



**Dusty Gates**  
Sheriff and Ex-Officio Tax Collector  
710 Holder Road  
Farmerville, LA 71241  
Office (318) 368-3124  
Civil Division (318) 368-2510  
Fax (318) 608-3000

For Office Use Only

(Applicant: DO NOT write in this area)

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

Polygraph test: Yes No Date: \_\_\_\_\_

Board: Yes No Date: \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

NAME \_\_\_\_\_

LAST FIRST M.I.

ADDRESS \_\_\_\_\_

STREET

CITY PARISH STATE ZIP CODE

TELEPHONE \_\_\_\_\_

(AREA CODE) HOME CELL BUSINESS

SOCIAL SECURITY NUMBER \_\_\_\_\_

**PLEASE ATTACH A COPY OF DRIVER'S LICENSE/I.D.**

**This institution is an equal opportunity provider and employer**

**Recipient/Applicant Self-Identifying Information:**

As a recipient of federally financial assistance the information regarding ethnicity, race, and sex is being requested by federal government for the purpose of monitoring compliance with federal statutes that prohibit you from discriminating against applicants on those bases. If the recipient chooses not to provide the information, you are required to note the ethnicity, race and sex on the basis of visual observation or surname.

**RACE:**

American Indian or Alaska Native \_\_\_\_\_

Asian \_\_\_\_\_

Black or African American \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_

White \_\_\_\_\_

**ETHNICITY:**

Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

**GENDER:**

Male \_\_\_\_\_ Female \_\_\_\_\_

**NOTICE TO APPLICANT OR EMPLOYEE OF**  
**INTENT TO OBTAIN A CONSUMER REPORT**

Dear Applicant or Employee:

In connection with your application for employment or your employment, we would like to procure certain background information concerning you, which is contained in a consumer report. A consumer report may contain information regarding your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, driver's license history, and/or criminal background.

Before we may procure a consumer report, you must authorize such procurement in writing. You have the right to decline authorization for us to procure a consumer report. However, if you are an applicant, we will not consider you further for employment if you so decline. If you are an employee, we may consider employment action if you decline.

On the next page, you will find a release, which will allow us to obtain a consumer report. Please read the release carefully before signing it and indicating your choice regarding disclosure. Please note that the release authorizes us to obtain a consumer report on you now and at any other time we choose during your employment. Consumer reports are governed under the Fair Credit Reporting Act and, in the event the Union Parish Sheriff's Office contemplates or otherwise takes an adverse employment action on the basis of a consumer report, you will be advised beforehand, and you are eligible to all rights reserved to you under the Fair Credit Reporting Act.



Dusty Gates  
Sheriff and Ex-Officio Tax Collector

710 Holder Road

Farmerville, LA 71241

Office (318) 368-3124

Civil Division (318) 368-2510

Fax (318) 608-3000

I, \_\_\_\_\_, understand that the Union Parish Sheriff's Office may Conduct a thorough background investigation including: verification of prior employment history and performance, education, financial records, records of criminal or traffic arrest and convictions, and psychological testing. I hereby authorize any agency or individual questioned by Union Parish Sheriff's Office investigators about my background to release any and all information the investigators deem pertinent to the background investigation. I hereby release the Union Parish Sheriff's Office and its investigators and any other agency or person from liability in connection with furnishing such information. I am aware that any false statements on the attached confidential questionnaire, or failure to disclose information asked for on the questionnaire, shall be sufficient to disqualify me for employment, or if employed, may result in my dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Spouse's Name

\_\_\_\_\_  
Spouse's Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City,

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

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Official's Signature

\_\_\_\_\_  
Date

**RELEASE TO PROCURE A CONSUMER REPORT**

I have read the "Notice to Applicant or Employee of Intent to Obtain a Consumer Report" letter enclosed enclosed with this form.

I understand that I have the right to decline authorization for the Union Parish Sheriff's Office to procure a consumer report concerning me.

I understand that the consumer report may contain information concerning my creditworthiness, credit standing, general reputation, personal characteristics, mode of living, driver's license history, and/or criminal background.

Understanding these rights,

\_\_\_\_\_ I authorize Union Parish Sheriff's Office to procure a consumer report concerning me.

\_\_\_\_\_ I do not authorize Union Parish Sheriff's Office to procure a consumer report concerning me.

**PLEASE PRINT ALL REQUESTED INFORMATION**

Full Name \_\_\_\_\_ Other Names Used \_\_\_\_\_

Current Address \_\_\_\_\_ Telephone #'s (Cell) \_\_\_\_\_

(Home) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ (Work) \_\_\_\_\_

Driver's License \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

\_\_\_\_\_  
Date

Prospective Employer **Union Parish Sheriff's Office**

**PARENTAL CONSENT**

By signing this form, I authorize my minor child to sign this application for employment with the Union Parish Sheriff's Office. Parent/Guardian: \_\_\_\_\_

(Print Name)

(Signature)

\*Date of Birth is being requested in order to obtain accurate retrieval of records.

**UNION PARISH SHERIFF'S OFFICE**  
**APPLICANT PERSONAL HISTORY QUESTIONNAIRE**

This questionnaire is to be completed and returned to the Union Parish Sheriff's Office within ten (10) working days of receipt. The Union Parish Sheriff's Office is located at 710 Holder Road, Farmerville, LA. Questionnaires will be accepted in person only between 9:00 AM and 4 PM, Monday – Friday. If you wish, the questionnaire may also be mailed to Union Parish Sheriff's Office, 710 Holder Rd., Farmerville, LA 71241.

Please read each question carefully and answer truthfully. The information you provide will be verified during your background information. Therefore, accuracy is essential. Any false statement or information you knowingly supply will be cause for rejection of your application. All questions are to be completely answered. Do not type answers. Use ink and print neatly and legibly. If you feel the space provided is insufficient to properly answer the question, feel free to attach additional sheets of paper to satisfactorily complete the questionnaire. If a question does not apply to you, answer "N/A". If for some reason you do not understand or need clarification about a particular question, call the Union Parish Sheriff's Office at (318) 368-3124.

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ SEX: Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First M.I.

MAIDEN NAME, ALIASES, OR ANY OTHER NAME YOY HAVE USED BEFORE: \_\_\_\_\_  
\_\_\_\_\_

LOCATION OF BIRTH: (City, Parish/County, State, Country) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Social Security Number \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ Phone Numbers: Cell \_\_\_\_\_  
City State Zip Code Home \_\_\_\_\_  
Work \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ CLASS \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_

**FAMILY HISTORY**

Marital Status: (Circle one)      Single    Married    Divorced    Separated

Name of Current Spouse: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Years Married: \_\_\_\_\_

List Names of All Children, Stepchildren or those Adopted:

<b>Name</b>	<b>Birth Date</b>	<b>Current Address</b>	<b>Phone Numbers</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If You Are Not Married, List Any Persons Who Reside At The Same Address With You:

<b>Name</b>	<b>Birth Date</b>	<b>Current Address</b>	<b>Phone Numbers</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Full Name of Father: \_\_\_\_\_

Father's Date of Birth: \_\_\_\_\_

Father's Address: \_\_\_\_\_  
\_\_\_\_\_

Father's Phone Number(s): \_\_\_\_\_

Father's Present Employer: \_\_\_\_\_  
Position: \_\_\_\_\_

Full Name of Mother (including maiden name): \_\_\_\_\_

Mother's Date of Birth: \_\_\_\_\_ Mother's Phone Number(s) \_\_\_\_\_

Mother's Address: \_\_\_\_\_  
\_\_\_\_\_

Mother's Current Employer: \_\_\_\_\_  
Position: \_\_\_\_\_

Are your parents divorced?    Yes    No

Are your parents separated?    Yes    No

List Below the names of all brothers, sisters, step-brothers, step-sisters, half-brothers, half-sisters, and step-parents: \_\_\_\_\_

---

---

---

---

If you are divorced, list the names of your ex-spouse(s): \_\_\_\_\_

---

---

**EDUCATION**

Did you graduate school?    Yes    No

If "no" have you passed the General Education Development Test, including high school equivalency?    Yes    No

Have you attended college?    Yes    No

If you have graduated, list degree(s) you have earned:

---

---

List below all schools you have attended:

<u>School</u>	<u>Address</u>	<u>Dates Attended</u>
---------------	----------------	-----------------------

Elementary

---

---

---

---

Junior High/Middle School

---

---

---

---



High School and Graduation Date/G.E.D.

---

---

---

---

Universities or Colleges and Degrees Earned

---

---

---

---

How many college credits/hours have you earned? \_\_\_\_\_

If you are currently attending school, what do you expect to accomplish?

---

---

---

---

When do you expect to graduate? \_\_\_\_\_

What are/were your major courses of study?

---

---

---

---

Have you ever been suspended or expelled from a university or college you have attended? Yes No  
If "yes", describe the circumstances below:

---

---

---

---

List below any other technical, vocational or specialized training you have received:

Type of Training	Location	Date

**MILITARY HISTORY**

Have you ever served on active duty in the Armed Forces of the United States?      Yes      No

<u>BRANCH</u>	<u>SERIAL #</u>	<u>FROM</u>	<u>TO</u>	<u>HIGHEST RANK</u>	<u>PRIMARY DUTY</u>	<u>Honorable Discharge Received</u> YES      NO

What date were you discharged? \_\_\_\_\_

Was your discharge honorable?    Yes      No

<u>TYPE OF DISCIPLINARY ACTION</u>	<u>DATE</u>	<u>CHARGE</u>	<u>DISPOSITION</u>

If "yes", describe in detail the type of action filed against you, the circumstances and the outcome of the action:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you now or have you ever received compensation from the federal government for a service related disability?    Yes    No

Reason for the compensation: \_\_\_\_\_  
\_\_\_\_\_

What type of discharge did you receive? \_\_\_\_\_

Are you currently in a reserve or National Guard unit?    Yes    No

If "yes", which branch do you serve in? \_\_\_\_\_

Where is your unit located? \_\_\_\_\_

What job do you have in your unit? \_\_\_\_\_

List the names, address and telephone number of the commanding officer in your unit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been rejected for military service?    Yes    No

For what reason were you rejected? \_\_\_\_\_

Which branch of service? \_\_\_\_\_

**DRIVING RECORD**

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Type or Class: \_\_\_\_\_

Type Restrictions, If Any: \_\_\_\_\_

Have you ever received a traffic citation?    Yes    No

If "yes", list below each citation:

<u>Offense</u>	<u>Date</u>	<u>Location</u>	<u>Disposition</u>

Have you ever had a traffic accident?    Yes    No

How many altogether? \_\_\_\_\_ How many were your fault? \_\_\_\_\_

How many, that were your fault, resulted in injury to another person? \_\_\_\_\_

Did you ever or do you now possess an operator's or commercial driver's license issued by any other State than Louisiana?    Yes    No

If "yes", specify the State issuing and expiration date: \_\_\_\_\_

List the accidents which were your fault and resulted in injury to another party:

<u>Date</u>	<u>Location</u>	<u>City/County/Parish</u>	<u>How Many Injured</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your driver's license ever been suspended?      Yes      No

If "yes", for what reason? \_\_\_\_\_

How long were they suspended or revoked? \_\_\_\_\_

What were the dates they were suspended? \_\_\_\_\_

By whom or what agency were they suspended? \_\_\_\_\_

Have you ever been cited for :

Reckless Operation?      Yes      No

DWI                              Yes      No

**EMPLOYMENT HISTORY**

Have you ever applied for any position with the Union Parish Sheriff's Office?    Yes    No

If "yes", when? \_\_\_\_\_

Do you have any relatives or family members that currently work for the Union Parish Sheriff Office?

Yes    No

If "yes", who? \_\_\_\_\_

Do you have any relatives or family members that have worked with the Union Parish Sheriff's Office in the past?    Yes    No

If "yes", who and when? \_\_\_\_\_

Have you ever applied to any other law enforcement agency before?    Yes    No

If "yes", list agencies below:

<u>Agency</u>	<u>Location</u>	<u>Date</u>

Have you ever worked for another law enforcement agency in the past?    Yes    No

If "yes", list agencies below:

<u>Agency</u>	<u>Location</u>	<u>Position</u>	<u>Date</u>

Did you leave any of these agencies for any other reason other than voluntary resignation?    Yes    No

If "yes", identify the position and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were any disciplinary actions taken against you during your employment with a law enforcement agency?    Yes    No

If "yes", explain below:

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

Are you currently employed with a law enforcement agency?    Yes    No

What agency? \_\_\_\_\_

Why do you want to leave the agency you are currently employed by to work for the Union Parish Sheriff's Office? \_\_\_\_\_

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

Have you ever been fired from any position you have held?    Yes    No

If "yes", where and when? \_\_\_\_\_

For what reason were you fired? \_\_\_\_\_

\_\_\_\_\_

Have you ever been asked to resign in lieu of being fired?    Yes    No

If "yes", where and when were you asked to do so? \_\_\_\_\_

Have you ever quit a job without giving sufficient notice?    Yes    No

If "yes", list employer and circumstances below: \_\_\_\_\_

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

Where are you currently employed? \_\_\_\_\_

\_\_\_\_\_

May we contact your current employer to verify your employment status?    Yes    No

**CONTROLLED SUBSTANCES**

Current employees of the Union Parish Sheriff's Office are not required to complete this page.

Do you NOW, or have you EVER tried, purchased, or sold any illegal drugs or controlled substances?  
 ("Tried" includes smoking; inhaling; swallowing; placing/rubbing on gums, lips, or tongue; injecting; or  
 ingesting by any other means.)                      Yes      No

If you answered YES, list details below:

<b><u>Name of Drug or Controlled Substance</u></b>	<b><u>Tried</u></b>	<b><u>Purchased</u></b>	<b><u>Sold</u></b>	<b>First Time (mm/yy)</b>	<b>Last Time (mm/yy)</b>
Marijuana/"Pot"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____	_____	_____
Cocaine/ "Crack"	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____	_____	_____
Steroids	Total # of Cycles _____	Total # of times purchased _____	Total # of times sold _____	_____	_____
Ecstasy	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____	_____	_____
Mushrooms	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____	_____	_____
Acid	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____	_____	_____
Heroin	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____	_____	_____
Other Name Drug	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____	_____	_____
Other Name Drug	Total # of times tried _____	Total # of times purchased _____	Total # of times sold _____	_____	_____

CRIMINAL HISTORY

CHARGES –Because you are applying for a position with law enforcement we request that ALL arrest and charges, if any, be disclosed, regardless of disposition. These include, but are not limited to, charges that have been dismissed/no action; found not guilty, sealed, expunged and/or purged; “Withheld Adjudications”; and Juvenile charges.

Have you EVER been arrested or detained by ANY law enforcement agency for ANY reason? This includes arrest or detentions (held for questioning) as a juvenile or violations, which were not prosecuted or where some type of pre-trial intervention was offered, and includes all arrest regardless of your plea.

Yes NO

Have you EVER been convicted of, or have you EVER been found to have committed any civil or criminal law violation other than minor traffic violations? Yes No

Have you EVER had a criminal charge or record sealed, expunged, or purged?

Yes No

If YES, please LIST ALL CRIMINAL AND CIVIL LAW VIOLATIONS, INCLUDE DISPOSITIONS (Copies of all court dispositions must be submitted with application.) Be sure to include charges from all states, regardless of the outcome or timeframe. Attach additional pages if necessary.

Charge \_\_\_\_\_ Date \_\_\_\_\_  
Arresting Agency \_\_\_\_\_ mm/yy

Disposition or Outcome \_\_\_\_\_ Date \_\_\_\_\_  
mm/yy

Please explain situation \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_  
Arresting Agency \_\_\_\_\_ mm/yy

Disposition or Outcome \_\_\_\_\_ Date \_\_\_\_\_  
mm/yy

Please explain situation \_\_\_\_\_



Charge \_\_\_\_\_

Date \_\_\_\_\_

Arresting Agency \_\_\_\_\_

mm/yy

Disposition or Outcome \_\_\_\_\_

Date \_\_\_\_\_

mm/yy

Please explain situation \_\_\_\_\_

Charge \_\_\_\_\_

Date \_\_\_\_\_

Arresting Agency \_\_\_\_\_

mm/yy

Disposition or Outcome \_\_\_\_\_

Date \_\_\_\_\_

mm/yy

Please explain situation \_\_\_\_\_

Charge \_\_\_\_\_

Date \_\_\_\_\_

Arresting Agency \_\_\_\_\_

mm/yy

Disposition or Outcome \_\_\_\_\_

Date \_\_\_\_\_

mm/yy

Please explain situation \_\_\_\_\_

Charge \_\_\_\_\_

Date \_\_\_\_\_

Arresting Agency \_\_\_\_\_

mm/yy

Disposition or Outcome \_\_\_\_\_

Date \_\_\_\_\_

mm/yy

Please explain situation \_\_\_\_\_

Do you think your present employer will give you a good recommendation?    Yes    No

If "no", why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List below all the employment positions you have held for the past ten (10) years, regardless of how long you were employed. Beginning with the position you now hold, list all other jobs held in reverse chronological order. Please use the sheets provided or neatly attach another 8 ½ " by 11" sheet to complete your employment history.

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Total Hours Worked Per Week \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Total Hours Worked Per Week \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Total Hours Worked Per Week \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Total Hours Worked Per Week \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Total Hours Worked Per Week \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Give three references (not relatives, former employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as householders, property owners, business or professional men or women, who have known you well during the past five years.

A.	<hr/>	<hr/>
	Complete Name	Years Known
	<hr/>	( )
	Residence Address	Telephone Number
	<hr/>	( )
	Business Address	Telephone Number
	<hr/>	
	Occupation	
	<hr/>	
B.	<hr/>	<hr/>
	Complete Name	Years Known
	<hr/>	( )
	Residence Address	Telephone Number
	<hr/>	( )
	Business Address	Telephone Number
	<hr/>	
	Occupation	
	<hr/>	
C.	<hr/>	<hr/>
	Complete Name	Years Known
	<hr/>	( )
	Residence Address	Telephone Number
	<hr/>	( )
	Business Address	Telephone Number
	<hr/>	
	Occupation	
	<hr/>	

**CAREER OBJECTIVES**

Briefly explain your reasons for wanting to work at the Union Parish Sheriff's Office and what you expect to attain from your law enforcement career:

---

---

---

---

---

---

**AFFIRMATION**

By signing this document, I certify that all of the information on this entire application is true and correct to the best of my knowledge. I understand that all information is subject to investigation, and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration, or dismissal from service.

---

Signature

---

Date

---

Social Security Number

**DISCLOSURE TO APPLICANT OF MEDICAL EXAMINATION REQUIREMENT  
INCLUDING TEST FOR CURRENT USAGE OF DRUGS**

Prior to beginning employment with the Union Parish Sheriff's Office, some candidates with conditional job offers are required to submit to a medical examination to determine whether they are able to perform all essential job duties and to assure the safety, health, and welfare of Union Parish Sheriff's Office employees and the general public. The determination as to whether a medical examination is necessary is dependent on the classification of the job the applicant seeks. Additionally, the Union Parish Sheriff's Office is a drug-free workplace; and, therefore, offers of employment are conditioned upon satisfactory results of drug testing. Conditional job offers will be revoked if the applicant refuses to submit to drug testing or if the results of drug testing are unsatisfactory.

**CONSENT TO MEDICAL EXAMINATION AND DRUG TESTING**

In the event that I am conditionally offered employment by the Union Parish Sheriff's Office, I voluntarily consent to a medical examination prior to my beginning employment, should the classification of the job for which I am being considered require such an examination. In the event that I am conditionally offered employment by the Union Parish Sheriff's Office, I also consent to a drug test of my urine and/blood and/or hair prior to my beginning employment. I hereby authorize and give full permission to have the Union Parish Sheriff's Office's contracted medical provider, its staff, and/or associates send a specimen of my urine and/or blood and/or hair to a laboratory for screening tests for the presence of drugs. I authorize these results, whether positive or negative, to be given to a Medical Review Officer selected by the Union Parish Sheriff's Office. I release the Union Parish Sheriff's Office, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination and/or drug test or the use of the results therefrom. I have read in full and understand the above Disclosure and Consent and conditions of employment contained therein.

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS' SIGNATURE (required)

\_\_\_\_\_  
DATE

**PARENTAL CONSENT:**

By signing this form, I authorize my minor child to sign this Disclosure and Consent form.

Parent/Guardian \_\_\_\_\_

Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICANTS-DO NOT COMPLETE THE FOLLOWING:**

**PERSONNEL DEPARTMENT INTERVIEW**

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEPARTMENT INTERVIEW**

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCE CHECKS**

Employer

Results of Reference Check

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____