



ST. BERNARD PARISH SHERIFF'S DEPARTMENT
CHALMETTE, LOUISIANA

INSTRUCTIONS

INFORMATION NEEDED: Before you can be considered, it is necessary we obtain a certain amount of data from you. Our application form requires information regarding your personal history, school, employment record, military service, etc. It is essential that each section of the application be completed. If a section or question is not applicable to you, mark that section or question "N/A" not applicable.

COMPLETE ADDRESSES - Whenever addresses are requested, a complete mailing address must be supplied. Please refer to the telephone directory. In case of unavailable out of town addresses, you should obtain the required address and report it at the earliest possible time. This may delay the processing of the application.

PROCESSING TAKES TIME - The processing of your application will take several weeks. Much of the information will be verified and references will be checked. Be certain of the accuracy in completing your application.

DOCUMENTED BIRTH CERTIFICATE - Affixed with the seal of the issuing agency or so certified as to be a true and exact extract of existing public record. This must be submitted with your application.

FORMER MEMBERS OF THE ARMED FORCES - Form DD-214, for each period of active military service. This must be submitted with your application.

NATURALIZED CITIZENS - Naturalization certificate. This must be submitted with your application.

DRIVERS LICENSE - Bring your drivers license when turning in the application so that a Photocopy may be made to attach to your application.

HIGH SCHOOL DIPLOMA - It is necessary for us to make a copy of your high school diploma to attach to your application also.

EACH OF THE ABOVE DOCUMENTS SHOULD BE ORIGINAL OR IF THE ORIGINAL IS NOT AVAILABLE, A COPY, SUITABLE FOR REPRODUCTION WILL BE ACCEPTABLE. EACH DOCUMENT WILL BE RETURNED TO YOU.

YOUR COOPERATION IN PROVIDING THE ABOVE INFORMATION IS APPRECIATED. THANK YOU FOR YOUR INTEREST IN BECOMING A MEMBER OF THE ST. BERNARD PARISH SHERIFF'S DEPARTMENT. PLEASE RETURN THIS APPLICATION TO THE SHERIFF'S OFFICE AS SOON AS IT HAS BEEN COMPLETED

(11/98)

NOTE: PLEASE ATTACH A PHOTOGRAPH WHEN SUBMITTING YOUR APPLICATION:

PERSONNEL DIVISION
PERSONAL HISTORY RECORD

POSITION APPLYING FOR _____ DATE _____

(NAME) LAST FIRST MIDDLE (Maiden)

COMPLETE ADDRESS TELEPHONE NUMBER

DATE OF BIRTH PLACE OF BIRTH AGE SS#

HEIGHT WEIGHT EYE COLOR HAIR COLOR SEX

PHYSICAL DISABILITIES MOTHER'S MAIDEN NAME

EDUCATION:

Elementary _____
NAME OF SCHOOL ADDRESS YEAR GRADUATED

High school _____
NAME OF SCHOOL ADDRESS YEAR GRADUATED

College _____
NAME OF SCHOOL ADDRESS YEAR GRADUATED

Other _____
NAME OF SCHOOL ADDRESS YEAR GRADUATED

MILITARY SERVICE: ()yes ()no from _____ to _____
Branch _____ Draft class _____

(If draft class is 1-Y, state reason)
Rank at time of discharge _____
Type of Discharge _____

IN CASE OF
EMERGENCY NOTIFY: _____
NAME ADDRESS

PHONE RELATIONSHIP

HAVE YOU EVER BEEN ARRESTED? ()yes ()no IF SO EXPLAIN:

Telephone # to contact you, other than home: _____

Religion _____ Do you speak/read any foreign language? _____

List any special abilities _____

TO BE COMPLETED BY PERSONNEL DIVISION:
Medical classification: _____ Draft: _____
If "B" Medical, give reason _____
Date of Medical: _____ Date appointed: _____

ST. BERNARD PARISH SHERIFF'S DEPARTMENT
APPLICANT INVESTIGATION UNIT
APPLICANT PERSONAL HISTORY

I. PERSONAL DATA

NAME _____ RACE _____ SEX _____ AGE _____

MAIDEN NAME _____ DATE OF BIRTH _____

PLACE OF BIRTH _____ SOCIAL SECURITY # _____

PRESENT ADDRESS _____
NUMBER STREET CITY/STATE ZIP

HOME TELEPHONE # _____ OTHER _____

NICKNAME _____ ALIASES _____

ARE YOU A U.S. CITIZEN? () YES () NO IF NO, EXPLAIN:
(such as naturalized and give certificate number) _____

LIST RESIDENCE(S) FOR THE PAST TEN YEARS:

ADDRESS CITY/STATE FROM - TO

ADDRESS CITY/STATE FROM - TO

HAVE YOU EVER RESIDED OUTSIDE ST. BERNARD PARISH, STATE OF LOUISIANA, OR THE
UNITED STATES OF AMERICA? () yes () no (if yes, give locations and explain:)

II. MARITAL STATUS

() MARRIED () SINGLE () SEPARATED () DIVORCED () WIDOWED

SPOUSE'S FULL NAME _____
LAST FIRST MAIDEN

SPOUSE'S DATE OF BIRTH _____ SPOUSE'S OCCUPATION _____

PLACE OF EMPLOYMENT _____ SALARY PER MONTH _____

BUSINESS TELEPHONE _____ HOW LONG EMPLOYED _____

NUMBER OF DEPENDENTS _____ LIST NAMES BELOW:

NAME DATE OF BIRTH AGE ADDRESS

NAME DATE OF BIRTH AGE ADDRESS

NAME DATE OF BIRTH AGE ADDRESS

NAME DATE OF BIRTH AGE ADDRESS

DO YOU HAVE ANY PREVIOUS MARRIAGES? () Yes () No If yes, give name(s) of
previous spouse(s), dates.

III. MEDICAL

HAVE YOU EVER BEEN CONFINED TO A HOSPITAL? ()yes ()no If yes, give name(s) and location(s) of Hospital(s), and list the reasons for confinement:

ARE YOU NOW OR HAVE YOU EVER BEEN TREATED FOR A MENTAL OR NERVOUS CONDITION? ()Yes ()No If yes, give name of doctor and hospital?

HAVE YOU EVER SUSTAINED OR BEEN TREATED FOR ANY ILLNESS RELATED TO YOUR BACK, ARMS, OR LEGS? ()yes ()no If yes, list illness or injury and name of doctor and/or hospital:

ARE YOU PRESENTLY TAKING MEDICATION? ()yes ()no If yes, list medication and explain reason:

IS THERE ANY HISTORY OF FAMILY MENTAL ILLNESS? ()yes ()no If yes, list name and relationship to you.

IV. FINANCIAL INFORMATION

CREDIT REFERENCES:

Company name account number

Company name account number

PRESENT MONTHLY INCOME: _____

HAVE YOU EVER HAD ANY WAGES GARNISHEED? ()yes ()no If yes, explain:

HAS THERE EVER BEEN ANY CIVIL JUDGMENT(S) AGAINST YOU? ()yes ()no If yes, explain:

HAVE YOU EVER FILED FOR BANKRUPTCY? ()yes ()no If yes, explain:

V. LEGAL INFORMATION

HAVE YOU EVER BEEN SUBPOENAED TO ANY COURT OF LAW IN A CIVIL OR CRIMINAL ACTION? ()yes ()no If yes, explain:

ARE YOU CURRENTLY PAYING ALIMONY AND/OR CHILD SUPPORT? ()yes ()no If yes, explain in full stating whether or not you are paying one or both. Include amount of payments:

VI. EDUCATIONAL BACKGROUND

HIGH SCHOOL:

NAME ADDRESS DATE OF GRADUATION

NAME ADDRESS FROM/TO

NAME ADDRESS FROM/TO

COLLEGE:

NAME ADDRESS DATE OF GRADUATION

NAME ADDRESS FROM/TO

NAME ADDRESS FROM/TO

MAJOR MINOR HOURS COMPLETED

OTHER: (Including G.E.D. certificate)

WERE YOU EVER SUSPENDED EXPELLED OR ASKED TO WITHDRAW FROM ANY EDUCATIONAL INSTITUTION? () yes () no If yes, explain:

VII. MILITARY HISTORY

BRANCH OF SERVICE

DATE OF DISCHARGE IF OTHER THAN HONORABLE, EXPLAIN:

SERVICE NUMBER HIGHEST RANK ATTAINED

LIST RESERVE OR NATIONAL GUARD STATUS:

WHILE IN THE SERVICE, WERE YOU SUBJECT TO ANY DISCIPLINARY ACTION(S)?

() yes () no If yes, explain:

WERE THERE ANY MEDICAL REASONS CONNECTED WITH YOUR DISCHARGE?

() yes () no If yes, explain:

IX. EMPLOYMENT STATUS

BEGINNING WITH YOUR PRESENT EMPLOYER AND GOING BACK, EXCLUDING NONE.

FROM _____ TO _____

COMPANY NAME _____

COMPANY ADDRESS _____

TELEPHONE NUMBER _____ SUPERVISOR'S NAME _____

TITLE/POSITION/DUTIES: _____

SALARY PER MONTH _____ REASON FOR LEAVING _____

FROM _____ TO _____

COMPANY NAME _____

COMPANY ADDRESS _____

TELEPHONE NUMBER _____ SUPERVISOR'S NAME _____

TITLE/POSITION/DUTIES: _____

SALARY PER MONTH _____ REASON FOR LEAVING _____

FROM _____ TO _____

COMPANY NAME _____

COMPANY ADDRESS _____

TELEPHONE NUMBER _____ SUPERVISOR'S NAME _____

TITLE/POSITION/DUTIES: _____

SALARY PER MONTH _____ REASON FOR LEAVING _____

FROM _____ TO _____

COMPANY NAME _____

COMPANY ADDRESS _____

TELEPHONE NUMBER _____ SUPERVISOR'S NAME _____

TITLE/POSITION/DUTIES: _____

SALARY PER MONTH _____ REASON FOR LEAVING _____

WILL INQUIRIES TO YOUR PRESENT OR PREVIOUS EMPLOYER(S) AFFECT YOU IN ANY WAY? () YES () NO IF YES, EXPLAIN:

WERE YOU EVER EMPLOYED BY ANY LAW ENFORCEMENT AGENCY EITHER IN THE STATE OF LOUISIANA OR OUTSIDE OF THE STATE? () yes () no If yes, give name of agency and dates.

X. ARREST AND SUMMONS

INDICATE BELOW ALL TRAFFIC CITATIONS YOU HAVE RECEIVED:

mo./yr.	violation	city/state	disposition
mo./yr.	violation	city/state	disposition
mo./yr.	violation	city/state	disposition
mo./yr.	violation	city/state	disposition

HAVE YOU EVER BEEN ARRESTED OR RECEIVED ANY SUMMONS BY ANY LAW ENFORCEMENT AGENCY? () yes () no If yes, complete the following including charges refused, nolle pros, dismissed, convictions, etc.

mo./yr.	violation	city/state	disposition
mo./yr.	violation	city/state	disposition
mo./yr.	violation	city/state	disposition
mo./yr.	violation	city/state	disposition

COMMENTS OR FACTS PERTAINING TO ARREST AND/OR CONVICTIONS:

LIST ANY MEMBER(S) OF YOUR FAMILY WHO HAVE BEEN ARRESTED WITHIN THE LAST TEN (10) YEARS:

Name	Relationship	D.O.B.	Charge	Disposition
Name	Relationship	D.O.B.	Charge	Disposition
Name	Relationship	D.O.B.	Charge	Disposition

XI. S.B.P.S.D. References

GIVE NAMES OF ANY RELATIVES WHO ARE EMPLOYED BY THE ST. BERNARD PARISH SHERIFF'S DEPARTMENT:

Name Assignment Rank Relationship

Name Assignment Rank Relationship

Name Assignment Rank Relationship

Name Assignment Rank Relationship

XII. PERSONAL REFERENCES

GIVE NAMES OF PERSONAL REFERENCES (NOT RELATIVES)

Name Address Occupation Years

Name Address Occupation Years

Name Address Occupation Years

Name Address Occupation Years

XIII. DRIVERS LICENSE AND VEHICLE INFORMATION

GIVE YOUR DRIVERS LICENSE NUMBER _____

HAS YOUR DRIVERS LICENSE EVER BEEN DENIED SUSPENDED OR REVOKED?

() yes () no If yes, explain:

DO YOU OWN A MOTOR VEHICLE? () yes () no If yes, complete the following information:

Registered Owners Name _____

Address of Owner _____

Make of Vehicle _____ Model and year _____

License number _____ State _____

XIV. MISCELLANEOUS INFORMATION

HAVE YOU EVER TAKEN ANYTHING FROM ANY PLACE OF EMPLOYMENT?

() yes () no If yes, explain:

DID YOU EVER BUY SELL OR DO YOU NOW HAVE ANY STOLEN MERCHANDISE OR PROPERTY IN YOUR POSSESSION? ()yes () no If yes, explain:

DID YOU EVER TRY, USE, OR SMOKE MARIJUANA? () yes () no If yes, explain:

DO YOU SMOKE MARIJUANA AT THIS TIME? () yes () no If yes, explain:

HAVE YOU EVER TAKEN ANY NARCOTIC SUBSTANCES, SEDATIVES, STIMULANTS, OR TRANQUILIZER DRUGS EXCEPT AS PRESCRIBED BY A LICENSED PHYSICIAN?

() yes () no If yes, explain:

HAVE YOU EVER BEEN INVOLVED IN THE USE, PURCHASE, POSSESSION OR SALE OF MARIJUANA, L.S.D., OR ANY HARMFUL OR HABIT FORMING DRUG AND/OR CHEMICALS?

() yes () no If yes, explain:

HAS YOUR USE OF ALCOHOLIC BEVERAGES (SUCH AS LIQUOR, BEER, WINE, ETC.) EVER RESULTED IN THE LOSS OF A JOB, ARREST, OR TREATMENT FOR ALCOHOLISM?

() yes () no If yes, explain:

DO YOU NOW HAVE, OR WITHIN THE PAST TEN (10) YEARS HAD ANY INVOLVEMENT WITH THE SPECIFIC INTENT OF FURTHERING THE AIM OF OR ADHERENCE TO AND ACTIVE PARTICIPATION IN ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS (hereinafter referred to as organizations) WHICH UNLAWFULLY ADVOCATES OR PRACTICES THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO PREVENT OTHERS FROM EXERCISING THEIR RIGHTS UNDER THE CONSTITUTION OR LAWS OF THE UNITED STATES OR OF ANY STATE, OR WHICH SEEKS TO OVERTHROW THE GOVERNMENT OF THE UNITED STATES OR SUBDIVISION THEREOF BY UNLAWFUL MEANS? () yes () no If yes, explain:

XVI. OATH

ON THIS _____ DAY OF _____, 19_____, I
HAVE READ AND COMPLETED THE FOREGOING PERSONAL HISTORY STATEMENT AND
UNDERSTAND THE CONTENTS. THE INFORMATION GIVEN IS TRUE AND CORRECT TO THE
BEST OF MY KNOWLEDGE AND BELIEF AND DOES NOT KNOWINGLY CONTAIN ANY
MISREPRESENTATION OF FACTS. ADDITIONALLY ANY MISREPRESENTATION OF FACTS
BY ME IN THIS FORM OR IN ANY SUBSEQUENT INTERVIEW PERTAINING TO MY
EMPLOYMENT MAY RESULT IN MY REJECTION BY, OR DISMISSAL FROM THE
ST. BERNARD PARISH SHERIFF'S DEPARTMENT.

SIGNATURE

IF THERE IS A CHANGE IN THIS PERSONAL HISTORY STATEMENT, THE APPLICANT MUST
REPORT THE CHANGE AT THE TIME OF INTERVIEW OR GIVE WRITTEN NOTIFICATION.

IT IS ALSO UNDERSTOOD, THAT BEFORE BEING HIRED BY THE DEPARTMENT, A
PERSONAL INTERVIEW WILL BE CONDUCTED BY THE INTERNAL AFFAIRS OFFICER OF
THE ST. BERNARD PARISH SHERIFF'S DEPARTMENT AND SHALL BE SCHEDULED BY THE
APPLICANT PERSONALLY UPON NOTIFICATION BY THE PERSONNEL DEPARTMENT.

JACK A. STEPHENS
SHERIFF - ST. BERNARD PARISH

ST. BERNARD PARISH SHERIFF'S DEPARTMENT
CRIMINAL HISTORY/DRIVING RECORD
AUTHORIZATION

You, as applicant have applied to this department for employment. As part of our employment policy, we will run a complete check of your arrest record, as well as Drivers License record.

You are hereby notified of this policy and by your signature, are personally agreeable to release the requested information. All information will be held in strict confidence between the department and applicant.

Applicant Information (Please Print All Information Except Signature)

Name: _____ Race: _____ Sex: _____

Address: _____ DL#: _____

Date Of Birth: _____ Social: _____

By this signature, I authorize the release of my arrest and driving record and waive such legal rights that may arise and do release any and all persons from liability in connection with the furnishing of such information.

APPLICANTS SIGNATURE

(Sheriff's Department Use Only)

Policy permits the release of only those charges that have resulted in convictions.

Criminal History

<u>DATE</u>	<u>OFFENSE</u>	<u>DISPOSITION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

OLN

RECORD CLERK

NOTE: Any information contained on any name check is subject to verification between the Department and applicant. The Sheriff's Department assumes no responsibility for any action resulting from the information furnished.

(6CHDR)