



City of Gonzales Police Department

415 EAST CORNERVIEW • GONZALES, LOUISIANA 70737 • PHONE (225) 647-7511 • FAX (225) 647-9544

February 10, 2023

SHERMAN D. JACKSON
CHIEF OF POLICE

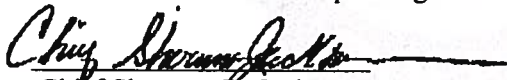
Chief Sherman D. Jackson
Gonzales Police Department
415 E. Cornerview Rd.
Gonzales, La. 70737

Dear Applicant,

The goal of the Gonzales Police Dept is to provide the residents of the City of Gonzales with the finest law enforcement in the state of Louisiana. In order to accomplish this goal we must be selective in hiring.

In order to be considered for employment, certain minimum requirements must be met. To be hired, applicants must be 21 years of age, have a high school or equivalent diploma, take and obtain a passing score on the civil service entrance exam. Other factors that which strongly influence the employment process are previous work experience, previous law enforcement experience, a clear driving record, no history of prior criminal activity, and a responsible credit history.

Below is a waiver designed to release this personal information to our pre-employment review board. This board does a thorough investigation of each applicant and makes recommendations to me for final approval for hiring. If you wish to continue with the Gonzales Police Dept hiring process read the below waiver, sign and return to the Gonzales Police Dept with your application. Thank You in advance for your interest in the Gonzales Police Dept and good luck in your future endeavor.


Chief Sherman D. Jackson

By my signature to this waiver, I grant permission to the Chief of the Gonzales Police Dept., or his designee, to interview my present or prior employers, to make inquiries into my criminal history, or driving history, and credit history, and/or make whatever inquiries deemed necessary to any and all person(s), agency(s), etc. By my signature below, I declare and attest that the information supplied to the Gonzales Police Dept is true and correct to the best of my knowledge and belief, and I understand that any misrepresentation(s) shall give cause for disqualification of and/or refusal to consider my application.

I further agree to hold harmless from any civil or criminal liabilities, the Gonzales Police Dept, due to the outcome of these record and background checks.

Applicants signature

date

*To Protect and Serve
Stronger, Safer Gonzales*

PLEASE MAKE SURE YOU HAVE A CURRENT PASSING SCORE ON THE CIVIL SERVICE POLICE OFFICER EXAM OR YOUR APPLICATION WILL BE REJECTED. YOU CAN APPLY FOR POLICE OFFICER EXAM ON THE OFFICE OF STATE EXAMINER WEBSITE. WWW.OSE.LOUISIANA.GOV

PLEASE ATTACH A COPY OF THE FOLLOWING TO YOUR APPLICATION: DL, SOCIAL, BIRTH CERTIFICATE, HIGH SCHOOL DIPLOMA OR EQUIVALENT, PRIOR LAW ENFORCEMENT POST CERTIFICATES, RESUME IS OPTIONAL.

GONZALES POLICE DEPARTMENT

PERSONAL REFERENCE FORM

Name: _____

Address: _____

Ph.# _____

Email: _____

Name: _____

Address: _____

Ph.# _____

Email: _____

Name: _____

Address: _____

Ph.# _____

Email: _____

Name: _____

Address: _____

Ph.# _____

Email: _____

Name: _____

Address: _____

Ph.# _____

Email: _____

APPLICATION FOR COMPETITIVE EXAMINATION

FIRE AND POLICE CIVIL SERVICE BOARD

PLEASE PRINT OR TYPE. FAILURE TO ANSWER ALL THE QUESTIONS IN THIS APPLICATION AND FAILURE TO ATTACH ALL REQUIRED DOCUMENTATION TO THIS APPLICATION MAY CAUSE YOUR APPLICATION TO BE REJECTED.

NAME:		
FIRST	MIDDLE	LAST
STREET ADDRESS/P.O. BOX NO.		
CITY/TOWN		STATE/ZIP
HOME TELEPHONE NUMBER (WITH AREA CODE) ()	OFFICE TELEPHONE NUMBER (WITH AREA CODE) ()	
SOCIAL SECURITY NUMBER	DATE OF BIRTH: MONTH/DATE/YEAR:	
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE NO: _____ EXPIRATION DATE: _____	

EXAMINATION FOR WHICH YOU ARE APPLYING (FILE A SEPARATE APPLICATION FOR EACH EXAMINATION)

RACE/SEX INFORMATION

The Federal government requires that we request the following race and sex information for statistical reporting purposes. Completion of this section is voluntary, and your application will not be rejected if you choose not to provide this information.

Male White Black Hispanic Am. Indian Asian
 Female Other: _____

SPECIAL INSTRUCTIONS FOR DOCUMENTATION YOU MUST ATTACH

In accordance with civil service law you must be a citizen of the United States, and of legal age. In addition to these requirements, the local municipal fire and police civil service board in each jurisdiction has adopted its own qualification requirements for each of its competitive classes. Therefore, you must attach the necessary documentation to verify that you meet all the requirements of the civil service board to which you are applying. You must attach a copy of the following documents:

- Proof that you are a citizen of the United States (Birth Certificate, US Passport, or Certificate of Naturalization)
- Proof that you meet the age requirement of the civil service board (Birth Certificate)
- Proof that you meet the education requirement as posted by the civil service board to be admitted to the exam
- Proof that you have a valid driver's license (if this is a requirement of the civil service board to be admitted to the exam)
- Proof that you meet all other requirements as posted by the civil service board to be admitted to the exam

AUTHORITY FOR RELEASE OF INFORMATION

I HAVE COMPLETED THIS APPLICATION WITH THE KNOWLEDGE AND UNDERSTANDING THAT ANY OR ALL ITEMS CONTAINED HEREIN MAY BE SUBJECT TO INVESTIGATION PRESCRIBED BY LAW, AND I CONSENT TO THE RELEASE OF INFORMATION CONCERNING MY CAPACITY AND FITNESS BY EMPLOYERS, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES, AND OTHER INDIVIDUALS AND AGENCIES, TO DULY ACCREDITED INVESTIGATORS, CIVIL SERVICE BOARD MEMBERS AND OTHER AUTHORIZED EMPLOYEES OF THE GOVERNMENT FOR THAT PURPOSE.

I CERTIFY THAT THE ANSWERS I HAVE GIVEN TO ALL QUESTIONS IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I KNOW THAT ANY MISREPRESENTATION HEREIN MAY CAUSE MY APPLICATION TO BE REJECTED, MY NAME REMOVED FROM THE ELIGIBLE LIST AND/OR MAY SUBJECT ME TO DISMISSAL FROM EMPLOYMENT.

DATE	SIGNATURE OF APPLICANT
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FOR USE OF CIVIL SERVICE BOARD ONLY VERIFICATION THAT APPLICANT MEETS THE BOARD'S REQUIREMENTS

<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Age	<input type="checkbox"/> Education	<input type="checkbox"/> Driver's License (if a requirement)	<input type="checkbox"/> Veteran Pref.
1. Chairman	2. Vice chairman	3.	4.	5.

BACKGROUND INFORMATION

1. WITHIN THE PAST 6 YEARS, HAVE YOU BEEN TERMINATED, OR RESIGNED IN LIEU OF TERMINATION, FROM ANY POSITION FOR REASONS OTHER THAN A REDUCTION IN FORCE?

YES NO

NOTE: IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE PROVIDE AN EXPLANATION IN THE EXPLANATION BLOCK PROVIDED BELOW.

2. HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES NO

3. HAVE YOU BEEN CONVICTED OF A MISDEMEANOR DURING THE LAST 3 YEARS?

YES NO

NOTE: IF YOU ANSWERED "YES" TO EITHER OF THE ABOVE QUESTIONS, PLEASE PROVIDE AN EXPLANATION IN THE EXPLANATION BLOCK BELOW. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM THE JOB FOR WHICH YOU ARE APPLYING. A CONVICTION WILL BE JUDGED ON ITS OWN MERITS WITH RESPECT TO TIME, CIRCUMSTANCES, AND SERIOUSNESS.

EXPLANATION. PLEASE USE THE SPACE PROVIDED BELOW TO EXPLAIN ANY "YES" ANSWERS TO THE ABOVE THREE QUESTIONS. ATTACH ADDITIONAL PAGES IF NECESSARY.

TRAINING/EDUCATION

A. HIGH SCHOOL

DIPLOMA OR EQUIVALENCY CERTIFICATE

DATE RECEIVED: _____

I DID NOT GRADUATE, BUT COMPLETED GRADE: _____

NAME AND ADDRESS OF HIGH SCHOOL ISSUING DIPLOMA OR OF STATE DEPARTMENT OF EDUCATION ISSUING GED OR EQUIVALENCY CERTIFICATE:

B. COLLEGE

NAME OF COLLEGE OR UNIVERSITY/LOCATION

YEARS
ATTENDED

CREDIT
HOURS
EARNED

DEGREE(S)
RECEIVED

DATE OF
DEGREE

MAJOR

NAME OF COLLEGE OR UNIVERSITY/LOCATION	YEARS ATTENDED	CREDIT HOURS EARNED	DEGREE(S) RECEIVED	DATE OF DEGREE	MAJOR

C. OTHER FORMAL TRAINING (BUSINESS, TRADE, MILITARY, ETC., CLASSES OR SEMINARS)	LOCATION	DATES ATTENDED	DID YOU GRADUATE?	NO. OF HOURS PER WEEK
TITLE OF INSTRUCTION OR CLASS (ATTACH ADDITIONAL PAGES IF NECESSARY)				
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

SPECIAL QUALIFYING EXPERIENCE, CERTIFICATIONS, OR LICENSES

PLEASE LIST BELOW ANY PROFESSIONAL LICENSES OR CERTIFICATIONS THAT ARE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING.
(ATTACH ADDITIONAL PAGES IF NECESSARY)

	NO. 1	NO. 2	NO. 3
NAME OF LICENSE OR TYPE OF CERTIFICATION			
NAME AND COMPLETE ADDRESS OF AGENCY OR INSTITUTION ISSUING LICENSE OR CERTIFICATION			
DATE LICENSE OR CERTIFICATION ACQUIRED			
EXPIRATION DATE, IF APPLICABLE			
RESTRICTIONS, IF APPLICABLE			

LIST ANY SPECIAL COURSE WORK, TRAINING, OR EXPERIENCE WHICH MAY BE BENEFICIAL IN THE JOB FOR WHICH YOU ARE APPLYING, OR WHICH MAY SATISFY ANY SPECIAL QUALIFICATION REQUIREMENTS.

IF YOU HAVE COMPUTER EXPERIENCE, PLEASE LIST ANY COMPUTER PROGRAMS (SOFTWARE) WITH WHICH YOU HAVE A WORKING KNOWLEDGE:

TYPING ABILITY: _____ WPM

VETERAN'S PREFERENCE

Five-point veteran's preference is granted to veterans who receive passing scores for an entrance class and who were discharged under honorable conditions from active duty in the U.S. Armed Forces during a war, or in a peacetime campaign or expedition for which a campaign badge has been authorized, including the following wartime periods: 06/27/50 - 01/31/55 (Korean Conflict); during the period of more than 180 consecutive days, any part of which occurred between 01/31/55 and 10/15/76 (including the Vietnam era), not including active duty for training in Reserves or National Guard; and from 08/02/90 - 01/02/92 (Gulf War). If your service began after October 15, 1976, you must have received a Campaign Badge, or Expeditionary Medal. Campaigns or expeditions for which such medals have been authorized include El Salvador, Lebanon, Granada, Panama, Southwest Asia, Somalia, Haiti, Kosovo, Bosnia and Herzegovina. Medal holders and Gulf War veterans who originally enlisted after September 7, 1980, (or began active duty on or after October 14, 1982, and have not previously completed 24 months of continuous active duty) must have served continuously for 24 months or the full period called or ordered to active duty. Note: If your DD-214 does not provide proof of entitlement for preference, you must obtain an amended DD-214 or other written documentation showing award of Armed Forces Expeditionary Medal.

Should you wish to receive the veteran's preference points, check the space provided and attach a copy of your DD-214 which verifies your qualification to receive preference.

I QUALIFY FOR THE FIVE-POINT VETERAN'S PREFERENCE AS IDENTIFIED ABOVE, AND HAVE ATTACHED A COPY OF MY DD-214 OR OTHER DOCUMENTATION TO THIS APPLICATION FOR VERIFICATION PURPOSES

REQUEST FOR TESTING ACCOMMODATIONS UNDER THE AMERICANS WITH DISABILITIES ACT

If you require any special testing accommodations because of a disability which limits a major life activity, you must complete this section in order for your request to be considered.

I am requesting testing accommodations under the Americans With Disabilities Act for the following disability (check box and specify disability): _____

REQUIRED DOCUMENTATION TO ATTACH TO YOUR APPLICATION: in order for this civil service board to process your ADA request, you must attach written documentation of your disability, including an assessment of accommodations which might be appropriate to compensate for your disability in a testing environment, prepared by a doctor, psychologist, rehabilitation counselor, occupational or physical therapist, or other professional with knowledge of your functional limitations.

What accommodations are you requesting?

Extra Time Reader Private Room Scribe Other: _____

WORK EXPERIENCE

INSTRUCTIONS FOR COMPLETING SECTION ON WORK EXPERIENCE

Start with your present or most recent position and work back, including any military experience. Use separate blocks if you were promoted or your duties changed materially while working for the same employer. Treat each change as a separate position. For volunteer experience, use work experience blocks and disregard reference to salary. It is to your advantage to completely describe your duties in each position, placing particular emphasis on duties, tasks performed, and responsibility. Attach additional pages, if necessary.

NAME AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS		
						TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT FROM: TO: MO. DAY YR. MO. DAY YR.			WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		AVERAGE NUMBER OF HOURS WORKED PER WEEK:		BEGINNING SALARY	ENDING SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR				NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED				
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)								

NAME AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS		
						TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT			WAS THIS FULL-TIME EMPLOYMENT?		AVERAGE NUMBER OF HOURS WORKED PER WEEK:		BEGINNING SALARY	ENDING SALARY
FROM: MO. DAY YR. TO: MO. DAY YR.			<input type="checkbox"/> YES <input type="checkbox"/> NO					
NAME AND TITLE OF IMMEDIATE SUPERVISOR				NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED				
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)								

NAME AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS		
						TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT			WAS THIS FULL-TIME EMPLOYMENT?		AVERAGE NUMBER OF HOURS WORKED PER WEEK:		BEGINNING SALARY	ENDING SALARY
FROM: MO. DAY YR. TO: MO. DAY YR.			<input type="checkbox"/> YES <input type="checkbox"/> NO					
NAME AND TITLE OF IMMEDIATE SUPERVISOR				NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED				
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)								

NAME AND COMPLETE ADDRESS OF EMPLOYER	TYPE BUSINESS
	TITLE OF YOUR POSITION

DATES OF EMPLOYMENT	WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
FROM: TO: MO. DAY YR. MO. DAY YR.	<input type="checkbox"/> YES <input type="checkbox"/> NO			

NAME AND TITLE OF IMMEDIATE SUPERVISOR	NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED
---	--

DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)

NAME AND COMPLETE ADDRESS OF EMPLOYER	TYPE BUSINESS
	TITLE OF YOUR POSITION

DATES OF EMPLOYMENT	WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
FROM: TO: MO. DAY YR. MO. DAY YR.	<input type="checkbox"/> YES <input type="checkbox"/> NO			

NAME AND TITLE OF IMMEDIATE SUPERVISOR	NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED
---	--

DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)

NAME AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS				
						TITLE OF YOUR POSITION				
DATES OF EMPLOYMENT FROM:			TO:		WAS THIS FULL-TIME EMPLOYMENT?		AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY	
MO.	DAY	YR.	MO.	DAY	YR.	<input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME AND TITLE OF IMMEDIATE SUPERVISOR						NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED				
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)										

NAME AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS				
						TITLE OF YOUR POSITION				
DATES OF EMPLOYMENT FROM:			TO:		WAS THIS FULL-TIME EMPLOYMENT?		AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY	
MO.	DAY	YR.	MO.	DAY	YR.	<input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME AND TITLE OF IMMEDIATE SUPERVISOR						NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED				
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)										