



OFFICE OF THE SHERIFF • ST. LANDRY PARISH

BOBBY J. GUIDROZ
Sheriff and Ex-Officio Tax Collector

P.O. Box 1029
Opelousas, LA 70571-1029
Main Office: 337-948-6516
Civil Department: 337-948-3636
Criminal Investigation Division: 337-594-8565

APPLICATION FOR EMPLOYMENT (PLEASE PRINT CLEARLY)

Date: _____

Name: _____ Social Security: _____

Present Address: _____

Home Phone: _____ Other Phone: _____

Address: _____ Email: _____

Date of Birth: _____ Driver's License #: _____ Sex: ___ M ___ F

Height: _____ Weight: _____ Marital Status: ___ S ___ M ___ D ___ W

Parents: Father: _____ Mother: _____

Position applying for - mark one: Civil: Corrections: Patrol: Investigative:

Narcotics: Communications:

Type of Employment Desired: Full Time: Part Time:

Have you ever been employed by the St. Landry Parish Sheriff's Office: Yes: No:

If yes, when and in what capacity. _____

Have you ever been convicted of a crime?: Yes: No: If yes, provide date and details.

Are you currently the target of any criminal investigation? If yes, please explain:

List any life experiences, skills, or qualifications which you feel would benefit you as an employee of the St. Landry Parish Sheriff's Office. _____

Have you ever served in the armed forces?: Yes: No: If yes, what branch? _____

Dates of Service: From: _____ To: _____ Rank at Discharge: _____

What were your duties in the service (include any special training and duty station: _____

Please include a copy of your driver's license with application.:

PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any inquiries or investigations through any person, former employer, credit agency, or any other source.

I understand that my employment will be conditional upon my successful completion of all medical, psychological, and drug tests / examinations by the St. Landry Parish Sheriff's Office.

I also understand that all positions within this agency are appointed by the Sheriff and are subject to termination by the Sheriff at any time.

I further understand that any and all business conducted by the St. Landry Parish Sheriff's Office is to be considered confidential. Dissemination, in any manner, of said information may result in termination of employment

Signature of Applicant: _____

DO NOT WRITE BELOW THIS LINE:

Interview?: Yes: No:

Date: _____

Hour: _____

Result of Interview: _____

Acceptable for Employment?: _____

Starting Rate: _____ Starting Date: _____ Shift: _____

Occupation: _____ Department: _____

Interview by: _____

Employed by: _____

Approved by: _____

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	HOW MANY YEARS	GRADUATED YES OR NO	COURSE OR
High School / GED				
College				
Post Graduate				
Vocational				
Other				

PERSONAL REFERENCES

(Excluding Former Employers or Relatives)

Name and Occupation	Address	Phone

PRIOR WORK HISTORY

(LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

Dates: From: _____ To: _____

Name and Address of Employer: _____

Phone Number: _____

Rate of Pay: Start: _____ Finish: _____

Supervisor's Name and Title: _____

Reason for Leaving: _____

Describe in detail the work you did: _____

Dates: From: _____ To: _____

Name and Address of Employer: _____

Phone Number: _____

Rate of Pay: Start: _____ Finish: _____

Supervisor's Name and Title: _____

Reason for Leaving: _____

Describe in detail the work you did: _____

Dates: From: _____ To: _____

Name and Address of Employer: _____

Phone Number: _____

Rate of Pay: Start: _____ Finish: _____

Supervisor's Name and Title: _____

Reason for Leaving: _____

Describe in detail the work you did: _____

Dates: From: _____ To: _____

Name and Address of Employer: _____

Phone Number: _____

Rate of Pay: Start: _____ Finish: _____

Supervisor's Name and Title: _____

Reason for Leaving: _____

Describe in detail the work you did: _____

<p>May we contact the employers listed above?: _____ If not, indicate below which one (s) you do not wish us to contact?:</p>



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If hired for a position, what can you offer the St. Landry Parish Sheriff's Office. (Answer in approximately 200 words in your own handwriting)

Thank you for completing this application and for your interest in employment with us. The St. Landry Parish Sheriff's Office is an Equal Opportunity Employer and does not discriminate against anyone regardless of race, color, gender, religion, national origin, age, or disability.



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Authorization To Release Information

Date: _____

To whom it may concern:

I hereby request and authorize you to furnish the St. Landry Parish Sheriff's Office with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical record. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the St. Landry Parish Sheriff's Office.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications

Printed Name: _____

Signature: _____