

# Gary S. Sexton

P.O. Box 877  
Minden, LA 71055

SHERIFF

WEBSTER PARISH, LOUISIANA

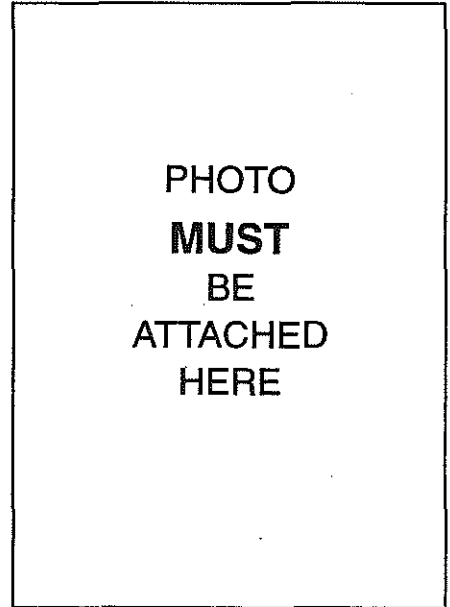
## An Equal Opportunity Employer

Webster Parish Sheriff's Office does not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, sex, handicap, or on the basis of age in the case of persons forty years old or over. No question in this application is intended to secure information to be used for discriminatory purposes.

## APPLICATION FOR EMPLOYMENT

### Instructions

*(Write or print clearly, and answer ALL questions. If a question is not applicable, mark it (X). If more space is needed, use additional lines on the last pages. EACH applicant must complete his/her own application. Do not use typewriter.)*



Position currently held: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Patrol      \_\_\_\_\_ Civil      \_\_\_\_\_ Transportation  
 \_\_\_\_\_ Jail      \_\_\_\_\_ Records      \_\_\_\_\_ Communications  
 \_\_\_\_\_ Courts      \_\_\_\_\_ Administrative      \_\_\_\_\_ DWI Probation  
 \_\_\_\_\_ Tax      \_\_\_\_\_ Investigation      \_\_\_\_\_ Clerical  
 \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Date: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

1. Name: \_\_\_\_\_  
LAST NAME                                      FIRST NAME                                      MIDDLE NAME                                      DATE OF BIRTH

2. Maiden name of female applicant *(to facilitate a background check)* \_\_\_\_\_

3. Other names *(and nicknames)* I have used \_\_\_\_\_

4. Residence Address \_\_\_\_\_  
NUMBER AND STREET                                      CITY                                      STATE                                      ZIP CODE                                      HOME TELEPHONE

5. Mailing Address \_\_\_\_\_  
NUMBER AND STREET                                      CITY                                      STATE                                      ZIP CODE                                      WORK TELEPHONE

6. I served in     Army     Navy     Marines     Air Force     Coast Guard  
 from \_\_\_\_\_ until \_\_\_\_\_  
DATE                                      DATE

7. My service number is \_\_\_\_\_  
(ATTACH COPY OF FORM DD214)

8. My discharge was     Honorable     Dishonorable     Other    It was dated \_\_\_\_\_

- am  
 am not

a licensed automobile operator. If so, give state of issuance, license number, type of license and expiration date \_\_\_\_\_

STATE DL NUMBER TYPE LICENSE EX DATE

**EDUCATION**

10. Grammar schools I attended \_\_\_\_\_ Date Entered \_\_\_\_\_

Address \_\_\_\_\_

11. Junior High schools I attended \_\_\_\_\_ Date Entered \_\_\_\_\_

Address \_\_\_\_\_

12. High Schools I attended \_\_\_\_\_ Date Entered \_\_\_\_\_

Address \_\_\_\_\_

13. Highest grade completed \_\_\_\_\_ Date graduated \_\_\_\_\_

14. Colleges I attended \_\_\_\_\_

Address \_\_\_\_\_

15. My major subjects were \_\_\_\_\_

16. My minor subjects were \_\_\_\_\_

			Year
17. I	<input type="checkbox"/> did	graduated, with a/an	<input type="checkbox"/> Associate degree in _____
	<input type="checkbox"/> did not		<input type="checkbox"/> Bachelor's degree in _____
			<input type="checkbox"/> Master's Degree in _____
			<input type="checkbox"/> Doctor's degree in _____
			<input type="checkbox"/> Other .. _____

18. I  did  did not attend business school and studied the following subjects: \_\_\_\_\_

Business School Name \_\_\_\_\_ Address \_\_\_\_\_

19. Other schools I attended \_\_\_\_\_

20. Business machines I can operate:  Typewriter  Duplication  Adding Machine  Calculator  
 Computer  Other \_\_\_\_\_

21. Professional societies of which I am a member: \_\_\_\_\_

22. Disciplinary action taken against me (including dismissal, scholastic probation, etc.) during my scholastic career: \_\_\_\_\_

23. Social, fraternal and civic organizations of which I am a member: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH**

24. Describe below your present state of health. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Do you suffer from any physical or mental disability that would prevent you from performing your job duties in a safe and efficient manner? \_\_\_\_\_  
\_\_\_\_\_

26. I  have  have not been treated or confined for a mental disorder. If so, state details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEGAL**

27. My traffic violations during the past three years are as follows:  
Violation \_\_\_\_\_ Date \_\_\_\_\_  
Violation \_\_\_\_\_ Date \_\_\_\_\_  
Violation \_\_\_\_\_ Date \_\_\_\_\_

28. a. I  have  have not been arrested for any offense, as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. I  have  have not been convicted for any offense, as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. I  have  have not been a defendant in a court action, as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EMPLOYMENT RECORD

30. Beginning with my last (or present) job, and working backward: the following is my employment record for the last 10 years:

Job title \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
DATE DATE

Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Company name \_\_\_\_\_ City \_\_\_\_\_

My earnings \_\_\_\_\_ per month. Hours per week \_\_\_\_\_

Description of my job \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or changing employment: \_\_\_\_\_

---

Job title \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
DATE DATE

Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Company name \_\_\_\_\_ City \_\_\_\_\_

My earnings \_\_\_\_\_ per month. Hours per week \_\_\_\_\_

Description of my job \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or changing employment: \_\_\_\_\_

---

Job title \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
DATE DATE

Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Company name \_\_\_\_\_ City \_\_\_\_\_

My earnings \_\_\_\_\_ per month. Hours per week \_\_\_\_\_

Description of my job \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or changing employment: \_\_\_\_\_

---

Job title \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

DATE

DATE

Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Company name \_\_\_\_\_ City \_\_\_\_\_

My earnings \_\_\_\_\_ per month. Hours per week \_\_\_\_\_

Description of my job \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving or changing employment: \_\_\_\_\_

Job title \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

DATE

DATE

Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Company name \_\_\_\_\_ City \_\_\_\_\_

My earnings \_\_\_\_\_ per month. Hours per week \_\_\_\_\_

Description of my job \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving or changing employment: \_\_\_\_\_

Job title \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

DATE

DATE

Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Company name \_\_\_\_\_ City \_\_\_\_\_

My earnings \_\_\_\_\_ per month. Hours per week \_\_\_\_\_

Description of my job \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving or changing employment: \_\_\_\_\_

31. Have you ever applied for a position with another law enforcement or other government agency?  Yes  No

Name of Department or Agency	Date Applied	Accepted		If no, give reason for rejection.
		Yes	No	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

a. Do you understand that in your first six (6) months of employment you are on probation which is a period of selection; 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 by the Sheriff or his designee? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_

b. Why do you think you are qualified for employment by the Webster Parish Sheriff's Office?

---



---



---

32. Do you understand that as a condition of continued employment you must successfully complete the Basic Post Academy within one year from your hire date? Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES**

(List three reputable citizens who have known you well during the last five years. DO NOT list relatives or former employers).

33. Name \_\_\_\_\_ Address \_\_\_\_\_  
 Business \_\_\_\_\_ Telephone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 Business \_\_\_\_\_ Telephone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 Business \_\_\_\_\_ Telephone \_\_\_\_\_

34. My relatives are listed below:

Father	Name _____	Address _____	Age _____	Employer _____
Mother	Name _____	Address _____	Age _____	Employer _____
Brother	Name _____	Address _____	Age _____	Employer _____
Brother	Name _____	Address _____	Age _____	Employer _____
Brother	Name _____	Address _____	Age _____	Employer _____
Brother	Name _____	Address _____	Age _____	Employer _____
Sister	Name _____	Address _____	Age _____	Employer _____
Sister	Name _____	Address _____	Age _____	Employer _____
Sister	Name _____	Address _____	Age _____	Employer _____
Sister	Name _____	Address _____	Age _____	Employer _____
Wife	Name _____	Address _____	Age _____	Employer _____
Husband	Name _____	Address _____	Age _____	Employer _____
Son	Name _____	Address _____	Age _____	Employer _____
Son	Name _____	Address _____	Age _____	Employer _____
Daughter	Name _____	Address _____	Age _____	Employer _____
Daughter	Name _____	Address _____	Age _____	Employer _____

## RESIDENCE RECORD

35. I have resided at the following places during the last two years:

Address \_\_\_\_\_ From \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_\_

Reason for move: \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_\_

Reason for move: \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_\_

Reason for move: \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_\_

Reason for move: \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_\_

Reason for Move: \_\_\_\_\_

## MISCELLANEOUS INFORMATION

36. My special abilities which may be of value to the Sheriff's Office are:

- |                                      |                                   |                                      |   |
|--------------------------------------|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Firearms    | <input type="checkbox"/> Karate   | <input type="checkbox"/> Automotive  | <input type="checkbox"/> Construction     |
| <input type="checkbox"/> Artwork     | <input type="checkbox"/> Legal    | <input type="checkbox"/> Photography | <input type="checkbox"/> Identification   |
| <input type="checkbox"/> Music       | <input type="checkbox"/> Aviation | <input type="checkbox"/> Accounting  | <input type="checkbox"/> Foreign Language |
| <input type="checkbox"/> Other _____ |                                   |                                      |   |

37. I certify that:

- I do not drink excessively;
- I do not use illegal drugs, controlled substances, designer drugs, or any other substance which may have the effect on the human body of being a narcotic, depressant, stimulant, hallucinogen, or cannabinoid, and I do not use unauthorized prescription drugs.

I HEREBY AUTHORIZE a review and full disclosure of all information of record concerning me to the Webster Parish Sheriff's Office related to educational background, medical, alcohol, drug abuse and psychological treatment and/or consultation, employment and pre-employment records, including background reports, efficiency ratings, and any other facts relating to my suitability for employment.

I UNDERSTAND that any information obtained by a personal history background investigation will be considered in determining my suitability for employment by the Webster Parish Sheriff's Office. I understand and agree that as an applicant for employment and during the course of my employment with the Webster Parish Sheriff's Office, I am subject to and may be tested in the following manner. Psychological tests, polygraph tests, physical fitness tests, honesty tests, and drug screens.

I HEREBY RELIEVE, RELEASE AND HOLD HARMLESS THE Webster Parish Sheriff, his agents, and the individuals and/or agencies or institutions who supply requested information from any liability or damage which may result from furnishing the information requested above.

I UNDERSTAND that the Webster Parish Sheriff's Office is responsible for enforcing the laws concerning the possession, use and distribution of controlled dangerous substances (C.D.S.-drugs) and alcoholic beverages and that the use, possession, concealment, transportation, promotion or sale of the following items or substances by any employee is strictly prohibited on or off duty: (1) illegal drugs, controlled substances (including trace amounts), designer drugs, or any other substance which may have the effect on the human body of being a narcotic, depressant, stimulant, hallucinogen or cannabinoid (herein called "Drugs"); (2) unauthorized alcoholic beverages; (3) unauthorized items - drug paraphernalia; and (4) unauthorized prescription drugs. Use includes being on duty, or reporting for duty, with any detectable quantity of the above in the employee's system.

