

Lincoln Parish Sheriff's Department Application for Employment

Print in ink or type. These instructions must be followed exactly. Fill out application form completely. An incomplete statement may disqualify your application. If questions are not applicable, enter "NA." Do not put "see resume" anywhere on the application. Resumes will not be accepted in lieu of applications, unless specifically stated in the job vacancy notice.

The Lincoln Parish Sheriff's Department is an Equal Opportunity Employer and does not discriminate on the basis of race, color, sex, age, religion, national origin, disability or any other protected class.

PLEASE PRINT

NAME _____ Social Security No. ____ - ____ - ____
(Last) (First) (Middle Initial)

MAILING ADDRESS _____
(Street) City State Zip

E-MAIL ADDRESS _____

List any other names you have been known as: _____

Home Phone() _____ Cell() _____ Work Phone() _____

List position or type of work you wish to apply for: _____

Does the Lincoln Parish Sheriff's Office employ any of your relatives or people you know well? Yes No If so, what are their names and relationships? _____

Type of work desired: Full-Time Part-Time Date available for work: _____

Are you willing to work hours other than 8-5? Yes No

What days are you unable to work? _____

Are you willing to travel? Yes No If yes, what percent of time? _____

Current valid driver's license # (if required for position) _____ State _____

List any other driver's licenses you have held (include state and #) _____

Has your driver's license ever been suspended, revoked, cancelled or otherwise been the subject of action by the licensing authority? Yes No If yes, attach explanation and details.

Are you at least 17 years of age? Yes No

Have you ever been convicted of a criminal offense, including a domestic violence offense? Yes No

*If your answer is "yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION	Date Issued	Date Expires	Issued by/Location of Issuing Authority (State or other issuing authority) (City and State)	License No.

Special Training/Skills/Qualifications: List all job-related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of hardware and software. (Attach additional page, if necessary)

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate high school or receive GED? Yes No

Type of School	Name and Location of School	Dates Attended (include month and year)	Date Graduated	Expected Graduation Date	Credit Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
Under-graduate Colleges or Universities							
Graduate schools							
Technical, Vocational, or Business Schools							

Have you completed an apprenticeship? Yes No Which crafts? _____

Approximately how many words per minute do you type? _____

Sign language (if required for this position) Yes No

Are you a certified interpreter? Yes No

Do you speak a language other than English? (If required for this position) Yes No

If yes, which language(s) _____ How fluently? Fair Good Excellent

Do you write in a language other than English? (if required for this position) Yes No

If yes, which language(s) _____

Have you ever been employed by the Lincoln Parish Sheriff's Office? Yes No

MILITARY SERVICE (A copy of the report of separation from the Armed Services may be required.)
Are you a Veteran? Yes No If yes, list type of discharge status _____

Dates of Service (From/To): _____

Person best able to serve as a reference regarding military service: _____
Name

Address

Phone Number

EMPLOYMENT HISTORY

1. This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.
2. Include all employment for the last 10 years. Begin with your current or last position and work back to your first.
3. Employment history should include each position held, even those with the same employer.
4. EMPLOYER ADDRESSES SHOULD BE COMPLETE MAILING ADDRESSES, INCL. ZIP CODE
5. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
6. For supervisory/managerial positions, indicate the number of employees you supervised.
7. If you need additional space to adequately describe your employment history, you may use the back of this employment history sheet or attach further employment history providing the same information in the same format as this application form. Do not put "see resume."

PLEASE NOTE: Information obtained from current or previous employers and/or references is confidential.

Yes No Are you currently working for this employer?

Yes No If yes, may we contact?

Employer Name and Address

() Phone Number

FROM

TO

Dates Employed (Mo. & Yr.)

Your Job title

Supervisor Name and Title

Per

Wages

Hr., Week, Month

Specific Reason for Leaving

Please describe your job duties. (Include knowledge, skills, abilities required, employees supervised, accomplishments)

Yes No May we contact this employer?

Employer Name and Address () _____
Phone Number

FROM _____ TO _____
Dates Employed (Mo. & Yr.) Your Job title Supervisor Name and Title

_____ Per _____
Wages Hr., Week, Month Specific Reason for Leaving

Please describe your job duties. (Include knowledge, skills, abilities required, employees supervised, accomplishments)

Yes No May we contact this employer?

Employer Name and Address () _____
Phone Number

FROM _____ TO _____
Dates Employed (Mo. & Yr.) Your Job title Supervisor Name and Title

_____ Per _____
Wages Hr., Week, Month Specific Reason for Leaving

Please describe your job duties. (Include knowledge, skills, abilities required, employees supervised, accomplishments)

Yes No May we contact this employer?

Employer Name and Address () _____
Phone Number

FROM _____ TO _____
Dates Employed (Mo. & Yr.) Your Job title Supervisor Name and Title

_____ Per _____
Wages Hr., Week, Month Specific Reason for Leaving

Please describe your job duties. (Include knowledge, skills, abilities required, employees supervised, accomplishments)

Yes No May we contact this employer?

Employer Name and Address () _____
Phone Number

FROM _____ TO _____
Dates Employed (Mo. & Yr.) Your Job title Supervisor Name and Title

_____ Per _____
Wages Hr., Week, Month Specific Reason for Leaving

Please describe your job duties. (Include knowledge, skills, abilities required, employees supervised, accomplishments)

Yes No May we contact this employer?

Employer Name and Address () _____
Phone Number

FROM _____ TO _____
Dates Employed (Mo. & Yr.) Your Job title Supervisor Name and Title

_____ Per _____
Wages Hr., Week, Month Specific Reason for Leaving

Please describe your job duties. (Include knowledge, skills, abilities required, employees supervised, accomplishments)

Yes No May we contact this employer?

Employer Name and Address () _____
Phone Number

FROM _____ TO _____
Dates Employed (Mo. & Yr.) Your Job title Supervisor Name and Title

_____ Per _____
Wages Hr., Week, Month Specific Reason for Leaving

Please describe your job duties. (Include knowledge, skills, abilities required, employees supervised, accomplishments)

Have you ever been discharged, asked to resign or received disciplinary action resulting in loss of pay from any employer? Yes No If yes, explain on "Notes" page.

REFERENCES:

NAME	ADDRESS/PHONE NUMBER	YRS. KNOWN/RELATIONSHIP
1.		
2.		
3.		
4.		

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand and authorize that a thorough criminal background check may be conducted on me.
4. I authorize any of the persons or organizations referenced on this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

*****THIS APPLICATION MUST BE SIGNED AND DATED**

Sign here: _____ Date: _____
Signature-applicant

LINCOLN PARISH SHERIFF'S DEPARTMENT
P.O. Box 2070
Ruston, LA 71273
(318) 251-5111
(318) 251-5188 (fax)

NOTES

Use this page to further explain any responses from the application requiring additional clarification.