



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

[illegible]

#### 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                      ADDRESS

Month    Year

From            /            to            /            ADDRESS

From            /            to            /            ADDRESS

From            /            to            /            ADDRESS

From            /            to            /            ADDRESS

From        /        to        /        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
-------------------	------------------

<hr/>	<hr/>	<hr/>	<hr/>
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).

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 ____ / ____ Month Year Month Year	Full Time ____ Part Time ____	_____ Position Held	_____ Salary
_____ Company Name		_____ Reason for Leaving	
_____ Address		_____ Phone Number	_____ Immediate Supervisor
2. ____ / ____ to ____ / ____ Month Year Month Year	Full Time ____ Part Time ____	_____ Position Held	_____ Salary
_____ Company Name		_____ Reason for Leaving	
_____ Address		_____ Phone Number	_____ Immediate Supervisor
3. ____ / ____ to ____ / ____ Month Year Month Year	Full Time ____ 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 \_\_\_\_\_

Position Held Salary

[illegible]

Address	Phone Number	Immediate Supervisor
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5. \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Full Time \_\_\_\_\_  
Month Year Month Year Part Time \_\_\_\_\_ Position Held Salary

[illegible]

Address	Phone Number	Immediate Supervisor
---------	--------------	----------------------

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

[illegible]

Address	Phone Number	Immediate Supervisor
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7.	<u>    </u> / <u>    </u>	to	<u>    </u> / <u>    </u>	Full Time	<u>                                </u>	
	Month Year		Month Year	Part Time	<u>                                </u>	
					Position Held	Salary

[illegible]

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

[illegible]

## 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

\_\_\_\_\_ Court Disposition \_\_\_\_\_ Witness \_\_\_\_\_ Other

2. \_\_\_\_\_ Defendant \_\_\_\_\_ Plaintiff  
Date Type Action

\_\_\_\_\_ Court Disposition \_\_\_\_\_ Witness \_\_\_\_\_ Other



3. \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Type Action      Defendant Plaintiff

Date

Type Action

Defendant	Plaintiff
<p>1. [Name]</p> <p>2. [Name]</p> <p>3. [Name]</p> <p>4. [Name]</p> <p>5. [Name]</p> <p>6. [Name]</p> <p>7. [Name]</p> <p>8. [Name]</p> <p>9. [Name]</p> <p>10. [Name]</p> <p>11. [Name]</p> <p>12. [Name]</p> <p>13. [Name]</p> <p>14. [Name]</p> <p>15. [Name]</p> <p>16. [Name]</p> <p>17. [Name]</p> <p>18. [Name]</p> <p>19. [Name]</p> <p>20. [Name]</p> <p>21. [Name]</p> <p>22. [Name]</p> <p>23. [Name]</p> <p>24. [Name]</p> <p>25. [Name]</p> <p>26. [Name]</p> <p>27. [Name]</p> <p>28. [Name]</p> <p>29. [Name]</p> <p>30. [Name]</p> <p>31. [Name]</p> <p>32. [Name]</p> <p>33. [Name]</p> <p>34. [Name]</p> <p>35. [Name]</p> <p>36. [Name]</p> <p>37. [Name]</p> <p>38. [Name]</p> <p>39. [Name]</p> <p>40. [Name]</p> <p>41. [Name]</p> <p>42. [Name]</p> <p>43. [Name]</p> <p>44. [Name]</p> <p>45. [Name]</p> <p>46. [Name]</p> <p>47. [Name]</p> <p>48. [Name]</p> <p>49. [Name]</p> <p>50. [Name]</p> <p>51. [Name]</p> <p>52. [Name]</p> <p>53. [Name]</p> <p>54. [Name]</p> <p>55. [Name]</p> <p>56. [Name]</p> <p>57. [Name]</p> <p>58. [Name]</p> <p>59. [Name]</p> <p>60. [Name]</p> <p>61. [Name]</p> <p>62. [Name]</p> <p>63. [Name]</p> <p>64. [Name]</p> <p>65. [Name]</p> <p>66. [Name]</p> <p>67. [Name]</p> <p>68. [Name]</p> <p>69. [Name]</p> <p>70. [Name]</p> <p>71. [Name]</p> <p>72. [Name]</p> <p>73. [Name]</p> <p>74. [Name]</p> <p>75. [Name]</p> <p>76. [Name]</p> <p>77. [Name]</p> <p>78. [Name]</p> <p>79. [Name]</p> <p>80. [Name]</p> <p>81. [Name]</p> <p>82. [Name]</p> <p>83. [Name]</p> <p>84. [Name]</p> <p>85. [Name]</p> <p>86. [Name]</p> <p>87. [Name]</p> <p>88. [Name]</p> <p>89. [Name]</p> <p>90. [Name]</p> <p>91. [Name]</p> <p>92. [Name]</p> <p>93. [Name]</p> <p>94. [Name]</p> <p>95. [Name]</p> <p>96. [Name]</p> <p>97. [Name]</p> <p>98. [Name]</p> <p>99. [Name]</p> <p>100. [Name]</p>	<p>1. [Name]</p> <p>2. [Name]</p> <p>3. [Name]</p> <p>4. [Name]</p> <p>5. [Name]</p> <p>6. [Name]</p> <p>7. [Name]</p> <p>8. [Name]</p> <p>9. [Name]</p> <p>10. [Name]</p> <p>11. [Name]</p> <p>12. [Name]</p> <p>13. [Name]</p> <p>14. [Name]</p> <p>15. [Name]</p> <p>16. [Name]</p> <p>17. [Name]</p> <p>18. [Name]</p> <p>19. [Name]</p> <p>20. [Name]</p> <p>21. [Name]</p> <p>22. [Name]</p> <p>23. [Name]</p> <p>24. [Name]</p> <p>25. [Name]</p> <p>26. [Name]</p> <p>27. [Name]</p> <p>28. [Name]</p> <p>29. [Name]</p> <p>30. [Name]</p> <p>31. [Name]</p> <p>32. [Name]</p> <p>33. [Name]</p> <p>34. [Name]</p> <p>35. [Name]</p> <p>36. [Name]</p> <p>37. [Name]</p> <p>38. [Name]</p> <p>39. [Name]</p> <p>40. [Name]</p> <p>41. [Name]</p> <p>42. [Name]</p> <p>43. [Name]</p> <p>44. [Name]</p> <p>45. [Name]</p> <p>46. [Name]</p> <p>47. [Name]</p> <p>48. [Name]</p> <p>49. [Name]</p> <p>50. [Name]</p> <p>51. [Name]</p> <p>52. [Name]</p> <p>53. [Name]</p> <p>54. [Name]</p> <p>55. [Name]</p> <p>56. [Name]</p> <p>57. [Name]</p> <p>58. [Name]</p> <p>59. [Name]</p> <p>60. [Name]</p> <p>61. [Name]</p> <p>62. [Name]</p> <p>63. [Name]</p> <p>64. [Name]</p> <p>65. [Name]</p> <p>66. [Name]</p> <p>67. [Name]</p> <p>68. [Name]</p> <p>69. [Name]</p> <p>70. [Name]</p> <p>71. [Name]</p> <p>72. [Name]</p> <p>73. [Name]</p> <p>74. [Name]</p> <p>75. [Name]</p> <p>76. [Name]</p> <p>77. [Name]</p> <p>78. [Name]</p> <p>79. [Name]</p> <p>80. [Name]</p> <p>81. [Name]</p> <p>82. [Name]</p> <p>83. [Name]</p> <p>84. [Name]</p> <p>85. [Name]</p> <p>86. [Name]</p> <p>87. [Name]</p> <p>88. [Name]</p> <p>89. [Name]</p> <p>90. [Name]</p> <p>91. [Name]</p> <p>92. [Name]</p> <p>93. [Name]</p> <p>94. [Name]</p> <p>95. [Name]</p> <p>96. [Name]</p> <p>97. [Name]</p> <p>98. [Name]</p> <p>99. [Name]</p> <p>100. [Name]</p>

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 on 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
1	100
2	200
3	300
4	400
5	500
6	600
7	700
8	800
9	900
10	1000

\_\_\_\_\_ 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