



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: DAVID L. DUGAS, SUPERVISOR
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 United States citizen and a citizen of Louisiana or intend to become a Louisiana citizen upon employment.
3. You must be a registered voter.
4. You must be a high school graduate or hold a General Equivalency Diploma (GED).
(ATTACH COPY)
5. You must have a current, valid driver's license. **(ATTACH COPY)**
6. You must be able to read and write the English language.
7. You are not by reason of conscience or belief opposed to the use of force when appropriate or necessary to fulfill your duties.
8. You must be free of any felony convictions.
9. You must have reliable transportation.

If you are considered for employment you will be required to successfully complete all of the various physical, psychological, 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 337-394-3071 Ext. 2588, 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: Last First Middle Initial Social Security No: _____

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: _____

Type of employment desired: Full Time Part-Time Reserve

Date available for work: ___/___/___

Have you ever been employed by the St. Martin Parish Sheriff's Office? If yes, when and in what capacity

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

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: Month Day Year to 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, LAST OR PRESENT EMPLOYER FIRST)

Dates From: _____ to _____

Name and Address of Employer: _____

Phone Number: (____) _____

Rate of Pay: Start _____ Finish _____

Supervisor's Name and Title: _____

Reason for Leaving: _____

Describe in detail the work you did: _____



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

Dates From: _____ to _____

Name and Address of Employer: _____

Phone Number: (____) _____

Rate of Pay: Start _____ Finish _____

Supervisor's Name and Title: _____

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: _____

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: _____

Reason for Leaving: _____

Describe in detail the work you did: _____

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



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

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.



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, 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 anytime.

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.

DO NOT WRITE BELOW THIS LINE

INTERVIEW? YES NO

Date: _____

Hour: _____

Result of the Interview: _____

Acceptable for Employment? _____

Starting Rate: _____ Starting Date: _____ Shift: _____

Occupation: _____ Department: _____

Interviewed By: _____

Employed By: _____

Approved By: _____



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 _____

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: _____