

# ST. MARTIN PARISH SHERIFF

## SHERIFF BECKET BREUX

400 St. Martin Street • Post Office Box 247 • St. Martinville, Louisiana 70582



## 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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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 Jamie Bernard, Human Resources Director, at the Main Office, Monday – Friday 8:00 am – 4:30pm. She can be contacted at 337.394.2501 or by email [jbernard@stmartinsheriff.org](mailto:jbernard@stmartinsheriff.org).

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### 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: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Last First Middle Initial

Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Cell: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Sex: ☐ Male ☐ Female Height: \_\_\_\_ft. \_\_\_\_in. Weight: \_\_\_\_lbs.

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Father's Name: \_\_\_\_\_

Mother's Name (Maiden): \_\_\_\_\_

Position Applying For:

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

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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?"

Have you ever been convicted of a crime? Yes  
No If yes, provide date (s) and details:

Have you ever been the target of a federal, state, or local investigation? Yes  
If yes, please explain. No

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? Yes  
No If so, what branch? \_\_\_\_\_

Dates of Duty: From: \_\_\_\_\_ to \_\_\_\_\_

Rank at Discharge \_\_\_\_\_

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

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### 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

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### PREVIOUS WORK HISTORY (list in order with most recent first)

From: \_\_\_\_\_ to \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Rate of Pay: Starting \_\_\_\_\_ Current \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

☐ RETIRED      ☐ RESIGNED      ☐ TERMINATED      ☐ CURRENTLY EMPLOYED

Describe in detail the work you performed: \_\_\_\_\_

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From: \_\_\_\_\_ to \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Rate of Pay: Starting \_\_\_\_\_ Current \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

☐ RETIRED      ☐ RESIGNED      ☐ TERMINATED      ☐ CURRENTLY EMPLOYED

Describe in detail the work you performed: \_\_\_\_\_

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From: \_\_\_\_\_ to \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Rate of Pay:     Starting \_\_\_\_\_ Current \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

☐ RETIRED        ☐ RESIGNED        ☐ TERMINATED        ☐ CURRENTLY EMPLOYED

Describe in detail the work you performed: \_\_\_\_\_



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In 500 words or less, please tell us why you feel that you would be an asset to the St. Martin Parish Sheriff's Office.

Thank you for completing this application, and for your interest in continuing your career with Sheriff Breau. Your opportunity with this administration is based solely on your merit, and no other considerations.

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### 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 \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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