

Ascension Parish Sheriff's Office

EMPLOYMENT APPLICATION

The Ascension Parish Sheriff's Office (APSO) is an equal opportunity employer and does not discriminate on the basis of age, gender, sexual orientation, national origin, color, disability, marital status, religion, veteran status, political affiliation, or genetic information. *A copy of our Equal Employment Opportunity Plan is available upon request.* These factors are NOT used as selection criteria, except in rare instances where such factors are bona fide occupational qualifications. This information may be used for identification purposes in conducting a background investigation. The information supplied is for official use only. It is considered confidential and will not be disclosed to unauthorized persons, except to the extent managed by the Louisiana Public Record Law. However, the guarantee of confidentiality and privacy is void if investigation reveals criminal acts or participation in unlawful activities.

MINIMUM REQUIREMENTS FOR EMPLOYMENT:

- Must be a high school graduate or equivalent
- Must be at least 19 years of age
- Must possess a valid Louisiana driver's license
- Must be a resident of Ascension Parish
- Must pass a physical examination

In accordance with the Americans with Disabilities Act of 1990, the APSO will reasonably accommodate qualified individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment test, interview and actual employment. If you are disabled and require an accommodation, you may request it and the APSO will make every reasonable effort to provide it to you. Some types of accommodations may require some preparation before they can be provided. Therefore, we suggest that you make such requests in writing as early as possible by contacting the Human Resources Office.

INSTRUCTIONS: If completed on paper vs. online, please use blue or black ink. Print clearly or type. Do not leave any areas blank – enter NA if the question does not apply. Resumes may not substitute for any information requested. If there is insufficient space on the form to provide all of the required information, attach an extra sheet(s) to the application. Be sure to label the information on the extra sheet with the relevant application section/question number.

Applications may be completed and submitted online or submitted with all required attachments to the APSO Human Resources Office, Post Office Box 118, Gonzales, LA 70737. Applications are accepted Monday through Friday, 8:30 AM to 4:00 PM. Incomplete applications will not be processed.

ATTACHMENTS AND REMINDERS

1. Have you attached copies of the following documents? (Do not attach originals)
 - a. State-certified birth certificate (not hospital) **Yes / No**
 - b. GED certificate, High school diploma or College Transcript **Yes / No**
 - c. Driver's license (must have current address) **Yes / No**
 - d. Social Security card (signed) **Yes / No**

- e. DD-214, Member 4 copy, if served in the military **Yes / No / Not Applicable**
- f. POST Certificate **Yes / No / Not Applicable**

2. Are you applying for Patrol, Corrections or Reserve Deputy? **Yes / No**

- a. If yes, please submit a completed Doctor Certificate Form (page 16) and Applicant's Certification and Release from Liability Form (page 17) with your application.

APPLICANT STATEMENT

I certify that all of the information on this entire application is true and complete to the best of my knowledge. **I understand that all information is subject to investigation, including a polygraph examination, and that any omission, falsification, or misrepresentation may result in rejection of this application, or dismissal from employment.**

Employment with the APSO is at-will and may be terminated with or without cause and with or without notice at any time by the employee or the agency. No representative of the APSO, other than the Sheriff, has the authority to change the terms of the at-will relationship and that any such change can only occur in a written employment contract.

Applicant's Signature

Date

EMPLOYMENT APPLICATIONS

Place an X next to the job for which you are applying.*	Job Title	Job Summary
	Corrections Deputy	Maintains the custody and security of prison inmates through supervision, observation and monitoring of inmate activities and enforcement of security policies and procedures.
	Patrol Deputy	General law enforcement work to protect lives, property and rights of the public. Work involves answering complaint calls and patrolling in an official vehicle, motorcycle or on foot to deter crime or apprehend violators or suspects; securing crime scenes, and enforcement of all traffic and safety laws.
	Communications Deputy	Performs radio and communications work on an assigned shift. Provides information to patrol units on calls in progress as well as other divisions as needed. Receives and shares data as appropriate with law enforcement agencies throughout the country.
	Clerical	Performs general clerical office duties which may include answering phone calls, processing payments, accounting, filing, etc.
	Reserve Deputy (Part-Time Volunteer)	Same as Road Deputy, Communications Deputy, or Corrections Deputy, depending on assignment.
	Other	(Briefly Describe)

*If applying for more than one job title, please indicate your preference by putting 1st, 2nd or 3rd.

Date	
Name	
Social Security Number	
Date of Birth	
Other Names or Aliases (ex. Maiden)	
Home Address	
Home Phone	
Cell Phone	
Work Phone	
E-mail Address	

1. Why do you want to work for the Ascension Parish Sheriff's Office:

EMPLOYMENT ELIGIBILITY

2. If hired, will you be able to provide documentation that you may legally work in the United States?

a. (Ex. Social Security Card, Birth Certificate, Driver's License, US Passport, etc.) **Yes / No**

3. Are you a United States Citizen? **Yes or No**

By Birth? **Yes or No**

Naturalized? **Yes or No**

RESIDENCE RECORD

4. List the addresses you have resided at in the past ten years. (Use a blank sheet of paper if you need additional space.)

Address _____ from _____ to _____

Address _____ from _____ to _____

Address _____ from _____ to _____

Address _____ from _____ to _____

FAMILY

5. List all relatives who are currently employed by the APSO. Please state the relationship (ex. Spouse, brother, etc.)

EDUCATION

6. High School

Name	City/State	Diploma or G.E.D.	Date Received

7. Colleges/Universities (**Attach a copy of your transcript**)

Name	City/State	Graduate Y/N	Degree	Total Hours

8. Graduate/Professional Schools (**Attach a copy of your transcript**)

Name	City/State	Graduate Y/N	Degree/Certificate	Total Hours

9. Professional licenses, registrations, or certificates (engineering, medical, ministerial, pharmaceutical, etc.)

Licensing/Certifying Agency Name	City/State	Date Licensed	Expiration Date	License Type

10. Other schools attended (business, vocational, etc.) _____

11. Are you fluent in any foreign language(s)? **Yes / No**

If yes, which language(s)? _____

MILITARY SERVICE

12. Have you ever or are you currently enlisted in the United States Armed Forces? **Yes or No**

If yes, provide the below information and **attach a copy of your DD-214, Member 4 Copy.**

Branch of Service: _____

Entry Date: _____

Active Duty Service: _____

Separation or Projected Separation Date: _____

Highest Rank Obtained: _____

Type of Discharge: _____

Discharge Conditions: _____

13. While in the military, did you receive a Court Martial, Article 15, Captain's Mast, or other disciplinary action? **Yes or No**

If yes, explain the circumstances in detail below. You must list dates and nature of offense, type of punishment, and disposition of charges. Show any fines, restrictions and confinements.

EMPLOYMENT HISTORY

14. Have you ever been terminated from employment? **Yes or No**

If yes, please list the employer, date and the reason for termination.

15. Have you ever applied for employment with any law enforcement agency? **Yes or No**

If yes, list the dates of application, name of agency and the results (hired, rejected, pending, withdrew)

16. If you are a former APSO employee or APSO Reserve Deputy, list dates of employment, reason for separation, any disciplinary actions, name of immediate supervisor and work unit at time of separation.

17. Have you ever taken a polygraph test? **Yes or No**

If yes, please explain:

18. Are you currently receiving state supplemental law enforcement officer's pay? **Yes or No**

19. Are you currently Louisiana Basic Law Enforcement or Basic Corrections P.O.S.T. certified? _____

If yes, please attach a copy of Certificate to application.

20. **List all jobs held during the last 10 years. Include all law enforcement or corrections positions, even if they were longer than 10 years ago. Begin with your current or most recent job.** It is your responsibility to locate and provide employer names, supervisor names, telephone numbers and date of employment. Make copies of this page if additional sheets are necessary.

Place of employment: _____ Phone Number: _____

City and State: _____

Dates Employed: From ____/____/____ To ____/____/____

Job Title: _____

Average No. of hours worked per week? _____ Beginning Salary \$_____ Ending Salary \$_____

Name of your immediate supervisor _____

Briefly describe your duties _____

Were you disciplined during this employment? Yes or No; if yes, what time of discipline did you receive and what was the reason? _____

Reason for leaving: _____

May we contact this employer? Yes or No

(Note: Any law enforcement agency must be contacted for reference.)

List all jobs held during the last 10 years. Include all law enforcement or corrections positions, even if they were longer than 10 years ago. Begin with your current or most recent job. It is your responsibility to locate and provide employer names, supervisor names, telephone numbers and date of employment. Make copies of this page if additional sheets are necessary.

Place of employment: _____ Phone Number: _____

City and State: _____

Dates Employed: From ____ / ____ / ____ To ____ / ____ / ____

Job Title: _____

Average No. of hours worked per week? _____ Beginning Salary \$ _____ Ending Salary \$ _____

Name of your immediate supervisor _____

Briefly describe your duties _____

Were you disciplined during this employment? Yes or No; if yes, what time of discipline did you receive and what was the reason? _____

Reason for leaving: _____

May we contact this employer? Yes or No
(Note: Any law enforcement agency must be contacted for reference.)

Place of employment: _____ Phone Number: _____

City and State: _____

Dates Employed: From ____ / ____ / ____ To ____ / ____ / ____

Job Title: _____

Average No. of hours worked per week? _____ Beginning Salary \$ _____ Ending Salary \$ _____

Name of your immediate supervisor _____

Briefly describe your duties _____

Were you disciplined during this employment? Yes or No; if yes, what time of discipline did you receive and what was the reason? _____

Reason for leaving: _____

May we contact this employer? Yes or No
(Note: Any law enforcement agency must be contacted for reference.)

AUTOMOBILE DRIVER’S LICENSE

21. Have you ever been licensed to drive in another state? Yes or No

If yes, provide driver’s license number, state and expiration date:

22. List any traffic citations you have received and any traffic accidents in which you were involved.

Date City/State Offense Disposition

LIFESTYLE

Any use of illegal drugs or illegal use of prescription drugs or any falsification, omission or misrepresentation may disqualify you from further consideration. Drug use is discussed during the polygraph examination.

23. Please provide the information listed in the following table. **DO NOT INCLUDE** medication **legally prescribed** to you by a licensed physician for a specific ailment.

Drug	Never Used	Date Used (First time/Last time)	Age When Used	Maximum Times Used	How Used
Marijuana					
Heroin					
Cocaine					
Crack					
Morphine					
Valium					
Speed					
Oxycontin					
Lortab					
Ecstasy					
Xanax					
Vicodin					
Percocet					
Steroids					
Inhalants					
Other(s)					
Other(s)					

24. Have you ever been involved in the illegal purchase, manufacture, trafficking, production, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis? **Yes or No**

If yes, provide the details: _____

25. Have you misused or abused any drug prescribed by a licensed physician for you? **Yes or No**

If yes, provide the details: _____

26. Have you ever used any drug prescribed by a licensed physician for someone else? **Yes or No**

If yes, provide the details: _____

27. Have you ever participated in any form of illegal gambling? **Yes or No**

If yes, provide the details: _____

28. Are you now or have you ever been a member of or supported any subversive, revolutionary, or terrorist group? **Yes or No**

If yes, provide the details: _____

29. For the three questions below include all arrests, misdemeanor summons and charges regardless of the disposition. Include charges that have been dismissed, no action, found not guilty, sealed, set aside through either article 893 or article 894, expunged, pardoned and/or juvenile charges.

- a. Have you ever been arrested? **Yes or No**
- b. Have you ever received a misdemeanor summons (non-traffic ticket)? **Yes or No**
- c. Have you ever been convicted of any law violation other than traffic violations? **Yes or No**

If you answered yes to questions a, b or c above, list the details including the date, arresting agency, city, state, charge and disposition. Provide copies of any court documentation showing the disposition. If you need additional space, use a blank sheet of paper.

30. Do you or your spouse have any criminal or civil proceedings pending against you? **Yes or No**

If you answered yes, list the details including the date, city, state, charge and disposition. Provide copies of any court documentation showing the disposition. If you need additional space, use a blank sheet of paper.

31. Have you ever been convicted of the crime of domestic violence? **Yes or No**

If yes, explain _____

32. Do you hold any personal or religious beliefs that would prevent you from taking a human life if it became necessary in the line of duty? **Yes or No**

PRISON RAPE ELIMINATION ACT (PREA) QUESTIONS

33. Have you ever **engaged** in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution providing skilled nursing, intermediate or long-term care, custodial or residential care? **Yes or No**

34. Have you ever been **convicted or engaging in or attempting to engage** in sexual activity in a community institution facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent? **Yes or No**

35. Have you ever been **civily or administratively adjudicated for engaging in or attempting to engage** in sexual activity in a community facility (prison, jail, lockup, community confinement facility or other institution providing skilled nursing, intermediate or long-term care, custodial or residential care) 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 or No**

36. Have you ever been accused for sexual harassment? **Yes or No**

If yes, please provide the details (when, where, circumstances) and the outcome. _____

REFERENCES

37. List below three of your close friends or associates (non-family members only). All information must be provided.

Name	Occupation	City/State	Contact Telephone Number	Numbers of Years Known

APSO BODY ART POLICY

Body art is defined as, but not limited to, tattoos, piercings, brands and intentional scarring.

Body art to the head, neck, hands and facial area is prohibited.

The spirit of this policy is to allow the Sheriff's Office to hire exceptional candidates for employment who may have existing non-offensive body art, visible to the public. And in the spirit of this policy, the nature, number, size, and location of the body art are all factors in determining whether such tattoos are objectionable or demeaning, whether on or off duty. Examples include, but are not limited to, body art that contains nudity, profanity, or to be perceived as gang related, criminal, obscene, sexual, racial, or detracts from the professional image of a law enforcement officer.

The Sheriff may, at his discretion, require an employee to cover his/her body art by means of a long sleeved shirt or flesh-colored or black fabric sleeves.

Mutilation, tongue bifurcation and foreign objects inserted completely under the skin are prohibited.

Dental ornamentation is prohibited. Capped, veneered or natural teeth shall not be decorated with designs, initials or jewelry.

For safety purposes, no exposed and/or visible piercing ornamentation may be worn by enforcement and corrections personnel while on-duty. Excessive or unusual piercings are prohibited.

Tongue ornaments and facial piercings are not permitted to be worn while on-duty.

Exceptions:

(a) Employees hired prior to the implementation of this policy will be allowed to continue displaying current body art provided they are acceptable and non-offensive. Current employees hired prior to the implementation of this policy are restricted from receiving or displaying any additional body art that is visible to the public.

(b) Employees hired prior to the implementation of this policy will be allowed to display current dental ornamentation.

Please list and describe below any permanent body art or tattoos you have on your head, neck, face, hands, or arms.

Location	Description

EQUAL EMPLOYMENT OPPORTUNITY AND RECRUITING SURVEY

The information requested in this survey will be used to comply with federal equal opportunity requirements and is neither a part of your application nor has any bearing on your considerations for employment. This page will be removed by the Human Resources Office.

Today's Date: _____

Position Applied for: _____

Date of Birth: _____

Other Languages Spoken: _____

Sex: Male

Female

Race/Ethnic Category:

(Check only 1 category)

Hispanic or Latino

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

How did you hear about this career opportunity? _____

**SHERIFF
Ascension Parish
Gonzales Office
828 South Irma Blvd., Suite 101
P.O. Box 118
Gonzales, LA 70737**

**Bobby Webre
SHERIFF**

**Human Resources
225-264-6798**

AUTHORIZATION TO RELEASE PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosures of all records concerning myself to a duly authorized representative of the Ascension Parish Sheriff Office, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educations institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatments and/or consultation, including but not limited to hospitals, clinics, private practitioners, public facilities and the U.S. Veterans' Administration; employment and pre-employment records, including background reports, polygraph reports; performance ratings; and complaints or grievances filed by or against me.

I understand that my information obtained by a background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the Ascension Parish Sheriff Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I hereby release and hold harmless the Ascension Parish Sheriff's Office and its agents from any and all liability whatsoever arising as a consequence of my participation in any of the pre-employment and post-employment hiring process of the Ascension Parish Sheriff's Office including, but not limited to, my participation in polygraph exams and/or physical fitness assessment.

A photocopy of this release will be valid even though the photocopy does not contain an original signature.

Printed Name _____ Date of Birth _____

Social Security Number _____ - _____ - _____

Address _____

Signature _____ Date _____

ATTENTION CORRECTIONS, PATROL AND RESERVE DEPUTY APPLICANTS:

All applicants for Corrections, Patrol and Reserve Deputy must participate in the Ascension Parish Sheriff's Office Physical Fitness Assessment. You will be scheduled to take the physical fitness assessment once you submit a complete employment application.

Turn in the attached Doctor's Certification Form (signed by your personal physician) and the Applicant's Certification and Release from Liability Form with your employment application.

DO NOT REPORT TO TAKE THE PHYSICAL FITNESS ASSESSMENT UNTIL YOU ARE SCHEDULED BY THE ASCENSION PARISH SHERIFF'S OFFICE HUMAN RESOURCES OFFICE.

You must bring the following when you report for the physical fitness assessment:

- Photographic identification
- Bottled Water
- Towel

Please wear appropriate clothing (i.e., T-shirt, shorts or sweats, athletic socks, running shoes).

Ascension Parish Sheriff's Office Physical Fitness Assessment:

- **Correctional Deputy and Reserve Deputy Physical Abilities Test (COPAT)**

Station 1: 50' Run

Corrections Officers are often required to run short distance during the performance of their duties. Stations 1, 2, & 3 are part of the *getting to the problem* part of the test. In Station 1, the participant runs 50' to Station 2. This short run includes two 90 degree turns.

Station 2: The Stair Run

Here the participant runs up and down six stairs. This activity is repeated 6 times consecutively.

Station 3: The Mobility, Agility, and Speed Run (30 Meters)

From the Station 2, the participant moves through a 30 m zig-zag course of cones and must jump over 3 sticks placed 18" off the ground.

Station 4: Power Training Machine (the Pull and Push Station)

This station involves demonstrating the ability to control 50 lbs of resistance while moving through 180 degree arcs. The first part of this station is the Pull. The participant grasps a rope on the Power Training Machine (PTM) and pulls the weight stack (50 lbs total) off its resting position. While keeping the weight stack off the resting position, the participant moves through the machine controlled 180 degree arc 6 times.

Once the Pull is completed successfully, the participant grabs the bar on the PTM and pushes the weight stack off its resting position. With the weight off the resting position, the participant moves through 6 180 degree arcs as in the Pull.

The Pull-Push station is the first half of the *resolving the problem* part of the test.

Station 5: Modified Squat-Thrust-and-Stand and Vault Rail

This station involves modified Squat-Thrust-and-Stand (STAS) activity followed by jumping over a 2'6" (.76 m) vault rail. From the Pull-Push Station, the participant moves to Station 3 and begins by doing a STAS so that the chest and chin touch the mat. The participant then stands and vaults over the rail, touching the rail with only the hands. Landing on the feet, the participant then does a reverse STAS (to end up on your back) so that the shoulder blades touch the mat. The participant then stands and vaults over the rail and repeats the activity until

a total of 6 Squat-Thrust-and-Stands (3 to the front, 3 to the back) and 5 Vaults are completed. Once the participant finishes the last STAS and stands up in a balanced position, the time is stopped. This ends the timed portion of the test.

This station is the second half of the *resolve the problem* part of the test.

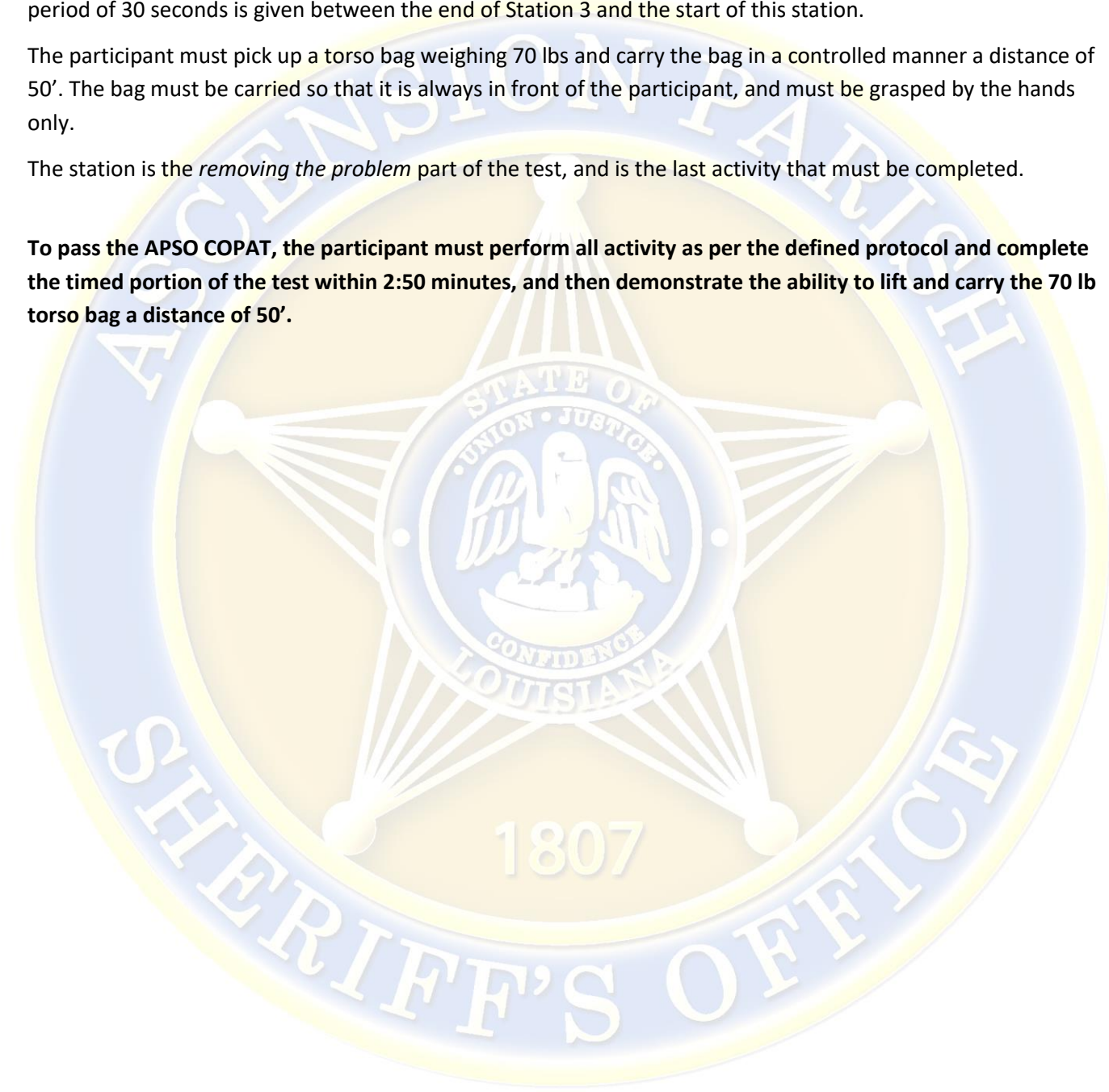
Station 6: Weight Carry

This station is not part of the timed portion of the test, but is necessary to successfully complete the test. A rest period of 30 seconds is given between the end of Station 3 and the start of this station.

The participant must pick up a torso bag weighing 70 lbs and carry the bag in a controlled manner a distance of 50'. The bag must be carried so that it is always in front of the participant, and must be grasped by the hands only.

The station is the *removing the problem* part of the test, and is the last activity that must be completed.

To pass the APSO COPAT, the participant must perform all activity as per the defined protocol and complete the timed portion of the test within 2:50 minutes, and then demonstrate the ability to lift and carry the 70 lb torso bag a distance of 50'.



If you have any questions regarding the Ascension Parish Sheriff's Office Physical Fitness Assessment, please contact the Human Resources Office (225) 264-6798.

Ascension Parish Sheriff's Office Physical Fitness Assessment:

- **Patrol Deputy Physical Abilities Test (SOPAT)**

Station 1: 365 Yard Mobility/Agility Run

This station tests both aerobic and anaerobic fitness. The participant will complete five (5) laps of the circuit for a total distance of 365 yards. The circuit involves running around cones, long jumping a distance of 6 feet, running up and down 5 stairs, and jumping over 2 sticks placed 18" off the ground. This is the *getting to the problem* part of the test.

Station 2: Power Training Machine (the Pull and Push Station)

This station involves demonstrating the ability to control 65 lbs of resistance while moving through 180 degree arcs. The first part of this station is the Pull. The participant grasps a rope on the Power Training Machine (PTM) and pulls the weight stack (65 lbs total) off its resting position. While keeping the weight stack off the resting position, the participant moves through the machine-controlled, 180 degree arc 6 times.

Once the Pull is completed successfully, the participant grabs the bar on the PTM and pushes the weight stack off its resting position. With the weight off the resting position, the participant moves through six 180 degree arcs as in the Pull.

The Pull-Push station is the first half of the *resolving the problem* part of the test.

Station 3: Modified Squat-Thrust-and-Stand and Vault Rail

This station involves modified Squat-Thrust-and-Stand (STAS) activity followed by jumping over a 3' (.91 m) vault rail. From the Pull-Push Station, the participant moves to Station 3 and begins by doing a STAS so that the chest and chin touch the mat. The participant then stands and vaults over the rail, touching the rail with only the hands. Landing on the feet, the participant then does a reverse STAS (to end up on your back) so that the shoulder blades, hips, and heels touch the mat. The participant then stands and vaults over the rail and repeats the activity until a total of 6 Squat-Thrust-and-Stands (3 to the front, 3 to the back) and 5 Vaults are completed. Once the participant finishes the last STAS and stands up in a balanced position, the time is stopped. This ends the timed portion of the test.

This station is the second half of the *resolve the problem* part of the test.

Station 4: Weight Carry

This station is not part of the timed portion of the test, but is necessary to successfully complete the test. A rest period of 30 seconds is given between the end of Station 3 and the start of this station.

The participant must pick up a torso bag weighing 100 lbs and carry the bag in a controlled manner a distance of 50'. The bag must be carried so that it is always in front of the participant, above the thighs, and must be grasped by the hands only.

The station is the *removing the problem* part of the test, and is the last activity that must be completed.

To pass the APSO SOPAT, the participant must perform all activity as per the defined protocol and complete the timed portion per scale below and then demonstrate the ability to lift and carry the 100 lb torso bag a distance of 50'.

AGE	TIME
29 - UNDER	4:15
30 - 40	4:55
41 - 50	5:15
51 - 60	5:45

If you have any questions regarding the Ascension Parish Sheriff's Office Physical Fitness Assessment, please contact the Human Resources Office (225) 264-6798.

DOCTOR CERTIFICATION FORM

Examinee's Name (Last, First, Middle) _____

Position Applied _____

Date of Birth _____

Date of Examination _____

Note to the Examining Physician or Physician's Assistant: Your medical examination will attest that the examinee is able to safely participate in the following exercises that are required during the Ascension Parish Sheriff's Office Physical Fitness Assessment.

Corrections Officer Physical Abilities Test (COPAT)

1. 50' Run – The examinee must complete 50' run.
2. The Stair Run – The examinee must complete 6 times running up and down stairs.
3. The Mobility, Agility, and Speed Run (30 meters) – The examinee must complete 30 meters and jump over sticks placed 18" off the ground.
4. Power Training Machine (the Pull and Push Station) – The examinee must complete the push and pull of 50 lbs with resistance.
5. Modified Squat-Thrust-and-Stand and Vault Rail (STAS) – The examinee must complete 6 STAS and 5 vaults.
6. Weight Carry – The examinee must complete 50' carrying 70 lbs.

To pass the APSO COPAT, the participant must perform all activities as per the defined protocol and complete the timed portion of the test within 2:50 minutes, and then demonstrate the ability to lift and carry the 70 lb torso bag a distance of 50'.

Patrol Officer Physical Abilities Test (SOPAT)

1. 365 Yard Mobility/Agility Run – The examinee must complete 365 yards, long jump 6', run up and down stairs and jump over sticks 18" off the ground.
2. Power Training Machine (the Pull and Push Station) – The examinee must complete the push and pull of 65 lbs with resistance.
3. Modified Squat-Thrust-and-Stand and Vault Rail (STAS) – The examinee must complete 6 STAS and 5 vaults.
4. Weight Carry – The examinee must complete 50' carrying 100 lbs.

To pass the APSO SOPAT, the participant must perform all activities as per the defined protocol and complete the timed portion of the test within 4:15 minutes, and then demonstrate the ability to lift and carry the 100 lb torso bag a distance of 50'.

_____ My examination of the above identified person reveals no apparent reason why this examinee cannot safely participate in the physical exercises described above.

_____ My examination of the above identified person reveals that the examinee **cannot safely** participate in the physical exercises described above.

Physician/Physician's Assistant Name (Printed)	Phone Number
Address (Street, City, State, Zip Code)	
Signature	Date

NOTE: This health screening is valid for a period of 180 days from the date of the medical screening.

Examinee: You must turn in this COMPLETED form with your employment application.

APPLICANT'S CERTIFICATION AND RELEASE FROM LIABILITY FORM

I, _____, hereby certify that I am able to safely participate in the Ascension Parish Sheriff's Office pre-employment physical fitness evaluation activities as described below. I have no known medical, physical, psychological or other reasons that would prevent me from participating in the physical fitness evaluation.

(Print applicant's name)

Corrections Officer Physical Abilities Test (COPAT)

1. 50' Run – The examinee must complete 50' run.
2. The Stair Run – The examinee must complete 6 times running up and down stairs.
3. The Mobility, Agility, and Speed Run (30 meters) – The examinee must complete 30 meters and jump over sticks placed 18" off the ground.
4. Power Training Machine (the Pull and Push Station) – The examinee must complete the push and pull of 50 lbs with resistance.
5. Modified Squat-Thrust-and-Stand and Vault Rail (STAS) – The examinee must complete 6 STAS and 5 vaults.
6. Weight Carry – The examinee must complete 50' carrying 70 lbs.

To pass the APSO COPAT, the participant must perform all activities as per the defined protocol and complete the timed portion of the test within 2:50 minutes, and then demonstrate the ability to lift and carry the 70 lb torso bag a distance of 50'.

Patrol Officer Physical Abilities Test (SOPAT)

1. 365 Yard Mobility/Agility Run – The examinee must complete 365 yards, long jump 6', run up and down stairs and jump over sticks 18" off the ground.
2. Power Training Machine (the Pull and Push Station) – The examinee must complete the push and pull of 65 lbs with resistance.
3. Modified Squat-Thrust-and-Stand and Vault Rail (STAS) – The examinee must complete 6 STAS and 5 vaults.
4. Weight Carry – The examinee must complete 50' carrying 100 lbs.

To pass the APSO SOPAT, the participant must perform all activities as per the defined protocol and complete the timed portion of the test within 4:15 minutes, and then demonstrate the ability to lift and carry the 100 lb torso bag a distance of 50'.

NOTE: All applicants must participate in all parts of the physical fitness assessment. Recorded score is the instructor count, not your count.

Further, I hereby release and indemnify the Ascension Parish Sheriff's Office from liability for any and all injuries that may be sustained by me or caused by me to another during the test resulting from any physical or mental disorders.

Applicant's Printed Name

Applicant's Signature

Date

Emergency Contact Information:

Name: _____

Primary Phone Number: _____

Secondary Phone Number: _____