

# ***ST. BERNARD PARISH SHERIFF'S OFFICE***



The St. Bernard Parish Sheriff's Office requires that you complete this application completely and accurately. Among other things, this application is used to fulfill our obligations to the citizens of St. Bernard Parish by selecting only those individuals who meet the legal qualifications for the job that they are applying. Some of the information you provide will be verified by a Truth Verification Examination. Deliberate misstatements or omissions will disqualify your application. Remember, it is your responsibility to ensure the accuracy of the application. Applications not containing complete addresses including zip codes will be considered incomplete and therefore will not be processed.

Part of the application process includes, getting fingerprinted & completing a background check and some positions require a typing test. Please take this into account before turning in the application.

Upon completion of the application, you must make a copy of the following documents:

- 1: Birth Certificate.
- 2: Naturalization Certificate for naturalized citizens.
- 3: High School diploma AND transcripts or a copy of a G.E.D.
- 4: College diploma and transcripts plus any other educational certificates.
- 5: Form DD214 for each period of military service and discharge certificate.
- 6: Valid driver's license or identification card with proper address.
- 7: Social Security Card.
- 8: POST Certificate

For high school diplomas and transcripts, Louisiana graduates may contact the Louisiana Department of Education at 1-877-453-2721 or at [www.doe.state.la.us](http://www.doe.state.la.us).

If you are not using the sbso.org upload site, you must bring the application, in person, and all pertinent copies to SBSO Headquarters located at 2 Courthouse Sq., Chalmette, LA 70043 between 8:30 am and 3:30 pm. There will be no place to make copies, so be sure you have made all copies before returning.

**\*\*** If there is not enough room on the application for you to provide a complete answer to any of the questions, use an additional piece of paper to do so.

Thank you for your interest in employment with the St. Bernard Parish Sheriff's Office.

**JAMES POHLMANN, SHERIFF**

\*We are an equal opportunity employer. Prospective employees will be hired without regard to race, color, religion, sex, or national origin. \*

# St. Bernard Parish Sheriff's Office

Page 1

## Application for Employment

We are an equal opportunity employer

We do not discriminate based on handicap status

|   |                             |                         |
|---|-----------------------------|-------------------------|
| <b>Print Name (Last, First, Middle)</b> | <b>Position Applied For</b> | <b>Application Date</b> |
| <br><br>                                | <br><br>                    | <br><br>                |

|                                      |                            |
|--------------------------------------|----------------------------|
| <b>Current Address</b>               | <b>Contact Information</b> |
| Street and Apt # _____               | Home Phone # _____         |
| City, State, Zip _____               | Cell Phone # _____         |
| How Long have you lived there? _____ | Other Phone # _____        |
|                                      | E-mail Address _____       |

Are you a US Citizen? \_\_\_\_\_ How did you hear about our employment opportunities? \_\_\_\_\_

|  |                                |
|--|--------------------------------|
| <b><u>Military Service</u></b>               | <b><u>Driver's License</u></b> |
| Branch _____ Rank _____                      | License # _____                |
| Enlistment Date _____ Serial # _____         | Exp. Date _____                |
| Discharge Date _____ Type of Discharge _____ | State _____ Class _____        |

Please answer the following questions. If you answer yes, please explain in the space provided (include dates)

|  |                |  |
|--|----------------|--|
| Do you or your spouse have any criminal or civil proceedings pending against you?  | Y ( )<br>N ( ) |  |
| Have you ever received a traffic citation or been involved in a traffic accident?  | Y ( )<br>N ( ) |  |
| Have you ever been arrested, charged with, plead guilty or been convicted of a felony?   | Y ( )<br>N ( ) |  |
| Have you ever been arrested, charged with, plead guilty or been convicted of a misdemeanor?  | Y ( )<br>N ( ) |  |
| If employed by this agency, do you anticipate any income outside of your salary?   | Y ( )<br>N ( ) |  |
| As a law enforcement officer, if it became necessary for you take a human life, would any religious or personal beliefs make you reluctant to do so? | Y ( )<br>N ( ) |  |
| Is there any reason that you will not be able to work any shift that you are assigned?   | Y ( )<br>N ( ) |  |

## Employment History

List all previous employers for the past 5 years, beginning with the most recent. (indicate any periods of unemployment)

|          |                           |                              |                              |                          |
|----------|---------------------------|------------------------------|------------------------------|--------------------------|
| <b>A</b> | <u>Employed From</u>      | <u>Employer Name</u>         |                              | <u>Job Title</u>         |
|          | <u>Employed To</u>        | <u>Description of Duties</u> | <u>Reason for Leaving</u>    | <u>Supervisor's Name</u> |
|          | <u>Employer's Address</u> |                              | <u>City, State, Zip Code</u> | <u>Telephone Number</u>  |

|          |                           |                              |                              |                          |
|----------|---------------------------|------------------------------|------------------------------|--------------------------|
| <b>B</b> | <u>Employed From</u>      | <u>Employer Name</u>         |                              | <u>Job Title</u>         |
|          | <u>Employed To</u>        | <u>Description of Duties</u> | <u>Reason for Leaving</u>    | <u>Supervisor's Name</u> |
|          | <u>Employer's Address</u> |                              | <u>City, State, Zip Code</u> | <u>Telephone Number</u>  |

|          |                           |                              |                              |                          |
|----------|---------------------------|------------------------------|------------------------------|--------------------------|
| <b>C</b> | <u>Employed From</u>      | <u>Employer Name</u>         |                              | <u>Job Title</u>         |
|          | <u>Employed To</u>        | <u>Description of Duties</u> | <u>Reason for Leaving</u>    | <u>Supervisor's Name</u> |
|          | <u>Employer's Address</u> |                              | <u>City, State, Zip Code</u> | <u>Telephone Number</u>  |

|          |                           |                              |                              |                          |
|----------|---------------------------|------------------------------|------------------------------|--------------------------|
| <b>D</b> | <u>Employed From</u>      | <u>Employer Name</u>         |                              | <u>Job Title</u>         |
|          | <u>Employed To</u>        | <u>Description of Duties</u> | <u>Reason for Leaving</u>    | <u>Supervisor's Name</u> |
|          | <u>Employer's Address</u> |                              | <u>City, State, Zip Code</u> | <u>Telephone Number</u>  |

|          |                           |                              |                              |                          |
|----------|---------------------------|------------------------------|------------------------------|--------------------------|
| <b>E</b> | <u>Employed From</u>      | <u>Employer Name</u>         |                              | <u>Job Title</u>         |
|          | <u>Employed To</u>        | <u>Description of Duties</u> | <u>Reason for Leaving</u>    | <u>Supervisor's Name</u> |
|          | <u>Employer's Address</u> |                              | <u>City, State, Zip Code</u> | <u>Telephone Number</u>  |

**Law Enforcement Agencies**

**Have you ever applied** with any law enforcement agency? Yes ( ) No ( ) If yes, please indicate below

| Agency Name | State | Date Applied | Accepted | Date of Employment or Reason Denied |
|-------------|-------|--------------|----------|-------------------------------------|
|             |       | Position     |          |                                     |
|             |       |              | Y N      |                                     |
|             |       |              | Y N      |                                     |
|             |       |              | Y N      |                                     |
|             |       |              | Y N      |                                     |

**Character References**

Please list three people who will provide a character reference for you (No relatives or employers)

| Name | Address | City, State, Zip Code | Telephone |
|------|---------|-----------------------|-----------|
|      |         |                       |           |
|      |         |                       |           |
|      |         |                       |           |

**Residences**

Please list all residences for the past 5 years, beginning with your current address

| From / To | Address | City, State, Zip Code |
|-----------|---------|-----------------------|
|           |         |                       |
|           |         |                       |
|           |         |                       |
|           |         |                       |
|           |         |                       |

## Education

List all education, beginning with high school. Include any other professional training/education received.

|   |                         |             |                              |                                |
|---|-------------------------|-------------|------------------------------|--------------------------------|
| A | <u>From :</u>           | <u>To :</u> | <u>School Name</u>           | <u>Course / Major</u>          |
|   | <u>School's Address</u> |             | <u>City, State, Zip Code</u> | <u>Graduate</u><br>Y ( ) N ( ) |

|   |                         |             |                              |                                |
|---|-------------------------|-------------|------------------------------|--------------------------------|
| B | <u>From :</u>           | <u>To :</u> | <u>School Name</u>           | <u>Course / Major</u>          |
|   | <u>School's Address</u> |             | <u>City, State, Zip Code</u> | <u>Graduate</u><br>Y ( ) N ( ) |

|   |                         |             |                              |                                |
|---|-------------------------|-------------|------------------------------|--------------------------------|
| C | <u>From :</u>           | <u>To :</u> | <u>School Name</u>           | <u>Course / Major</u>          |
|   | <u>School's Address</u> |             | <u>City, State, Zip Code</u> | <u>Graduate</u><br>Y ( ) N ( ) |

|   |                         |             |                              |                                |
|---|-------------------------|-------------|------------------------------|--------------------------------|
| D | <u>From :</u>           | <u>To :</u> | <u>School Name</u>           | <u>Course / Major</u>          |
|   | <u>School's Address</u> |             | <u>City, State, Zip Code</u> | <u>Graduate</u><br>Y ( ) N ( ) |

|   |                         |             |                              |                                |
|---|-------------------------|-------------|------------------------------|--------------------------------|
| E | <u>From :</u>           | <u>To :</u> | <u>School Name</u>           | <u>Course / Major</u>          |
|   | <u>School's Address</u> |             | <u>City, State, Zip Code</u> | <u>Graduate</u><br>Y ( ) N ( ) |

## Acknowledgement

I am aware that any misrepresentations or falsifications made in connection with my obtaining employment with the St. Bernard Parish Sheriff's Office 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 records through any investigative agencies or bureaus of your choice. In making this application for employment, I also understand that an investigative report will be processed whereby information is obtained through interviews with my neighbors, friends or others with whom I am acquainted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature



# Background Check Data Sheet

Page 5

## St. Bernard Parish Sheriff's Office

|  |        |                        |                |             |                |               |            |
|--|--------|------------------------|----------------|-------------|----------------|---------------|------------|
| Print Name   |        | Social Security Number |                | Maiden Name |                | Sex           | Hair Color |
|  |        |                        |                |             |                |               |            |
| Eye Color  | Height | Weight                 | Place of Birth |             | Marital Status | Date of Birth |            |
|  |        |                        |                |             |                |               |            |
| Describe any Distinguishing Marks (Scars, Tattoos, Birthmarks, etc.) |        |                        |                |             |                |               |            |
|  |        |                        |                |             |                |               |            |

### Relatives

Name

Date of Birth

Name of Present Spouse (include maiden name if applicable)

\_\_\_\_\_

Name of Ex-Spouse (include maiden name if applicable)

\_\_\_\_\_

Name of Ex-Spouse (include maiden name if applicable)

\_\_\_\_\_

List all individuals living in your household

| Relationship | Name | Date of Birth |
|--------------|------|---------------|
|              |      |               |
|              |      |               |
|              |      |               |
|              |      |               |
|              |      |               |
|              |      |               |
|              |      |               |

### Pre-Truth Verification Examination Questionnaire

*Any deception detected below or during the examination will result in denial of employment*

**If you answer yes to any of these questions, please explain on a separate piece of paper.**

|    |  | Yes | No  |
|----|--|-----|-----|
| 1  | Have you ever been arrested? .....   | ( ) | ( ) |
| 2  | Have you ever been convicted of a felony? .....                            | ( ) | ( ) |
| 3  | Have you ever sold marijuana or other narcotics illegally? .....           | ( ) | ( ) |
| 4  | Have you ever tried/used marijuana? (If yes, when was last usage? _____)   | ( ) | ( ) |
| 5  | Have you ever tried/used any illegal drugs other than marijuana? .....     | ( ) | ( ) |
| 6  | Have you ever tried/used marijuana or other narcotics while at work? ..... | ( ) | ( ) |
| 7  | Have you ever committed any undetected crimes? .....                       | ( ) | ( ) |
| 8  | Have you ever been fired or asked to resign from a job? .....              | ( ) | ( ) |
| 9  | Have you ever stolen any merchandise from an employer? .....               | ( ) | ( ) |
| 10 | Have you ever stolen any money from an employer? .....                     | ( ) | ( ) |
| 11 | Have you ever stolen anything of great value? .....                        | ( ) | ( ) |
| 12 | Are you aware of any inaccuracies on your application? .....               | ( ) | ( ) |
| 13 | Have you deliberately lied on any of these questions? .....                | ( ) | ( ) |

# ST. BERNARD PARISH SHERIFF'S OFFICE



## **CONFIDENTIAL INFORMATION AGREEMENT FORM**

A thorough investigation will be conducted to determine your qualifications for the position you are seeking. Your employment will depend, to a great extent, on information obtained in confidential interviews with persons with whom you have been associated. I am fully aware and understand that my neighbors, my current and previous employers, my personal character references, my relatives, physicians, hospitals, educational institutions, and/or anyone I am associated with may be contacted during my background investigation.

I hereby relieve, release you and hold harmless the St. Bernard Parish Sheriff's Office and the individuals and/or agencies, institutions who supplied the requested information from any liability or damage which may result from furnishing the information requested above.

I have \_\_\_\_\_ read and fully understand the above statement.  
(Name of Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Payroll #

# ST. BERNARD PARISH SHERIFF'S OFFICE



## **PERSONAL INQUIRY WAIVER** **AUTHORITY FOR RELEASE OF INFORMATION**

TO:

I \_\_\_\_\_ respectfully authorize you to furnish any and all information that you may have concerning me, my work records, school record, and my reputation. Please include any and all Internal Affairs files, medical, physical, and mental records or reports including all information of a confidential or privileged nature, and photostats of same if requested. This information is to be used to assist the St. Bernard Parish Sheriff's Office in determining my qualifications and fitness for the position I am seeking.

I hereby relieve, release you and hold harmless the St. Bernard Parish Sheriff's Office and the individuals and/or agencies, institutions who supplied the requested information from any liability or damage which may result from furnishing the information requested above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Payroll #