _____ SEX: _____

PHYSICAL ADDRESS (Street / City / State / Zip): _____

MAILING ADDRESS (Street / P.O. Box / City / State / Zip): SAME AS ABOVE

HOME TELEPHONE NO.: _____

OTHER TELEPHONE #'s.:

DRIVER'S LICENSE:

WORK: _____

STATE: _____ NUMBER: _____

PAGER: _____

SOCIAL SECURITY NO.: _____

MOBILE: _____

EMAIL: _____

AM A CITIZEN OF THE UNITED STATES. • IF APPLICABLE, PLEASE SPECIFY THE COUNTRY OF YOUR CITIZENSHIP:

AM NOT _____

CAN CAN NOT **SUBMIT VERIFICATION OF MY LEGAL RIGHT TO WORK IN THE UNITED STATES.**

The Plaquemines Parish Sheriff's Office is an Equal Opportunity Employer

WORK / EMPLOYMENT HISTORY

PLEASE LIST POSITIONS, STARTING WITH YOUR MOST RECENT EMPLOYMENT AND ENDING WITH YOUR FIRST FULL-TIME, PERMANENT EMPLOYMENT.

EMPLOYER / COMPANY NAME:

ADDRESS:

TELEPHONE:

KIND OF BUSINESS:

JOB TITLE / POSITION:

EMPLOYED FROM:

TO:

MONTH / YEAR

MONTH / YEAR

SUPERVISOR:

SUPERVISOR'S TITLE:

BEGINNING ANNUAL SALARY:

ENDING ANNUAL SALARY:

REASON FOR LEAVING:

DUTIES: PLEASE LIST THE MAJOR DUTIES AND GIVE AN APPROXIMATE PERCENTAGE OF TIME SPENT ON EACH DUTY.

PERCENT OF TIME	MAJOR DUTIES

AWARDS / COMMENDATIONS: PLEASE LIST ANY AWARDS, COMMENDATIONS, AND / OR PROMOTIONS RECEIVED IN THE PERFORMANCE OF YOUR JOB TITLES

DATE	DESCRIPTION OF AWARD COMMENDATION / PROMOTION

PLEASE LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU BY THIS EMPLOYER, AND EXPLAIN THE NATURE AND EXTENT OF THE ACTION TAKEN.

WORK / EMPLOYMENT HISTORY

PLEASE LIST POSITIONS, STARTING WITH YOUR MOST RECENT EMPLOYMENT AND ENDING WITH YOUR FIRST FULL-TIME, PERMANENT EMPLOYMENT.

EMPLOYER / COMPANY NAME:	
ADDRESS:	
TELEPHONE:	KIND OF BUSINESS:
JOB TITLE / POSITION:	EMPLOYED FROM: _____ TO: _____ MONTH / YEAR MONTH / YEAR
SUPERVISOR:	SUPERVISOR'S TITLE:
BEGINNING ANNUAL SALARY:	ENDING ANNUAL SALARY:
REASON FOR LEAVING:	

DUTIES: PLEASE LIST THE MAJOR DUTIES AND GIVE AN APPROXIMATE PERCENTAGE OF TIME SPENT ON EACH DUTY.

PERCENT OF TIME	MAJOR DUTIES

AWARDS / COMMENDATIONS: PLEASE LIST ANY AWARDS, COMMENDATIONS, AND / OR PROMOTIONS RECEIVED IN THE PERFORMANCE OF YOUR JOB TITLES

DATE	DESCRIPTION OF AWARD / COMMENDATION I PROMOTION

PLEASE LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU BY THIS EMPLOYER, AND EXPLAIN THE NATURE AND EXTENT OF THE ACTION TAKEN.

	<input type="checkbox"/> AM <input type="checkbox"/> AM NOT	REGISTERED FOR THE SELECTIVE SERVICE.
	<input type="checkbox"/> AM <input type="checkbox"/> AM NOT	A REGISTERED VOTER OF _____ PARISH.
MY CREDIT HISTORY <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN CONSIDERED SATISFACTORY IN THE PAST & I <input type="checkbox"/> HAVE <input type="checkbox"/> HAVE NOT BEEN REFUSED REASONABLE CREDIT.		
	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT	HAVE RELIABLE TRANSPORTATION TO WORK.
EMPLOYMENT WITH THE PLAQUEMINES PARISH SHERIFF'S OFFICE ENTAILS WORKING 8 OR 12 HOUR SHIFTS DEPENDING UPON DIVISION YOU WILL BE ASSIGNED TO. YOU MAY BE WORKING OVERTIME, WORKING ON HOLIDAYS, WEEKENDS AND NIGHTS. FURTHER, HURRICANE DUTY IS MANDATORY..		
PLEASE EXPLAIN ANY RESTRICTION ON YOUR ABILITY TO WORK THESE HOURS AND SCHEDULES OR NATURAL PLEASE EXPLAIN ANY RESTRICTION ON YOUR ABILITY TO WORK THESE HOURS AND SCHEDULES. FURTHER, DISASTERS; SUCH AS HURRICANES:		
I AM AVAILABLE TO BEGIN WORK ON:	MY DESIRED ANNUAL SALARY IS: \$	

TRAINING AND EDUCATION

NAME OF LAST HIGH SCHOOL ATTENDED:	LOCATION OF HIGH SCHOOL:
------------------------------------	--------------------------

I RECEIVED A <input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED FROM: _____	IF YOU DO NOT HAVE A HIGH SCHOOL DIPLOMA OR GED , YOUR APPLICATION WILL NOT BE PROCESSED.
--	--

PROFESSIONAL / BUSINESS / TECHNICAL INSTITUTES & COLLEGES/ UNIVERSITIES ATTENDED AND **ATTACH HIGH SCHOOL / GED DIPLOMA.**

NAME OF INSTITUTION AND LOCATION	DATES ATTENDED (Month / Year)	GRADUATE (Yes or No)	TYPE OF DEGREE EARNED	TITLE OF PROGRAM OR FIELD OF STUDY
	From: / To: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	From: / To: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	From: / To: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	From: / To: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	From: / To: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	From: / To: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		

PROFESSIONAL LICENSES / CERTIFICATIONS.

TYPE OF LICENSE / CERTIFICATION	DATE ORIGINALLY LICENSED / CERTIFIED	EXPIRATION DATE	NAME OF LICENSING / CERTIFYING AUTHORITY

The Plaquemines Parish Sheriff's Office is an Equal Opportunity Employer

CERTIFICATION, ACKNOWLEDGEMENT OF CONDITIONS FOR EMPLOYMENT AND AUTHORITY TO RELEASE INFORMATION

The Plaquemines Parish Sheriff's Office recruits, hires, trains, and promotes all persons without regard to race, color, sex, religion, national origin, marital and familial status, political belief, and physical and mental disability, except in those instances where physical and mental abilities are a bona-fide occupational qualification, and accommodation would constitute an undue hardship to the Sheriff's Office. It is further the policy of the Sheriff's Office to base all decisions on employment so as to further equal employment opportunity.

I am applying to the Plaquemines Parish Sheriff's Office for employment. To determine my eligibility for employment and for security clearance purposes, I hereby authorize and request that solicited entities or individuals furnish to the Plaquemines Parish Sheriff's Office any and all information, whether written or non-written, including opinions, that these entities and/or individuals may have or acquire concerning information given on this application form, as well as information regarding my character, reputation, and suitability for employment.

I hereby release, hold harmless, and indemnify from any and all liability, the Plaquemines Parish Sheriff's Office, employees of the Plaquemines Parish Sheriff's Office, and the individuals, agencies, and/or entities who receive and supply information as noted above.

I certify that all statements made on this employment application are true and complete to the best of my knowledge. I understand that information on this application will be subject to investigation and verification, and that any misrepresentation or material omission may cause my application to be delayed, rejected, disqualified, and/or subject me to dismissal from employment from the Plaquemines Parish Sheriff's Office.

I understand that nothing in this application or in the granting of an interview creates a contract between the Plaquemines Parish Sheriff's Office and myself for either employment or for providing any benefits. No promises have been made to me, and I understand that no such promise or guarantee is binding upon the Sheriff's Office unless made in writing by the Sheriff of Plaquemines Parish, and signed by me. If an employment relationship is established, I acknowledge that I will be required to submit to, and successfully complete a drug test, in depth criminal records check, financial background investigation, and a thorough physical examination including a medical history check to determine if I can perform the essential functions of the position for which I am applying with or without reasonable accommodations. I further understand that failure to comply with the prerequisites of employment, after the conditional offer of employment is accepted by me, will be treated as a rejection of the offer of employment.

I acknowledge that no consideration has been furnished to the Sheriff's Office for my employment other than my services, and I understand that employment with the Plaquemines Parish Sheriff's Office is strictly at will employment, and that I have the right to terminate my employment at any time, with or without cause, and that the Plaquemines Parish Sheriff's Office has the same right, as well as the right to transfer me to any division, department, section, or shift that the Sheriff or his designee so chooses and at his sole discretion.

A photo static copy of my signature shall be accepted as an original authorizing any person, firm, or organization to release any information to the Plaquemines Parish Sheriff's Office regarding the verification of information provided herein.

Signature of Applicant

Date

Printed: First, Middle, and Last Name

RECEIVED BY: _____
Name Position Date

Plaquemines Parish Sheriff's Office



Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Did you tell the complete truth on your application?
<input type="checkbox"/>	<input type="checkbox"/>	2. Has drinking ever interfered with your work?
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you ever been arrested?
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever been convicted of a felony?
<input type="checkbox"/>	<input type="checkbox"/>	5. Have you ever sold marijuana or other narcotics illegally?
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you ever try/use any narcotics or dangerous drugs illegally?
<input type="checkbox"/>	<input type="checkbox"/>	7. Have you ever tried/used marijuana or other narcotics on the job?
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever tried/used marijuana?
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you ever committed any undetected crimes?
<input type="checkbox"/>	<input type="checkbox"/>	10. Have you ever stolen any merchandise from former employers?
<input type="checkbox"/>	<input type="checkbox"/>	11. Have you ever stolen any money from former employers?
<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever been fired or asked to resign from a job?
<input type="checkbox"/>	<input type="checkbox"/>	13. Have you deliberately lied to any of these above questions?
<input type="checkbox"/>	<input type="checkbox"/>	14. Have you ever stolen anything of great value?
<input type="checkbox"/>	<input type="checkbox"/>	15. Have you tried/used marijuana since _____ (date)?
<input type="checkbox"/>	<input type="checkbox"/>	16. Have you tried/used drugs/narcotics since _____ (date)?
<input type="checkbox"/>	<input type="checkbox"/>	17. Do you live in Plaquemines Parish?

I am aware that any misrepresentations made in connection with my obtaining employment will be grounds for rejection or dismissal. The facts set forth in my application for employment are true and correct. I understand that if employed, false statements on my application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal and financial record through investigative agencies or bureaus of your choice. In making this application for employment, I also 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 may be required to take a **physical, polygraph, psychological examination**, and a **drug screen test**.

Signature of Applicant

Date

The Plaquemines Parish Sheriff's Office is an Equal Opportunity Employer