



# Terrebonne Parish Sheriff's Office Regional Training Academy



2100 Savanne Rd.  
Houma, LA 70360  
Ph.# 985-857-0259

Captain Timothy Lucas  
Cell: 985-791-4546  
Fax: 985-857-0386

Please complete the following information form and submit to us by fax at 985-857-0386 or scan and email to [tlucas@tpso.net](mailto:tlucas@tpso.net) or [lpoiencot@tpso.net](mailto:lpoiencot@tpso.net)

## Cadet Personnel Information

### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email \_\_\_\_\_

SSN and DL #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Gender: \_\_\_\_\_

Height \_\_\_\_\_ Weight: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_



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### Agency Point of Contact Information

Name of Agency: \_\_\_\_\_

Point of Contact: \_\_\_\_\_  
*Last First Rank or Title*

Address: \_\_\_\_\_  
*Street Address Division*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email \_\_\_\_\_

Trainees Official Date of Hire: \_\_\_\_\_

### Military Service History (Leave Blank if it does Not Apply)

Branch/Rank: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

MOS: \_\_\_\_\_

### Medical Information

Date of last physical: \_\_\_\_\_ Doctor Name/ Ph. #: \_\_\_\_\_

Please list medical issues or medications that may cause issues during training (allergies): \_\_\_\_\_



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### Academy Session Status (Select Appropriate Box)

- POST Basic Level 1 – Full time \$850
- POST Level 2 to 1 Transition - \$400
- POST Corrections Level 3 to 2 Transition -- \$400
- POST Corrections Level 3 (92-hour) -- \$250
- POST Refresher -- \$250

### Acknowledgement

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_