

# David L. Dauzat, Sheriff

Avoyelles Parish Sheriff's Office  
675 Government Street  
Marksville, LA 71351  
318-253-4000



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All employees of the Sheriff's Office, (unless the contrary is provided for in writing signed by the Sheriff with respect to a specifically name employee), are employed without fixed term of employment and are subject to termination by the Sheriff without cause at any time. No provisions contained in any employee manual or elsewhere, including but not limited to expiration dates on commissions or provisions to regarding suspension, dismissal or other disciplinary action with respect to any employee, shall be construed in any manner to restrict, modify or abrogate in any way the Sheriff's right to terminate any employee at will without cause nor should they be construed to constitute in any manner of employment for any kind whatsoever, including but not limited to the successful completion of a 1-year probationary period. Failure to disclose any arrest or intentional misrepresentation of fact on this application may disqualify you from being considered for employment.

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David L. Dauzat, Sheriff

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Employee Signature

**THE LAST THREE SHEETS MUST BE SIGNED AND NOTARIZED.**  
**IF NOT, YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE.**

## APPLICATION FOR EMPLOYMENT AVOYELLES PARISH SHERIFF'S OFFICE

The Avoyelles Parish Sheriff's Office requires that you complete this form completely and accurately. Among other things, this form is used to fulfill our obligations to the citizens of Avoyelles 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 polygraph examination. Deliberate misstatements or omissions will disqualify the application. Remember, it is your responsibility to ensure the accuracy of this application. Applications not containing complete addresses including zip codes will be considered incomplete and therefore will not be processed. Applications with attachments are to be delivered in a sealed envelope.

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 or G.E.D. and high school transcripts
4. College Diploma and Transcript plus any other educational certificates
5. Form DD214 for each period of military service and discharge certificate
6. Valid Louisiana driver's license or identification card with proper address
7. Social Security Card

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

You must bring the application, in person, and all pertinent copies to the Sheriff's Executive Assistant, between 8:30 a.m. and 3:30 p.m. There will be no place to make copies.

**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 Avoyelles Parish Sheriff's Office. We are an equal opportunity employer. We do not discriminate based on handicap status.

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David L. Dautat, Sheriff

Avoyelles Parish Sheriff's Office  
Background Check Data Sheet

Name	Social Security Number	Date of Birth	Sex

Height	Weight	Eye Color	Hair Color	Marital Status	Place of Birth

**Relatives**

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 children, along with any other individuals currently living with you.

Name	Relationship	Date of Birth

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

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

1. Are you aware of any inaccuracies on your application?  Yes  No
2. Have you ever been arrested?  Yes  No
3. Have you ever been convicted of a felony?  Yes  No
4. Have you ever sold Marijuana or any other controlled dangerous substance (Narcotics) illegally?  Yes  No
5. Have you ever tried / used Marijuana?  Yes  No
6. Have you ever tried / used any other controlled dangerous substance (narcotics)?  Yes  No
7. Have you ever tried / used Marijuana or any other controlled dangerous substance while at work?  Yes  No
8. Have you ever committed any undetected crimes?  Yes  No
9. Have you ever fired / asked to resign from a job?  Yes  No
10. Have you ever stolen any merchandise from your employer?  Yes  No
11. Have you ever stolen any money from your employer?  Yes  No
12. Have you deliberately lied on any of these questions?  Yes  No
13. Have you ever stolen anything of great value?  Yes  No

## Avoyelles Parish Sheriff's Office Application for Employment

<b>Name (Last, First, Middle)</b>	<b>Position Applying for:</b>	<b>Application Date:</b>

Current Address	Current Contact Information
<b>Street / Apt. #:</b>	<b>Cell Phone:</b>
<b>City:</b>	<b>Other Phone:</b>
<b>State:</b>	<b>Email:</b>
<b>Zip Code:</b>	

Are you a United States citizen?  Yes  No  
 How did you hear about our employment opportunities?

Driver's License Information	
Driver's License State	
Driver's License Number	
Driver's License Class	
Driver's License Expiration Date	

Military Service	
Branch of Service	
Rank	
Serial Number	
Enlistment Date	
Discharge Date	
Type of Discharge	

***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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever received a traffic citation or been involved in a traffic accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been arrested, charged with, plead guilty to or been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been arrested, charged with, plead guilty to or been convicted of a misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If employed by this agency, do you anticipate any income other than your salary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
As a law enforcement officer, if it became necessary for you to take a human life, would any religious or personal beliefs make you reluctant to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If assigned to any position requiring shift work, will you be available to work any shift you are assigned to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Employment History

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

(1)

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

(2)

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

(3)

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

(4)

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

(5)

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

Have you ever applied for any other law enforcement agencies? (If yes, indicate below)

<b>Agency</b>	<b>Address</b>	<b>City, State, Zip Code</b>	<b>Telephone Number</b>

**Residences**

List all residences you have resided in for the past five (5) years beginning with the most current.

<b>From/To</b>	<b>Address</b>	<b>City, State, Zip Code</b>

**Education**

<b>School Name</b>	<b>School Address</b>	<b>City, State, Zip Code</b>
<b>From / To</b>	<b>Course / Major</b>	<b>Graduate?</b>

<b>School Name</b>	<b>School Address</b>	<b>City, State, Zip Code</b>
<b>From / To</b>	<b>Course / Major</b>	<b>Graduate?</b>

<b>School Name</b>	<b>School Address</b>	<b>City, State, Zip Code</b>
<b>From / To</b>	<b>Course / Major</b>	<b>Graduate?</b>

<b>School Name</b>	<b>School Address</b>	<b>City, State, Zip Code</b>
<b>From / To</b>	<b>Course / Major</b>	<b>Graduate?</b>

**Acknowledgment**

I am aware that any misrepresentation or falsification made in connection with my obtaining employment with the Avoyelles 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 as 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 investigation report will be processed whereby information is obtained through interviews with my neighbors, friends or others with whom I am acquainted.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Character References

Please list three (3) people who will provide a character reference for you  
*Do Not include relatives or employers.*

Name	Address	City, State, Zip Code	Telephone Number

PREA Requirements for Applicants and Employees Being Considered for Hire,  
Detail to Special Duty and / or Promotion

Form C-01-022-G

Applicant / Employee Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_ Unit: \_\_\_\_\_ Job Title: \_\_\_\_\_

Please answer the following questions in accordance with the Prison Rape Elimination Act, Part 115 of Title 28 of the Code of Federal Regulations:

1. Have you engaged in sexual abuse in a community confinement facility, jail, lockup or prison as defined in Department Regulation No. C-01-022 "Prison Rape Elimination Act-Sections 6.0., N., R. and Y?  
Yes No (If yes, explain below)

\_\_\_\_\_  
\_\_\_\_\_

2. Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion or if the victim did not consent or was unable to consent or refuse? Yes No (If yes, explain below)

\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been disciplined or personally sued due to allegations of engaging in the activity described in number 2 above? Yes No (If yes, explain below)

\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever had a substantiated allegation of sexual abuse or any sexual harassment charge filed against you? Yes No (If yes, explain below)

\_\_\_\_\_  
\_\_\_\_\_

NOTE: Each employee has a personal responsibility for disclosing to the Unit Head within 72 hours, any such conduct of which you are accused or charged and/or convicted. Such disclosure is not an admission of guilt. Omissions regarding such conduct or providing false information about such conduct shall be grounds for disciplinary action up to and including dismissal.

I certify that I have read, understand and truthfully answered the above questions. I also understand my responsibility to notify the Unit Head of any such accusations, charges or convictions levied against me for such conduct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



AVOYELLES PARISH SHERIFF'S OFFICE  
AUTHORIZATION TO CONTACT PREVIOUS EMPLOYERS

I hereby authorize the Human Resources Office of the Avoyelles Parish Sheriff's Office to contact any of my prior employers, whether listed on my employment application or not, to ascertain information required by the Prison Rape Elimination Act, Part 115 of Title 28 of the Code of Federal Regulations. I further understand that prior to any offer of employment by this Department that such information must be obtained.

I understand that if I do not authorize such contact, I will not be eligible for employment with the Avoyelles Parish Sheriff's Office, Division of Corrections.

I further understand that this authorization will remain valid for the duration of my employment with the Department.

Applicant's Name (Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To be notarized and turned in with application:**

In witness whereof, executed in \_\_\_\_\_ (City), Parish of \_\_\_\_\_, State of \_\_\_\_\_, on the \_\_\_\_\_ Day of \_\_\_\_\_ in the Year of 20\_\_\_\_\_.

X \_\_\_\_\_ My commission expires: \_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Initials  
SEAL

AVOYELLES PARISH SHERIFF'S OFFICE  
675 Government Street  
Marksville, LA 71351

REQUEST TO RELEASE INFORMATION

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

I hereby authorize and request all persons and entities in which this request is presented having information relating to or concerning me, or the entity on whose behalf I am acting, referenced herein above to furnish such information, including the review and copying of documents to a duly appointed agent of the Avoyelles Parish Sheriff's Office, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or other right or legal privilege.

This release expires sixty (60) months from the date of execution of the termination of my employment, or the entity on whose behalf I am acting or my employer or other in whom I have an interest, whichever occurs later.

I or the entity on whose behalf I am acting hereby release indemnity, hold harmless, and forever discharge the person or entity is whom this request is presented and his or its agents and employees from any and all manner of action, causes of action, suits, debts, judgments, executions, claims, damages, losses, expenses including attorney fees, and demands whatsoever known or unknown, in law or equity in which I ever had, now have, claim to have against the person or entity to whom this request is presented or his agents or its agents or employees arising out of or by reason of complying with this request. A reproduction of this document is as valid as the original.

I understand, agree and acknowledge that all information obtained as a result of my application shall be confidential and, in the event my application is rejected, the reason of said rejection may not be revealed.

This authorization, request and release is granted and given in connection with the Employment application of:

\_\_\_\_\_  
Applicant's Signature (Legal Name of Applicant or Individual)

In witness whereof, executed in \_\_\_\_\_ (City), Parish of

\_\_\_\_\_, State of \_\_\_\_\_,

on the \_\_\_\_\_ Day of \_\_\_\_\_ in the Year of 20\_\_\_\_\_.

X \_\_\_\_\_ My commission expires: \_\_\_\_\_

Notary Public

\_\_\_\_\_  
Initials

SEAL

## RELEASE OF ALL CLAIMS

The undersigned has submitted with the Avoyelles Parish Sheriff's Office certain forms and documents in connection with an application for employment. The undersigned does for myself, my heirs, executors, administrators, successors and assignees, hereby release, remise, and forever discharge the Avoyelles Parish Sheriff's Office, its members, agents, and employees from any and all manner of actions, causes of action, suits, debts, judgements, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out or by reason of the processing or investigation of or other action relating to the application.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release at \_\_\_\_\_ (City),  
Parish of \_\_\_\_\_, State of \_\_\_\_\_,  
on the \_\_\_\_\_ Day of \_\_\_\_\_ in the Year of 20\_\_\_\_\_.

Applicant's Name (Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SUBSCRIBED and SWORN to before me on this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

X \_\_\_\_\_

Notary Public

Notary Public in and for the Parish of \_\_\_\_\_, State of \_\_\_\_\_.

My commission expires on: \_\_\_\_\_, in the Year: \_\_\_\_\_

\_\_\_\_\_  
Initials  
SEAL