



St. Martin Parish
SHERIFF
RONALD J. THERIOT

P.O. Box 247 | St. Martinville, LA 70582 | Ph: (337) 394-3071 | Fx: (337) 394-5705 | www.stmartinsheriff.org

TO: APPLICANT

FROM: JAMIE D. BERNARD; DIRECTOR
HUMAN RESOURCES BUREAU

SUBJECT: APPLICATION FORM

Thank you for considering employment with the St. Martin Parish Sheriff's Office. Prior to completing the attached application form please review the following:

1. You must be (18) years of age upon date of employment.
2. You must be a registered voter.
3. You must be a high school graduate or hold a General Equivalency Diploma (GED).
(ATTACH COPY)
4. You must have a current, valid driver's license. **(ATTACH COPY)**
5. You must be able to read and write the English language.
6. You are not by reason of conscience or belief opposed to the use of force when appropriate or necessary to fulfill your duties.
7. You must be free of any felony convictions.
8. You must have reliable transportation.

If you are considered for employment you will be required to successfully complete all of the various physical, psychological, position-specific and drug tests/examinations required by this office.

If you feel you meet the requirements listed above, complete the application form and return it to the Human Resources Bureau. Please contact me at 337-394-2501 if you have any questions or concerns.



ST. MARTIN PARISH SHERIFF'S OFFICE
APPLICATION FOR EMPLOYMENT
(PLEASE PRINT CLEARLY)

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, or national origin. Public Law 90-202 prohibits discrimination because of age. The laws of some states prohibit some or all of the above mentioned types of discrimination.

PERSONAL

Date: ____/____/____

Name: _____ Social Security No: _____
Last First Middle Initial

Present Address: _____
No. Street City State Zip

Permanent Address: _____
No. Street City State Zip

Home Phone: (____) _____ Other: (____) _____ Email Address: _____

Date of Birth: _____ Driver's License No.: _____

Sex: _____ Male _____ Female Height: ____ ft. ____ in. Weight: _____ lbs.

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed

Parents: Father: _____

Mother (Maiden): _____

Position(s) applying for: _____

Date available for work: ____/____/____

Type of employment desired: _____ Full Time _____ Part-Time _____ Reserve

Are you legally authorized to work in the United States? _____ Yes _____ No

For purposes of the following question "sponsorship for an immigration-related employment benefit" means "an H-1B visa petition, an O-1 visa petition, an E-3 visa petition, TN status and 'job flexibility benefits' (also known as I-140 portability or adjustment of status portability) for long-delayed adjustment of status applications that have been pending for 180 days or longer." (Please ask us if you are uncertain whether you may need immigration sponsorship or desire clarification.)

Will you now or in the future require "sponsorship for an immigration-related employment benefit?"

_____ Yes _____ No

Have you ever been convicted of a crime? _____ If yes, provide date (s) and details: _____

Have you ever been the target of a federal, state, or local investigation?

_____ If yes, please explain: _____



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Have you ever been employed by the St. Martin Parish Sheriff's Office?

If yes, when and in what capacity _____

List any life experiences, skills, or qualifications which you feel would benefit you as an employee of the St. Martin Parish Sheriff's Office: _____

MILITARY RECORD

Have you ever served in the armed forces? _____ If so, what branch? _____

Dates of Duty: From: _____ to _____
Month Day Year Month Day Year

Rank at discharge _____

What were your duties in the service (including special training and duty station)? _____

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	HOW MANY YEARS ATTENDED	GRADUATED YES OR NO	COURSE OR MAJOR
High School/GED				
College				
Post Graduate				
Vocational				
Other				

PERSONAL REFERENCES

(Excluding Former Employers or Relatives)

Name and Occupation	Address	Phone



PRIOR WORK HISTORY
(LIST IN ORDER WITH MOST RECENT FIRST)

Dates From: _____ to _____

Name and Address of Employer: _____

Phone Number: () _____

Rate of Pay: Start _____ Finish _____

Supervisor's Name and Title: _____

Detail Status (circle one): RETIRED RESIGNED TERMINATED CURRENTLY EMPLOYED

Reason for Leaving: _____

Describe in detail the work you did: _____

Dates From: _____ to _____

Name and Address of Employer: _____

Phone Number: () _____

Rate of Pay: Start _____ Finish _____

Supervisor's Name and Title: _____

Detail Status (circle one): RETIRED RESIGNED TERMINATED CURRENTLY EMPLOYED

Reason for Leaving: _____

Describe in detail the work you did: _____



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Dates From: _____ to _____

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Supervisor's Name and Title: _____

Detail Status (circle one): RETIRED RESIGNED TERMINATED CURRENTLY EMPLOYED

Reason for Leaving: _____

Describe in detail the work you did: _____

Dates From: _____ to _____

Name and Address of Employer: _____

Phone Number: () _____

Rate of Pay: Start _____ Finish _____

Supervisor's Name and Title: _____

Detail Status (circle one): RETIRED RESIGNED TERMINATED CURRENTLY EMPLOYED

Reason for Leaving: _____

Describe in detail the work you did: _____

****Please indicate YES or NO****

May we contact the employers listed above? _____ If not, indicate below which one(s) you do not wish us to contact. _____



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If hired for a position, what can you offer the St. Martin Parish Sheriff's Office (Answer in approximately 200 words in your own handwriting)

Thank you for completing this application and for your interest in employment with us. We would like to assure you that your opportunity with this Sheriff's Office is based only on your merit and no other consideration. We are an equal opportunity employer.



Date _____

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation on my personal history, financial, and credit record through any investigation, credit agency, or bureau of your choice.

I understand that my employment will be conditional upon my successful completion of all medical, psychological, position-specific and drug tests/examinations required by the St. Martin Parish Sheriff's Office.

I understand that all positions within this agency are appointed by the Sheriff and are subject to termination by the Sheriff at any time.

I understand that any and all business conducted by the St. Martin Parish Sheriff's Office is to be considered confidential. Dissemination, in any manner, of said information may result in termination of employment.

Signature of Applicant _____

* Note: The provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.



Date _____

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby request and authorize you to furnish the St. Martin Parish Sheriff's Office with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the St. Martin Parish Sheriff's Office.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications.

Printed Name: _____

Signature: _____



Date _____

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I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications.

Printed Name: _____

Signature: _____