



Craig Webre, Sheriff

Personnel Division/Law Enforcement Complex
1300 Lynn Street • Thibodaux, Louisiana 70301

For Local Calls - (985) 532-4380
(985) 446-2255
(985) 798-2255
(985) 868-2255

Name: _____

Last

First

Middle

IN GENERAL

DATE OF APPLICATION:	EMAIL ADDRESS:			
POSITION APPLYING FOR:				
<input type="checkbox"/> DEPUTY SHERIFF	<input type="checkbox"/> COMMUNICATIONS EQUIPMENT OPERATOR	<input type="checkbox"/> CORRECTIONS OFFICER		
<input type="checkbox"/> RESERVE DEPUTY	<input type="checkbox"/> SCHOOL GUARD	<input type="checkbox"/> COOK	<input type="checkbox"/> DRIVER	<input type="checkbox"/> CLERICAL / SECRETARIAL
<input type="checkbox"/> OTHER (Please Specify): _____				
I CAN PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB(S) FOR WHICH I AM APPLYING		<input type="checkbox"/> WITH <input type="checkbox"/> WITHOUT		
REASONABLE ACCOMMODATION(S). IF REASONABLE ACCOMMODATION IS NECESSARY, PLEASE SPECIFY:				

PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SUFFIX:
NICKNAMES OR OTHER NAMES I HAVE USED OR AM KNOWN BY: (i.e. Maiden, Change of Name, Nicknames, Alias, etc.)			
HEIGHT:	WEIGHT:	DATE OF BIRTH:	
BIRTHPLACE:	HAIR COLOR:	EYE COLOR:	SEX:
PHYSICAL ADDRESS (Street / City / State / Zip):			
MAILING ADDRESS (Street / P.O. Box / City / State / Zip): SAME AS ABOVE			
HOME TELEPHONE NO.:		OTHER TELEPHONE NOS.:	
DRIVER'S LICENSE:		WORK: _____	
STATE:	NUMBER:	MOBILE: _____	
SOCIAL SECURITY NO.:		OTHER: _____	
<input type="checkbox"/> AM <input type="checkbox"/> AM NOT	A CITIZEN OF THE UNITED STATES.	*IF APPLICABLE, PLEASE SPECIFY THE COUNTRY OF YOUR CITIZENSHIP: _____	
<input type="checkbox"/> CAN <input type="checkbox"/> CAN NOT	SUBMIT VERIFICATION OF MY LEGAL RIGHT TO WORK IN THE UNITED STATES.		

I	<input type="checkbox"/> AM <input type="checkbox"/> AM NOT	REGISTERED FOR THE SELECTIVE SERVICE.
I	<input type="checkbox"/> AM <input type="checkbox"/> AM NOT	A REGISTERED VOTER OF _____ PARISH.
MY CREDIT HISTORY	<input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT	BEEEN CONSIDERED SATISFACTORY IN THE PAST & I
		<input type="checkbox"/> HAVE <input type="checkbox"/> HAVE NOT BEEN REFUSED REASONABLE CREDIT.
I	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT	HAVE RELIABLE TRANSPORTATION TO WORK.
EMPLOYMENT WITH THE LAFOURCHE PARISH SHERIFF'S OFFICE ENTAILS WORKING 8 HOUR AND/OR 12 HOUR SHIFTS. WORKING OVERTIME, AND WORKING ON HOLIDAYS, WEEKENDS, AT NIGHT, AND DURING TIMES OF EMERGENCY. PLEASE EXPLAIN ANY RESTRICTIONS ON YOUR ABILITY TO WORK THESE HOURS AND SCHEDULES.		
WHAT ARE YOUR CAREER GOALS AND OBJECTIVES?		
I AM AVAILABLE TO BEGIN WORK ON:		MY DESIRED ANNUAL SALARY IS:

TRAINING AND EDUCATION

NAME OF LAST HIGH SCHOOL ATTENDED:	LOCATION OF HIGH SCHOOL:
I RECEIVED A <input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED FROM:	IF NEITHER, HIGHEST GRADE COMPLETED:

PROFESSIONAL/BUSINESS/TECHNICAL INSTITUTES & COLLEGES/UNIVERSITIES ATTENDED

NAME OF INSTITUTION AND LOCATION	DATES ATTENDED (Month/Year)	GRADUATE (Yes/No)	TYPE OF DEGREE EARNED	TITLE OF PROGRAM OR FIELD OF STUDY
	From: / To: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	From: / To: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	From: / To: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	From: / To: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	From: / To: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	From: / To: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		

PROFESSIONAL/LICENSES/CERTIFICATIONS

TYPE OF LICENSE/CERTIFICATION	DATE ORIGINALLY LICENSED/CERTIFIED	EXPIRATION DATE	NAME OF LICENSING/CERTIFYING AUTHORITY

I AM PROFICIENT IN THE USE AND OPERATION OF THE FOLLOWING COMPUTER SOFTWARE:

I SPEAK THE FOLLOWING FOREIGN LANGUAGES:

I AM PROFICIENT IN THE FOLLOWING AREAS:

<input type="checkbox"/> AVIATION	<input type="checkbox"/> BUSINESS MACHINES	<input type="checkbox"/> ACCOUNTING	<input type="checkbox"/> ARTWORK	<input type="checkbox"/> AUTOMOTIVE
<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> FIREARMS	<input type="checkbox"/> COMMUNICATIONS/ELECTRONICS	<input type="checkbox"/> LEGAL	<input type="checkbox"/> COMPUTER SCIENCE
<input type="checkbox"/> MUSIC	<input type="checkbox"/> PHOTOGRAPHY	<input type="checkbox"/> OTHER(S) Please Specify: _____		

PLEASE LIST ANY JOB-RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL AFFILIATIONS, SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG:

MILITARY BACKGROUND

I **AM** **AM NOT** A VETERAN OF THE ARMY NAVY AIR FORCE MARINES COAST GUARD

I SERVED FROM _____ / _____ TO _____ / _____

MONTH YEAR MONTH YEAR

AND RECEIVED AN HONORABLE DISHONORABLE OTHER DISCHARGE.

IF YOUR DISCHARGE WAS OTHER THAN HONORABLE, PLEASE EXPLAIN:

I **AM** **AM NOT** A MILITARY RESERVIST OF THE ARMY NAVY AIR FORCE MARINES COAST GUARD

WHAT EXPERIENCE, SPECIAL TRAINING OR EDUCATION, AND SPECIAL RECOGNITION(S) DID YOU RECEIVE WHILE IN THE MILITARY?

REFERENCES

PLEASE LIST THREE (3) REFERENCES OTHER THAN FAMILY MEMBERS.

NAME:	TELEPHONE:
MAILING ADDRESS: <small>(Street/P.O. Box/City/State/Zip)</small>	
NATURE OF RELATIONSHIP:	LENGTH OF TIME KNOWN:
NAME:	TELEPHONE:
MAILING ADDRESS: <small>(Street/P.O. Box/City/State/Zip)</small>	
NATURE OF RELATIONSHIP:	LENGTH OF TIME KNOWN:
NAME:	TELEPHONE:
MAILING ADDRESS: <small>(Street/P.O. Box/City/State/Zip)</small>	
NATURE OF RELATIONSHIP:	LENGTH OF TIME KNOWN:

WORK / EMPLOYMENT HISTORY

PLEASE LIST POSITIONS, STARTING WITH YOUR MOST RECENT EMPLOYMENT AND ENDING WITH YOUR FIRST FULL-TIME, PERMANENT EMPLOYMENT.

EMPLOYER / COMPANY NAME:

MAILING ADDRESS (Street / P.O. Box / City / State / Zip):

PHYSICAL ADDRESS (Street / P.O. Box / City / State / Zip):

TELEPHONE:

KIND OF BUSINESS:

JOB TITLE / POSITION:

EMPLOYED FROM:

_____ / _____ TO: _____ / _____
 MONTH / YEAR MONTH / YEAR

SUPERVISOR:

SUPERVISOR'S TITLE:

BEGINNING ANNUAL SALARY:

ENDING ANNUAL SALARY:

REASON FOR LEAVING:

DUTIES. PLEASE LIST YOUR MAJOR JOB DUTIES AND APPROXIMATE PERCENTAGE OF TIME SPENT ON EACH DUTY.

PERCENT OF TIME	MAJOR DUTIES

AWARDS / COMMENDATIONS / PROMOTIONS. PLEASE LIST ANY AWARDS, COMMENDATIONS, AND/OR PROMOTIONS RECEIVED DURING THIS EMPLOYMENT.

DATE	DESCRIPTION OF AWARD / COMMENDATION / PROMOTION

PLEASE LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU BY THIS EMPLOYER, AND EXPLAIN THE NATURE AND EXTENT OF THE ACTION TAKEN.

WORK / EMPLOYMENT HISTORY

PLEASE LIST POSITIONS, STARTING WITH YOUR MOST RECENT EMPLOYMENT AND ENDING WITH YOUR FIRST FULL-TIME, PERMANENT EMPLOYMENT.

EMPLOYER / COMPANY NAME:

MAILING ADDRESS (Street / P.O. Box / City / State / Zip):

PHYSICAL ADDRESS (Street / P.O. Box / City / State / Zip):

TELEPHONE:

KIND OF BUSINESS:

JOB TITLE / POSITION:

EMPLOYED FROM: _____ / _____ TO: _____ / _____
MONTH / YEAR MONTH / YEAR

SUPERVISOR:

SUPERVISOR'S TITLE:

BEGINNING ANNUAL SALARY:

ENDING ANNUAL SALARY:

REASON FOR LEAVING:

DUTIES. PLEASE LIST YOUR MAJOR JOB DUTIES AND APPROXIMATE PERCENTAGE OF TIME SPENT ON EACH DUTY.

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PHYSICAL ADDRESS (Street / P.O. Box / City / State / Zip):

TELEPHONE:

KIND OF BUSINESS:

JOB TITLE / POSITION:

EMPLOYED FROM:

/ /
MONTH / YEAR TO: /
MONTH / YEAR

SUPERVISOR:

SUPERVISOR'S TITLE:

BEGINNING ANNUAL SALARY:

ENDING ANNUAL SALARY:

REASON FOR LEAVING:

DUTIES. PLEASE LIST YOUR MAJOR JOB DUTIES AND APPROXIMATE PERCENTAGE OF TIME SPENT ON EACH DUTY.

PERCENT OF TIME	MAJOR DUTIES

AWARDS / COMMENDATIONS / PROMOTIONS. PLEASE LIST ANY AWARDS, COMMENDATIONS, AND/OR PROMOTIONS RECEIVED DURING THIS EMPLOYMENT.

DATE	DESCRIPTION OF AWARD / COMMENDATION / PROMOTION

PLEASE LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU BY THIS EMPLOYER, AND EXPLAIN THE NATURE AND EXTENT OF THE ACTION TAKEN.

MISCELLANEOUS

THE INFORMATION PROVIDED IN THIS SECTION WILL NOT NECESSARILY DISQUALIFY YOU FROM BEING CONSIDERED FOR EMPLOYMENT WITH THE LAFOURCHE PARISH SHERIFF'S OFFICE. FAILURE TO DISCLOSE ALL REQUESTED INFORMATION OR PROVIDING FALSE INFORMATION WILL, HOWEVER, RESULT IN THE IRREVERSIBLE DISQUALIFICATION OF YOUR APPLICATION FOR EMPLOYMENT. COMPLETE AND HONEST RESPONSES TO THE FOLLOWING QUESTIONS ARE, THEREFORE, ABSOLUTELY ESSENTIAL.

I **HAVE** RECEIVED A TRAFFIC VIOLATION(S) DURING THE PAST THREE (3) YEARS.
I **HAVE NOT**

IF APPLICABLE, PLEASE LIST THE VIOLATIONS RECEIVED BELOW:

VIOLATION: DATE: CITY/STATE:

VIOLATION: DATE: CITY/STATE:

VIOLATION: DATE: CITY/STATE:

ARRESTS. I **HAVE** BEEN ARRESTED.
I **HAVE NEVER**

IF APPLICABLE, PLEASE STATE THE YEAR THE ARREST OCCURRED, THE ARRESTING AGENCY, AND EXPLAIN THE SPECIFICS OF THE ARREST IN THE EXPLANATION STATEMENT BELOW. (Please include any and all arrest information including charges for which you were either not prosecuted or acquitted and/or charges which have been expunged.)

CONVICTIONS. I **HAVE** BEEN CONVICTED OF A CRIME(S).
I **HAVE NEVER**

IF APPLICABLE, PLEASE STATE THE YEAR THE CONVICTION(S) OCCURRED, THE CONVICTING JURISDICTION, THE LOCATION(S), THE DISPOSITION(S), AND EXPLAIN THE SPECIFICS OF THE CONVICTION(S) IN THE EXPLANATION STATEMENT BELOW. (Please also include any and all information on convictions which have been expunged).

DRUGS. I **HAVE** ILLEGALLY USED DRUGS IN THE LAST THREE (3) YEARS; AND I **HAVE** SOLD OR DISTRIBUTED ILLEGAL DRUGS.
I **HAVE NOT** I **HAVE NEVER**

IF YOU HAVE EITHER ILLEGALLY USED DRUGS IN THE LAST THREE (3) YEARS AND/OR SOLD OR DISTRIBUTED ILLEGAL DRUGS, PLEASE EXPLAIN IN THE EXPLANATION STATEMENT BELOW.

ALCOHOL. I WOULD CHARACTERIZE MY ALCOHOL CONSUMPTION AS FOLLOWS:
I **DO NOT DRINK ALCOHOL** I **OCCASIONAL DRINKER** I **SOCIAL DRINKER** I **OTHER**

IF YOU CHECKED "OTHER", PLEASE EXPLAIN IN THE EXPLANATION STATEMENT BELOW.

STRESS. I **CAN** ADEQUATELY FUNCTION IN HIGH STRESS SITUATIONS.
I **CAN NOT**

IF YOU CHECKED "CAN NOT", PLEASE EXPLAIN IN THE EXPLANATION STATEMENT BELOW.

EXPLANATION STATEMENT.

IT IS AGAINST OFFICE POLICY FOR INDIVIDUALS WHO HAVE ANY ECONOMIC OR FAMILY RELATIONSHIPS TO SUPERVISE THE OTHER OR WORK IN POSITIONS WHICH HAVE AN AUDIT OR CONTROL FUNCTION OVER THE OTHER. ECONOMIC RELATIONSHIPS INCLUDE ROOMMATES, LANDLORD/TENANT, CREDITOR/DEBTOR, AND THE LIKE. FAMILY RELATIONSHIPS INCLUDE MARRIAGE, PARENTS, SIBLINGS, IN-LAWS, AUNTS, UNCLES, AND STEP-RELATIVES.

I **DO** HAVE ANY RELATIVES, EITHER FAMILY OR ECONOMIC, ALREADY EMPLOYED WITH THE SHERIFF'S OFFICE.
I **DO NOT**

IF APPLICABLE, PLEASE GIVE NAMES AND POSITIONS HELD:

NAME: POSITION: RELATIONSHIP:

NAME: POSITION: RELATIONSHIP:

NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF TWO (2) PERSONS TO BE NOTIFIED IN THE CASE OF ACCIDENT OR EMERGENCY.

NAME: NAME:

ADDRESS: ADDRESS:

RELATIONSHIP: RELATIONSHIP:

TELEPHONE: HOME: WORK: TELEPHONE:

**CERTIFICATION,
ACKNOWLEDGMENT OF CONDITIONS FOR EMPLOYMENT
AND AUTHORITY TO RELEASE INFORMATION**

The Lafourche Parish Sheriff's Office recruits, hires, trains, and promotes all persons without regard to race, color, sex, religion, national origin, marital and familial status, political belief, and physical and mental disability, except in those instances where physical and mental abilities are a bona fide occupational qualification, and accommodation would constitute an undue hardship to the Sheriff's Office. It is further the policy of the Sheriff's Office to base all decisions on employment so as to further equal employment opportunity.

I am applying to Sheriff Craig Webre and the Lafourche Parish Sheriff's Office for employment. To determine my eligibility for employment and for security clearance purposes, I hereby authorize and request that solicited entities or individuals furnish to the Lafourche Parish Sheriff's Office any and all information, whether written or non-written, including opinions, that these entities and/or individuals may have or acquire concerning information given on this application form, as well as information regarding my character, reputation, and suitability for employment. I also request that you release any and all records that pertain to my employment, be it present or past, to include but not limited to public and internal records. Also, any record of misconduct, good conduct, evaluations and investigations into allegations made against me at any time.

I hereby release, hold harmless, and indemnify from any and all liability Sheriff Craig Webre, the Lafourche Parish Sheriff's Office, employees of the Lafourche Parish Sheriff's Office, and the individuals, agencies, and/or entities who receive and supply information as noted above.

I certify that all statements made on this employment application are true and complete to the best of my knowledge. I understand that information on this application will be subject to investigation and verification, and that any misrepresentation or material omission may cause my application to be delayed, rejected, disqualified, and/or subject me to dismissal from employment from the Lafourche Parish Sheriff's Office.

I understand that nothing in this application or in the granting of an interview creates a contract between the Lafourche Parish Sheriff's Office and myself for either employment or for providing any benefits. No promises have been made to me, and I understand that no such promise or guarantee is binding upon the Sheriff's Office unless made in writing by the Sheriff of Lafourche Parish, and signed by me. If an employment relationship is established, I acknowledge that I will be required to submit to, and successfully complete a drug test, in depth criminal records check, financial background investigation, and a thorough physical examination including a medical history check to determine if I can perform the essential functions of the position for which I am applying with or without reasonable accommodations. I further understand that failure to comply with the prerequisites of employment, after the conditional offer of employment is accepted by me, will be treated as a rejection of the offer of employment.

I acknowledge that no consideration has been furnished to the Sheriff's Office for my employment other than my services, and I understand that employment with the Lafourche Parish Sheriff's Office is strictly *at will employment*, and that I have the right to terminate my employment at any time, with or without cause, and that the Lafourche Parish Sheriff's Office has the same right, as well as the right to transfer me to any division, department, section, or shift that the Sheriff or his designee so chooses and at his sole discretion.

A photostatic copy of my signature shall be accepted as an original authorizing any person, firm, or organization to release any information to the Lafourche Parish Sheriff's Office regarding the verification of information provided herein.

Signature of Applicant _____
Date

Printed: First, Middle, and Last Name

RECEIVED BY: _____
Name Position Date