



Terrebonne Parish Sheriff's Office

Timothy Soignet, Sheriff

P.O. Box 1990
Gray, LA 70359
Phone: (985) 876-2500
Fax: (985) 857-0274

Application for Employment

When returning your application for employment, please attach the following:

1. Social Security Card
2. Driver's License
3. Birth Certificate
4. Graduation Diploma or G.E.D.
5. DD214 Member 4 Form
6. Court Order(s) for Name Change(s)
7. Court Order(s) for Divorce(s)

Once you have completed the application, please drop off to Human Resources,
Located at

3441 West Park Ave. Gray, LA 70359

Position(s) Applied For:

APPLICATION

Place Photo Here

Terrebonne Parish Sheriff's Office

Personal Data

Please print or type all information

Name: _____ Date of Birth: _____
Last First Middle Maiden Month Day Year

Other names you have use (Nicknames & Aliases): _____

Place of Birth: City _____ (Parish/County) _____ State _____

Current Home Address: _____
Number Street City, State, Zip Parish/County

Phone Numbers: _____
Cell Home

Emergency Contact: _____
Name Phone Number Relationship

Social Security Number: _____ - _____ - _____ Driver's License/State: _____ / _____

SEX (Check One) Male Female
RACE American Indian Caucasian African Am. Asian/Pacific Is. Hispanic Other _____
Citizenship Yes, By Birth Yes, Naturalized No
How long have you lived in or around Terrebonne Parish _____ Years _____ Months

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Type of employment desired: Full Time Part Time Temporary Seasonal Educational Co-Op

Date available for work..... _____ / _____ / _____

Will you be available day, evenings, and nights?..... Yes No

Have you filled out an application with this office? Yes No

If **Yes**, give date..... _____ / _____ / _____

Were you instructed by anyone to be untruthful during this application process?..... Yes No

Are you legally eligible for employment in this country?..... Yes No

(Proof of U.S. citizenship or immigration status will be required upon employment.)

Are you registered to vote?..... Yes No

If **Yes**, Which Parish are you registered?..... _____

Have you ever been arrested? Yes No

Have you been convicted of a Misdemeanor?..... Yes No

Have you been convicted of a Felony? Yes No

Have you had any civil or criminal suits filed against you? Yes No

Any relative, friend, or acquaintance incarcerated in the Terrebonne Parish Criminal Justice Complex or other correctional facility? Yes No

If **Yes**, give name, relationship and incarceration location..... _____

Do you have any Tattoos, Scars or Birthmarks? YES NO

If YES, Give description and location: _____

I.DEPENDENTS

Present marital status: Married Single Widowed Separated

If single, with whom do you reside? _____

If divorced or separated: Name: _____ Address: _____

If married, give full name of spouse (including maiden): _____

Spouse's D.O.B. ____/____/____ Spouse's Social Security Number: ____-____-____

Date of marriage: ____/____/____ Place of marriage: _____

Occupation of Spouse: _____ Spouse's Job Title: _____

Spouse's Employer (address): _____ Length of employment time: _____

Has your spouse or ex-spouse ever been arrested? Yes No

Has your spouse or ex-spouse ever been convicted of a misdemeanor? Yes No

Has your spouse or ex-spouse ever been convicted of a felony? Yes No

LIST NAME AND REALATIONSHIP OF ALL DEPENDENTS

NAME	AGE	DATE OF BIRTH	RELATIONSHIP

II.FAMILY

Give complete information concerning their father and mother (if deceased, provide date and cause of death)

Father's Name _____ Occupation _____

Home Address _____ Phone Number _____

Mother's Name (Maiden) _____ Occupation _____

Home Address _____ Phone Number _____

If reared by other than parents, give the following information

Name _____ Relationship _____

Home Address _____ Phone Number _____

III.SIBLINGS

NAME	ADDRESS	OCCUPATION	EMPLOYER	D.O.B.

IV.RESIDENCE

List your residence for the past 10 years, beginning with your current address. Also, give any prior of military service where residence was established off base.

From _____ / _____ to PRESENT Month Year	ADDRESS
From _____ / _____ to _____ / _____ Month Year Month Year	ADDRESS
From _____ / _____ to _____ / _____ Month Year Month Year	ADDRESS
From _____ / _____ to _____ / _____ Month Year Month Year	ADDRESS
From _____ / _____ to _____ / _____ Month Year Month Year	ADDRESS
From _____ / _____ to _____ / _____ Month Year Month Year	ADDRESS

V.REFERENCES

Give three (3) reference, not related by blood or marriage, not mention previously, not former employees or teachers, who are responsible adults of reputable standing in the community, who have know you well for at least five (5) years.

1. _____ Name	_____ Years Known	_____ Employer	
_____ Residence Address	_____ Employer Address		
_____ City, State	_____ Phone Number	_____ City, State	_____ Phone Number

2. _____
 Name Years Known Employer

 Residence Address Employer Address

 City, State Phone Number City, State Phone Number

3. _____
 Name Years Known Employer

 Residence Address Employer Address

 City, State Phone Number City, State Phone Number

Do you have relatives or close friends who are presently employed and/or have been employed with the Terrebonne Parish Sheriff's Office? ___ Yes ___ No

NAME	ASSIGNMENT	RELATIONSHIP

VI. EDUCATION

A. List High Schools attended, including colleges, business schools, and military service schools in order.

___ High School Diploma ___ G.E.D. Degree Type: ___

1. _____ Highest grade Completed: _____
 School Name Month/Year to Month/Year

 Street Address, City & State Graduated: ___ Yes ___ No

2. _____ Highest grade Completed: _____
 School Name Month/Year to Month/Year

 Street Address, City & State Graduated: ___ Yes ___ No

3. _____ Highest grade Completed: _____
 School Name Month/Year to Month/Year

 Street Address, City & State Graduated: ___ Yes ___ No

4. _____ Highest grade Completed: _____
 School Name Month/Year to Month/Year

 Street Address, City & State Graduated: ___ Yes ___ No

B. If you completed any post-secondary education provide your Major: _____ Minor: _____

Total number of hours completed _____

C. Can you type? _____ Yes _____ No If Yes, Words per minute _____

D. List any other talents, skills, trades, or foreign languages: _____

E. List any special licenses or certifications: _____

F. List any affiliations of any clubs, societies, unions, or fraternal organizations _____

VII. EMPLOYMENT

List your work history from the past 10 years, including Military service, starting with most recent position. Include part-time employment and periods of unemployment. Explain each time you were terminated or requested to resign on page 10 (section X).

Does your current employer know you are applying for this position? _____ Yes _____ No

Are you on a lay-off or subject to recall? _____ Yes _____ No

Provide, in detail your specific job duties. If not currently employed, list last job description: _____

1. ____/____ to ____/____ Full Time _____
Month Year Month Year Part Time _____ Position Held Salary

Company Name Reason for Leaving

Address Phone Number Immediate Supervisor

2. ____/____ to ____/____ Full Time _____
Month Year Month Year Part Time _____ Position Held Salary

Company Name Reason for Leaving

Address Phone Number Immediate Supervisor

3. ____/____ to ____/____ Full Time _____
Month Year Month Year Part Time _____ Position Held Salary

Company Name Reason for Leaving

Address Phone Number Immediate Supervisor

4. ___/___/___ to ___/___/___ Full Time ___
 Month Year Month Year Part Time ___

 Company Name Reason for Leaving

 Address Phone Number Immediate Supervisor

5. ___/___/___ to ___/___/___ Full Time ___
 Month Year Month Year Part Time ___

 Company Name Reason for Leaving

 Address Phone Number Immediate Supervisor

6. ___/___/___ to ___/___/___ Full Time ___
 Month Year Month Year Part Time ___

 Company Name Reason for Leaving

 Address Phone Number Immediate Supervisor

7. ___/___/___ to ___/___/___ Full Time ___
 Month Year Month Year Part Time ___

 Company Name Reason for Leaving

 Address Phone Number Immediate Supervisor

List any business you presently hold, or have held ownership in, either active or silent: _____

Do you plan to hold any other jobs while employed with this agency? ___ Yes ___ No

Were you ever subject to any disciplinary action or proceedings in connection with employment? ___ Yes ___ No

If YES, Explain: _____

Have you applied for a Civil Service position? ___ Yes ___ No

Have you filed an application with any Sheriff's Office, Police, or Fire Department? ___ Yes ___ No

DEPARTMENT	POSITION APPLIED FOR	DATE APPLIED	REASON NOT HIRED

VIII. ARRESTS AND SUMMONS

A. Have you received a traffic citation? YES NO

DATE MO./YR.	VIOLATION	CITY, STATE	FINAL DISPOSITION	AGENCY

B. Have you been physically arrested or been issued a summons? YES NO

DATE MO./YR.	VIOLATION	CITY, STATE	FINAL DISPOSITION	AGENCY

VII. DRIVING

A. Has your Driver's License ever been denied, suspended, or revoked? YES NO If YES,

B Where _____ When _____ / _____ / _____ Date Reinstated _____ / _____ / _____
(State) Month/Day/Year (Month/Day/Year)

C. Provide the following information concerning any motor vehicle(s) owned by you:

YEAR	MAKE	MODEL	LICENSE PLATE	STATE REGISTERED

D. Were you involved, as the driver in a motor vehicle crash? Yes No If Yes

DATE	INJURIES	LAW ENFORCEMENT AGENCY

VIII. FINANCIAL HISTORY

A. Were you summoned or subpoenaed to court for a civil action or entered bankruptcy, or were you involved as a principal to any case of this type?

1. / / _____ Defendant Plaintiff
Date Type Action
 _____ Witness Other
Court Disposition

2. / / _____ Defendant Plaintiff
Date Type Action
 _____ Witness Other
Court Disposition

3. / / Defendant Plaintiff
 Date Type Action
 _____ Witness Other
 Court Disposition

B. Presently or in the past, have you had your wages garnished, wage assignments, or judgements against you?
 Yes No If Yes, include name of creditor initiating garnishments.

C. Have you had any personal property repossessed? Yes No If Yes, give full information

IX. PERSONAL DATA

Please explain any "YES" answers on Page 10 (section X.).

1. Have you ever filed any lawsuit or been sued yourself?..... YES NO
2. Do you have any claims pending now?..... YES NO
3. Have you ever shoplifted anything?..... YES NO
4. Did you ever help anyone else steal anything?..... YES NO
5. Have you ever been fired for theft or suspected of theft?..... YES NO
6. Have you ever falsified anything for personal gain?..... YES NO
7. Have you ever stolen anything from where you worked (even minor)?..... YES NO
8. Have you used any method to defraud anyone?..... YES NO
9. Have you ever stole any money? YES NO
10. Did you ever knowingly buy or sell stolen merchandise? YES NO
11. Have you ever failed to give a formal notice of resignation? YES NO
12. Have you ever been asked to resign or been fired from any job? YES NO
13. Are you satisfied with the starting salary or this position? YES NO
14. Do you have any other applications pending now? YES NO
15. Do you personally know anyone who works for this agency? YES NO
16. Do you currently have any other source of income? YES NO
17. Are you seeking permanent employment with this agency? YES NO
18. Do you have a valid driver's license? YES NO
19. Do you have any un-paid tickets pending now? YES NO
20. Have you been issued any moving traffic violations within the past three years? (how many?) YES NO
21. Have you ever been arrested? YES NO
22. Have you been detained in reference to an investigation by law enforcement? YES NO
23. Have you been placed in jail? YES NO
24. Do you have an outstanding arrest warrant or wanted by a law enforcement agency? YES NO
25. Do you occasionally drink alcoholic beverages on the job? YES NO
26. Have you ever drank alcoholic beverages on the job? YES NO
27. Have you been turned down for a fidelity or surety bond? YES NO
28. Are you behind now in paying any debt or bills? YES NO
29. Have you ever had any judgements against you? YES NO
30. Have you ever filed bankruptcy? YES NO
31. Have you been involved in vehicle crash as a passenger? YES NO
32. Have you ever had a vehicle crash in a commercial vehicle? YES NO
33. Have you ever possessed, sold or consumed any illicit/illegal narcotics?..... YES NO
34. Have you ever attempted to obtain a Medical Marijuana Prescription?..... YES NO
35. Have you assisted or facilitated any fraudulent checks or other documents?..... YES NO
36. Is there any reason that would cause you to quit this job within two years?..... YES NO
37. Do you have/have had a concealed weapon permit? YES NO

XI. MILITARY SERVICE ___ Yes ___ No

All periods which you served in any branch of the Armed Forces should have been entered into your employment history. The following information is requested: (All Veterans will be required to present their DD214 documents)

A. Branch of Service: _____ Dates served: From ___/___/___ to ___/___/___
Highest rank obtained: _____ Serial Number: _____

B. Were you recommended for re-enlistment? ___ Yes ___ No

Rank at discharge: _____ Expiration date of military obligation: ___/___/___

C. Type of discharge: ___ Honorable ___ Medical ___ General Under Honorable Conditions ___ B.C.D. ___ Other

D. Were you ever Court Martialed, tried on charges, or subject of an Article 15, summary court martial, deck court martial, captain’s mast or company punishment, any other disciplinary action while in the Armed Forces

___ Yes ___ No List any disciplinary actions: _____

E. Give job description and specific duties: _____

F. List your current Reserve or National Guard status:

_____ Unit _____	_____ Address _____	_____ Active Reserve
_____ Rank or Grade _____	_____ Serial Number _____	_____ Inactive Reserve

X. MISCELLANEOUS

If you answered “Yes” to any of the questions in PERSONAL DATA (with question number), or need further clarification under EMPLOYMENT section provide explanation.

SHERIFF’S OFFICE

Parish of Terrebonne – State of Louisiana – Gray, Louisiana 70359

Timothy R. Soignet

Sheriff

PERSONAL INQUIRY WAIVER

AUTHORITY FOR RELEASE OF INFORMATION

To: Terrebonne Parish Sheriff’s Office

C/O Human Resources

Please consider this my authorization for you to allow the Terrebonne Parish Sheriff's Office, to obtain copies of all medical information, hospital reports, x-rays, x-ray reports, and any other medical information which you may have concerned treatment to me for any purpose and at any time. This information is to be used to assist the Terrebonne Parish Sheriff's Office in determining my qualifications and fitness for the position I am seeking.

Please consider this my authorization for you to allow the Terrebonne parish Sheriff's Office, to obtain copies of my entire personnel file, to include my application for employment, the report of my pre-employment physical, reports of personal injury and medical records, and payroll records which reflect the term of my employment (i.e., the total number of days, weeks, months, etc.) and my gross earnings. This information is to be used to assist the Terrebonne Parish Sheriff's Office in determining my qualifications and fitness for the position I am seeking.

I hereby relieve, release you and hold harmless the Terrebonne Parish Sheriff's Office and the individuals, agencies, and/or institutions who supplied the requested information from any liability or damage which may result from furnishing the information requested above. I further authorize a copy of this waiver to be used in lieu of the original.

Applicant’s Signature

____/____/_____
Date

Applicant Street Address

Print

City, State, Zip Code

Witness

SHERIFF’S OFFICE

Parish of Terrebonne – State of Louisiana – Gray, Louisiana 70359

Timothy R. Soignet

Sheriff

CONFIDENTIAL INFORMATION AGREEMENT FORM

A thorough investigation will be conducted to determine your qualifications for the position you are seeking. Your employment will depend, to a great extent, on information obtained in confidential interviews with persons with whom you have been associated. Therefore, such information is confidential, and the department cannot reveal the reason of rejection for those applicants who are not accepted. I am fully aware and understand that my neighbors, my current and previous employers, my personal character references, my relatives, physicians, hospitals, educational institutions, and/or anyone I am associated with may be contacted during my background investigation.

I hereby relieve, release you and hold harmless the Terrebonne Parish Sheriff's Office and the individuals and/or agencies, institutions who supplied the requested information from any liability or damage which may result from furnishing the information requested above.

I have read and fully understand the above statement.

Applicant’s Signature

____/____/_____
Date

Print

PRE-EMPLOYMENT UNDERSTANDING

I understand that before being employed by the Terrebonne Parish Sheriff's Office, I must successfully:

- 1) Pass a School Ability Educational test (Written test), and an interview.
- 2) May be requested to submit to a (CVSA) Computer Voice Stress Analyzer (truth verification) examination, answering all questions truthfully.
- 3) Meet the requirements of a Physical Exam.
- 4) Submit to testing for illegal substances.
- 5) Successfully pass a pre-employment psychological evaluation according to the requirements of the Terrebonne Parish Sheriff's Office.

I fully understand that any falsification of my employment application, failure to answer all questions truthfully during the CVSA examination, or failure of any chemical abuse test will make me ineligible for employment or subject to immediate dismissal if already employed by the Terrebonne Parish Sheriff's Office.

I further understand that once I have successfully completed all phases of testing and become eligible for employment, I must serve one-year probationary period. Once hired, the Terrebonne Parish Sheriff's Office reserves the right to perform testing for any chemical abuse at any time.

Applicant's Signature

_____/_____/_____
Date

Print

**PHYSICAL AGILITY TEST WAIVER,
RELEASE AND INDEMNITY AGREEMENT**

Applicant Name: _____ Social Security Number: _____ - _____ - _____
Email Address: _____ Phone Number: _____
Address: _____
Emergency Contact: _____ Phone Number: _____

POSITION APPLYING FOR: PATROL CORRECTIONS RESERVE OTHER

For and in consideration of permitting the applicant named above use of the physical agility field located at the TERREBONNE PARISH SHERIFF'S ACADEMY commencing on the date below, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging in and participating in the activities associated with or incidental to the physical agility field wherever or however the same may occur and for whatever period said use may continue.

The Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action as here before stated, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Terrebonne Parish Sheriff's Office or any of its agencies, departments or subdivisions or any of its officers, agents, servants, volunteers or employees for any of said causes of action whether the same shall arise by the negligence of any said persons, or otherwise.

The Undersigned is specifically aware that the use of the physical agility field, even under the safest conditions possible, may be hazardous, and it is the intention of the applicant named above by this instrument, to exempt and relieve the Terrebonne Parish Sheriff's Office, its officers, agents, servants, volunteers, and employees, from liability for personal injury, property damage or wrongful death caused by negligence.

The Undersigned for him/herself, his/heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the Terrebonne Parish Sheriff's Office or any of its officers, agents, servants, volunteers and employees, he/she shall indemnify and save harmless the same Terrebonne Parish Sheriff's Office, its officers, agents, servants, volunteers and employees, from any and all claims or causes of action by whomever and wherever made or presented from personal injuries, property damage or wrongful death made in connection with use of the physical agility field.

The Undersigned acknowledges that he/she has read the foregoing three paragraphs, is fully and completely advised of the potential dangers incidental to engaging in the activities associated with the use of physical agility field and is fully aware of the legal consequences of signing the within instrument. The Undersigned further certifies that he/she is physically capable of practicing the agility skills on the field.

Signature of Applicant: _____ Date: _____

Signature of Training Officer: _____ Date: _____

_____ Push Ups _____ Sit Ups _____ ½ Mile Run