

# Application for Employment

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

A COPY OF YOUR:

1. Social Security Card
2. Driver's License
3. Birth Certificate
4. Graduation Diploma or G.E.D. Certificate
5. DD214 Member 4 Form (for prior military experience)
6. Court Order(s) for Name Change(s)
7. Court Order(s) for any Divorce(s)
8. AFTER APPLICATION IS FILLED OUT, PLEASE CALL  
985 876-2500 FOR MAJOR MICHAEL DEAN TO SET AN  
APPOINTMENT TO RETURN APPLICATION.

THANKS

Position(s) Applied For:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place Photo Here

APPLICATION

Terrebonne Parish Sheriff's Office

I. PERSONAL DATA

Please print or type all information

A. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle Maiden Month Day Year

Present Home Address \_\_\_\_\_  
Residence Number Street City, State, Zip Parish/County

Phone Numbers \_\_\_\_\_  
Home Business

Emergency Contact Name \_\_\_\_\_  
Name Telephone Number Relationship

**SEX** (Check One)  Male  Female  
**RACE**  American Indian  Caucasian  African Am.  
 Asian/Pacific Is.  Hispanic  Other  
**ARE YOU A U.S. CITIZEN?**  Yes, By Birth  Yes, Naturalized  No  
How long have you lived in Houma or the Terrebonne Parish Area?  
\_\_\_\_ Years \_\_\_\_ Months

**DESCRIPTION** Social Security \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Eyes \_\_\_\_\_ Hair \_\_\_\_\_ State Issued \_\_\_\_\_

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

If **Yes** give date ..... / /

Have you ever been employed here before or a member of the reserve division? ..... Yes No

If **Yes** give dates ..... From / / to / /

Have you ever been advised by anyone to be untruthful during your 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** in which parish are you registered? .....

Date available for work ..... / /

Will you be available to work any shift - day, evening, or night? ..... Yes No

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

Are you on a lay-off and subject to recall? ..... Yes No

Do you have a relative, friend, or acquaintance presently incarcerated in the Terrebonne Parish Criminal Justice Complex / Prison? ..... Yes No

If yes, give name and relationship

Give jail location if known

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

Have you ever been arrested? ..... Yes No

Have you ever been convicted of a misdemeanor? ..... Yes No

Have you ever been convicted of a felony? ..... Yes No

Place of Birth: City \_\_\_\_\_ (Parish/County) \_\_\_\_\_ State \_\_\_\_\_

List all other names you have used, including nicknames and aliases: \_\_\_\_\_



C. List Brothers and Sisters

Full Name	Address	Occupation	Where Employed	Age

**III. RESIDENCE**

C. List your residences for the past (10) years, beginning with your present address and working back. Give also any period of military service where residence was established off the base.

Past Residence	Residence Number + Street	City & State
From _____ Month / Year	to _____ Present	
From _____ Month / Year	to _____ Present	
From _____ Month / Year	to _____ Present	
From _____ Month / Year	to _____ Present	
From _____ Month / Year	to _____ Present	
From _____ Month / Year	to _____ Present	

**IV. REFERENCES**

A. Give three (3) references, not related by blood or marriage, not mentioned previously, not former employees or school teachers, who are responsible adults of reputable standing in their community, who have known you well for at least five (5) years. (These references may include, but are not limited to property owners, clergy and business men and women.)

1) _____ Complete Name	_____ Years Known	_____ Place of Employment
_____ Residence Number & Street		_____ Employment Street Address
_____ City & State	_____ Home Phone	_____ City & State
		_____ Business Phone



3. School Name \_\_\_\_\_ Month/Year to Month/Year \_\_\_\_\_ Graduated \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Street Address, City & State \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

4. School Name \_\_\_\_\_ Month/Year to Month/Year \_\_\_\_\_ Graduated \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Street Address, City & State \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

5. School Name \_\_\_\_\_ Month/Year to Month/Year \_\_\_\_\_ Graduated \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Street Address, City & State \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

6. School Name \_\_\_\_\_ Month/Year to Month/Year \_\_\_\_\_ Graduated \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Street Address, City & State \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

B. If you did not graduate from high school, did a State Board of Education issue you a high school equivalency certificate  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
State \_\_\_\_\_ Date Issued \_\_\_\_\_

C. Do you have a G.E.D. Certificate from the Armed Services? \_\_\_\_\_ Yes \_\_\_\_\_ No

D. If you attended college; List your Major \_\_\_\_\_ Minor \_\_\_\_\_

E. How many hours did you complete? \_\_\_\_\_

Have you ever been dismissed or had any disciplinary action taken against you while attending any school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. Do you use a typewriter? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, words per minute \_\_\_\_\_

G. List any other talents, skills, trades, or foreign languages \_\_\_\_\_

\_\_\_\_\_

H. List any special licenses which you hold \_\_\_\_\_

I. Are you a member of any clubs, societies, unions, or fraternal organizations? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VI. EMPLOYMENT**

A. List your complete work history, INCLUDING MILITARY SERVICE, starting with your present position and going back to your first employment. Include part-time employment and periods of unemployment. Please, explain each time you were dismissed or requested to resign on page 10, Section XI.

1. From Mo./Yr. to Mo./Yr.	____ Full Time ____ Part Time	Position Held	Salary
Company Name		Reason for Leaving	
Address, City & State		Phone Number	Immediate Supervisor
2. From Mo./Yr. to Mo./Yr.	____ Full Time ____ Part Time	Position Held	Salary
Company Name		Reason for Leaving	
Address, City & State		Phone Number	Immediate Supervisor
3. From Mo./Yr. to Mo./Yr.	____ Full Time ____ Part Time	Position Held	Salary
Company Name		Reason for Leaving	
Address, City & State		Phone Number	Immediate Supervisor
4. From Mo./Yr. to Mo./Yr.	____ Full Time ____ Part Time	Position Held	Salary
Company Name		Reason for Leaving	
Address, City & State		Phone Number	Immediate Supervisor
5. From Mo./Yr. to Mo./Yr.	____ Full Time ____ Part Time	Position Held	Salary
Company Name		Reason for Leaving	
Address, City & State		Phone Number	Immediate Supervisor
6. From Mo./Yr. to Mo./Yr.	____ Full Time ____ Part Time	Position Held	Salary
Company Name		Reason for Leaving	
Address, City & State		Phone Number	Immediate Supervisor
7. From Mo./Yr. to Mo./Yr.	____ Full Time ____ Part Time	Position Held	Salary
Company Name		Reason for Leaving	
Address, City & State		Phone Number	Immediate Supervisor

B. List the name of any company or business you presently hold, or have held, ownership in, either active or silent

\_\_\_\_\_  
\_\_\_\_\_

C. Do you plan to hold any other jobs while employed with this office? \_\_\_\_\_

D. Were you ever subject to any disciplinary action or proceedings in connection with any employment? \_\_\_ Yes \_\_\_ No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

E. Have you ever applied for a Civil Service position? \_\_\_ Yes \_\_\_ No

Have you ever filed an application with any Sheriff, police, or fire departments? \_\_\_ Yes \_\_\_ No

Department	Position Applied For	Date Applied	Reason Not Hired
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. ARRESTS AND SUMMONS**

\_\_\_ Yes \_\_\_ No

A. Indicate below all Traffic Violations or Arrests that you have received

Date Mo./Yr.	Violation or Charge	City & State	Final Disposition	Police Agency
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Have you ever been arrested by any police department? \_\_\_ Yes \_\_\_ No

If yes, complete the following and explain on sheets at end of application

Date Mo./Yr.	Violation or Charge	City & State	Final Disposition	Police Agency
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all driver's license issued to you

C. Type \_\_\_ Operator \_\_\_ Chauffeur \_\_\_ Other

Issuing state and number	Expiration Date
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Type \_\_\_ Operator \_\_\_ Chauffeur \_\_\_ Other

Issuing state and number	Expiration Date
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Has your driver's license or vehicle license ever been denied, suspended, or revoked? \_\_\_ Yes \_\_\_ No If yes,

D. Where \_\_\_\_\_ When \_\_\_\_\_

City	State	Mo.	Day	Year
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Length of Denial, Suspension or Revocation \_\_\_ Days Date Restored \_\_\_\_\_

\_\_\_ Months Mo. Day Year

E. Were you ever involved, as the driver of a motor vehicle, in an accident? \_\_\_ Yes \_\_\_ No If yes, give complete details on page 10, Section XI. Include all dates, injuries, and name of the police department that made out the report.

F. Enter the following information concerning any motor vehicle(s) owned by you

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

License Plate \_\_\_\_\_ State Registered \_\_\_\_\_

G. Type of Motor Vehicle Insurance Coverage you presently have

\_\_\_ Liability \_\_\_ Collision \_\_\_ Comprehensive

Name of Insurance Company \_\_\_\_\_

H. Have you ever been summoned or subpoenaed to a court in a civil action or entered a bankruptcy proceedings or were you ever involved as a principal in any case of this type? If yes, explain on page 9, Section XI.

Date	Type Action	___ Defendant ___ Witness	___ Plaintiff ___ Other
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Court Disposition

Date	Type Action	___ Defendant ___ Witness	___ Plaintiff ___ Other
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Court Disposition

Date	Type Action	___ Defendant ___ Witness	___ Plaintiff ___ Other
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Court Disposition

Date	Type Action	___ Defendant ___ Witness	___ Plaintiff ___ Other
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Court Disposition

Date	Type Action	___ Defendant ___ Witness	___ Plaintiff ___ Other
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Court Disposition

Date	Type Action	___ Defendant ___ Witness	___ Plaintiff ___ Other
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Court Disposition

**VII. Financial History**

A. Do you have at present or have you had in the past, any wage garnishes, wage assignments, or judgements against you?

\_\_\_ Yes \_\_\_ No If yes, explain. include name of creditor initiating garnishment.

\_\_\_\_\_  
\_\_\_\_\_

B. Have you ever had any personal property repossessed \_\_\_ Yes \_\_\_ No If yes, give full information.

\_\_\_\_\_  
\_\_\_\_\_

**IX. MILITARY SERVICE** \_\_\_ Yes \_\_\_ No

All periods which you served in any branch of the Armed Forces should have been entered in your employment history. The following additional information is requested:

(All Veterans will be required to present their military DD214 papers)

A. Branch of Service \_\_\_\_\_ Dates served: From \_\_\_\_\_ to \_\_\_\_\_

Highest rank obtained \_\_\_\_\_ Serial Number \_\_\_\_\_

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

Did you have more than one term of service? \_\_\_ Yes \_\_\_ No

Rank at discharge \_\_\_\_\_ Expiration date of military obligation \_\_\_\_\_

C. Type of discharge \_\_\_ Honorable \_\_\_ Medical \_\_\_ General Under Honorable Conditions \_\_\_ B.C.D.

\_\_\_ Other State \_\_\_\_\_

D. Were you ever court martialled, tried on charges, or were you the subject of an article 15, summary court martial, deck court martial, captain's mast or company punishment, or any other disciplinary action while a member of the Armed Forces?

\_\_\_ Yes \_\_\_ No List any disciplinary action \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Give job description and specific duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

F. List your present reserve or National Guard status

\_\_\_\_\_  
Unit Address

\_\_\_\_\_  
Rank or Grade Serial Number \_\_\_ Inactive Reserve  
\_\_\_ Active Reserve

What is the terminal date of this status? \_\_\_\_\_  
Month Day Year

**X. JOB DESCRIPTION**

Explain in detail your specific job duties. If not presently employed, list last job description.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XI. MISCELLANEOUS**

Space for detailed answers to other questions. Indicate the TITLED PART NUMBER, AND QUESTION PART NUMBER, such as, PERSONAL DATA, PART 1, to which answers apply.

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**XII. WRITTEN ESSAY**

Please compose an essay containing statements about why you want to be a DEPUTY SHERIFF. Include the length of time you plan to stay with the department if offered the position and state your career goals.

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Is there any reason you believe you could not perform the duties of the position you have applied for? If yes, explain.

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**XIII. PERSONAL DATA**

Please explain any "yes" answers on page 12.

- |  | CIRCLE YES OR NO |    |
|--|------------------|----|
| 1. Have you ever filed any lawsuit or been sued yourself?                      | YES              | NO |
| 2. Do you have any claim pending now?  | YES              | NO |
| 3. Have you ever shoplifted anything?  | YES              | NO |
| 4. Did you ever help anyone else to 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 any place where you worked (even minor)? | YES              | NO |
| 8. Have you ever used any method to defraud anyone?                            | YES              | NO |
| 9. Have you ever stolen any money - anywhere?                                  | YES              | NO |



Continued from page 11

**SHERIFF'S OFFICE**

Parish of Terrebonne - State of Louisiana - Houma, Louisiana 70360

L. VERNON BOURGEOIS, JR.

Sheriff

**PERSONAL INQUIRY WAIVER**

**AUTHORITY FOR RELEASE OF INFORMATION**

TO: \_\_\_\_\_  
\_\_\_\_\_

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 concerning 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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness



**SHERIFF'S OFFICE**

Parish of Terrebonne - State of Louisiana - Houma, Louisiana 70360

L. VERNON BOURGEOIS, JR.  
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.

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Signature of Applicant

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Date