

VERMILION PARISH SHERIFF'S OFFICE JOB APPLICATION

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, genetic information or any other legally protected status.

PERSONAL INFORMATION					
FULL NAME:	Middle	DATE:			
ADDRESS:Street Address		Apt/Suite	•		
City	State	Zip Code)		
E-MAIL:		PHONE:			
DATE OF BIRTH: SOCIAL SECURITY NUMBER (SSN)					
DRIVER'S LICENSE #:		STATE:			
DATE AVAILABLE:		DESIRED PAY: \$	_ ☐ HOUR ☐ SALARY		
POSITION APPLIED FOR:					
EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL					
EMPLOYMENT ELIGIBILITY					
ARE YOU LEGALLY ELIGI	BLE TO WORK IN	I THE U.S? ☐ YES ☐ NO*			
HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES* ☐ NO					
*IF YES, WRITE THE START AND END DATES:					
HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO					
*IF YES, PLEASE EXPLAIN	l:				

EDUCATION

HIGH SCHOOL:	CITY / STATE:	
FROM:	TO:	_
GRADUATE? □ YES □ NO DI	PLOMA:	
COLLEGE:	CITY / STATE:	
FROM:	TO:	_
GRADUATE? ☐ YES ☐ NO DI	EGREE:	
OTHER:	CITY / STATE:	
FROM:	TO:	<u> </u>
DEGREE/CERTIFICATION:		
OTHER:	CITY / STATE:	
FROM:	TO:	_
DEGREE/CERTIFICATION:		

PREVIOUS EMPLOYMENT **EMPLOYER 1:** Company / Individual E-MAIL: PHONE: ADDRESS: ______Street Address Apt/Suite State Zip Code STARTING PAY: \$____ □ HOUR □ SALARY ENDING PAY: \$____ □ HOUR □ SALARY JOB TITLE: RESPONSIBILITIES: ______ FROM: TO: REASON FOR LEAVING: **EMPLOYER 2:** Company / Individual E-MAIL: PHONE: ADDRESS: ____ Street Address Apt/Suite State Zip Code STARTING PAY: \$____ □ HOUR □ SALARY ENDING PAY: \$___ □ HOUR □ SALARY JOB TITLE: RESPONSIBILITIES: FROM: _____TO: ____ REASON FOR LEAVING: EMPLOYER 3: ______Company / Individual E-MAIL: PHONE: ADDRESS: _ Street Address Apt/Suite State Zip Code STARTING PAY: \$____ □ HOUR □ SALARY ENDING PAY: \$___ □ HOUR □ SALARY JOB TITLE: _____RESPONSIBILITIES: _____ FROM: _____TO: ____ REASON FOR LEAVING:

REFERENCES				
(PROFESSIONAL ONLY)				
FULL NAME:	RELATIONSHIP:First Last			
COMPANY: _	TITLE:			
E-MAIL:	PHONE:			
FULL NAME:	RELATIONSHIP:First Last			
COMPANY: _	TITLE:			
E-MAIL:	PHONE:			
FULL NAME:	RELATIONSHIP:First Last			
COMPANY: _	TITLE:			
E-MAIL:	PHONE:			
MILITARY SERVICE				
ARE YOU A V	ZETERAN? ☐ YES ☐ NO			
BRANCH:	RANCH:RANK AT DISCHARGE:			
FROM:	TO:			
TYPE OF DIS	CHARGE:			
IF NOT HONG	PRABLE, PLEASE EXPLAIN:			

BACKGROUND CHECK CONSENT				
ARE YOU WILLING TO CONSENT TO A BACKGR	OUND CHECKS	□ YES □ NO		
ARE 100 WILLING TO CONSENT TO A BACKGR	OUND CHECK!	LI YES LI NO		
DISCLAIMER				
Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.				
Please complete each section EVEN IF you decide to attach a resume.				
I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.				
SIGNATURE	DATE			
PRINT NAME				