



MIKE TREGRE
SHERIFF

RESERVIST APPLICATION

1801 WEST AIRLINE HIGHWAY, LAPLACE, LA 70068

NAME:

GENERAL INFORMATION

DATE OF APPLICATION: _____

RESERVIST POSITION APPLYING FOR: (CHECK ALL THAT APPLY)

PATROL SEARCH & RESCUE TECHNOLOGY & COMMUNICATIONS

COMMUNITY RELATIONS SPECIAL EVENTS OTHER _____

I CAN PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH I AM APPLYING WITH
 WITHOUT
 REASONABLE ACCOMMODATIONS. IF REASONABLE ACCOMMODATIONS ARE NECESSARY, PLEASE
 SPECIFY BELOW:

PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SUFFIX:
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NICKNAMES, MAIDEN NAME, ALIASES:

HEIGHT:	WEIGHT:	DATE OF BIRTH: (MM/DD/YYYY)	SEX:
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PLACE OF BIRTH: (CITY/STATE/COUNTRY)	HAIR COLOR:	EYE COLOR:
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PHYSICAL HOME ADDRESS: (STREET, CITY, STATE, ZIP)

MAILING ADDRESS: (STREET, P.O. BOX, CITY, STATE, ZIP) SAME AS ABOVE

PRIMARY TELEPHONE NUMBER:	OTHER CONTACT INFORMATION: HOME NUMBER: _____ CELL NUMBER: _____ PAGER NUMBER: _____ EMAIL ADDRESS: _____
DRIVER'S LICENSE NUMBER:	
STATE: NUMBER:	
SOCIAL SECURITY NUMBER: (XXX-XX-XXXX)	

I **AM** A CITIZEN OF THE UNITED STATES OF AMERICA.
 AM NOT
 *IF APPLICABLE, SPECIFY YOUR COUNTRY OF CITIZENSHIP. _____

I **CAN** SUBMIT VERIFICATION OF MY LEGAL RIGHT TO WORK IN THE UNITED STATES.
 CANNOT

LAST

FIRST

MIDDLE

SUFFIX

MILITARY BACKGROUND

I **AM** REGISTERED FOR THE SELECTIVE SERVICE. (CHECK **AM** IF YOU HAVE PASSED PRESCRIBED AGE)
 AM NOT

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

I SERVED FROM _____ / _____ TO _____ / _____
MONTH YEAR MONTH YEAR

AND RECEIVED AN **HONORABLE** **DISHONORABLE** **OTHER** DISCHARGE.

IF DISCHARGED OTHER THAN HONORABLE, PLEASE EXPLAIN HERE:

I **AM** CURRENTLY A RESERVIST IN THE **ARMY** **NAVY** **AIR FORCE** **MARINES** **COAST GUARD**
 AM NOT

LIST ANY SPECIALIZED TRAINING, AWARDS, OR RECOGNITION WHILE SERVING IN THE MILITARY:

MISCELLANEOUS INFORMATION

THE INFORMATION PROVIDED IN THIS SECTION WILL NOT NECESSARILY DISQUALIFY CANDIDATES FROM CONSIDERATION. FAILURE TO DISCLOSE ALL REQUESTED INFORMATION OR PROVIDING FALSE INFORMATION WILL, HOWEVER, RESULT IN THE IRREVERSIBLE DISQUALIFICATION OF THE APPLYING INDIVIDUAL.

I **AM** A REGISTERED VOTER OF _____ PARISH.
 AM NOT

CITATIONS

I **HAVE** RECEIVED A TRAFFIC CITATION DURING THE PAST FIVE (5) YEARS.
 HAVE NOT

*IF APPLICABLE, LIST THE VIOLATIONS RECEIVED BELOW:

VIOLATION	DATE	CITY/STATE

ARRESTS

I **HAVE** BEEN ARRESTED.
 HAVE NEVER

IF APPLICABLE, PLEASE STATE THE YEAR THE ARREST OCCURRED, THE ARRESTING AGENCY, AND EXPLAIN THE SPECIFICS OF THE ARREST 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.)

MISCELLANEOUS (CONTINUED)

CONVICTIONS

I **HAVE** BEEN CONVICTED OF A CRIMINAL OFFENSE.

HAVE NEVER

IF APPLICABLE, PLEASE STATE THE YEAR THE CONVICTION OCCURRED, THE CONVICTING JURISDICTION, THE LOCATION, THE DISPOSITION, AND EXPLAIN THE SPECIFICS OF THE CONVICTION BELOW. (PLEASE ALSO INCLUDE ANY AND ALL INFORMATION ON THE CONVICTIONS WHICH HAVE BEEN EXPUNGED.)

DRUGS

I **HAVE** ILLEGALLY USED DRUGS IN THE LAST FIVE (5) YEARS; AND I **HAVE** SOLD OR

HAVE NOT

HAVE NEVER

DISTRIBUTED ILLEGAL DRUGS.

IF YOU HAVE EITHER ILLEGALLY USED DRUGS IN THE LAST FIVE YEARS AND/OR SOLD OR DISTRIBUTED ILLEGAL DRUGS, PLEASE EXPLAIN BELOW.

ALCOHOL

I WOULD CHARACTERIZE MY ALCOHOL CONSUMPTION AS FOLLOWS:

DO NOT DRINK ALCOHOL **OCCASIONAL DRINKER** **SOCIAL DRINKER** **OTHER**

IF YOU CHECKED **OTHER**, PLEASE EXPLAIN BELOW.

STRESS

I **CAN** ADEQUATELY FUNCTION IN HIGH STRESS SITUATIONS.

CANNOT

IF YOU CHECKED **CANNOT**, PLEASE EXPLAIN BELOW.

CONTACT INFORMATION OF TWO PERSONS IN CASE OF EMERGENCY OR ACCIDENT

NAME:	NAME:
ADDRESS:	ADDRESS:
RELATIONSHIP:	RELATIONSHIP:
TELEPHONE:	TELEPHONE:

CERTIFICATION, ACKNOWLEDGEMENT OF CONDITIONS, AND AUTHORITY TO RELEASE INFORMATION

THE ST. JOHN THE BAPTIST PARISH SHERIFF'S OFFICE RECRUITS, TRAINS, AND PROMOTES ALL PERSONS WITHOUT REGARD TO AGE, RACE, COLOR, SEX, NATIONAL ORIGIN, MARITAL AND FAMILIAL STATUS, POLITICAL BELIEF, PHYSICAL DISABILITY, 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 ON 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 OPPORTUNITIES.

I AM APPLYING TO SHERIFF MICHAEL TREGRE AND THE ST. JOHN THE BAPTIST PARISH SHERIFF'S OFFICE TO VOLUNTEER AS A RESERVE DEPUTY. A RESERVE DEPUTY POSITION IS AN UNCOMPENSATED VOLUNTEER POSITION WITHIN THE SHERIFF'S OFFICE. TO DETERMINE MY ELIGIBILITY FOR A RESERVIST POSITION AND FOR SECURITY CLEARANCE PURPOSES, I HEREBY AUTHORIZE AND REQUEST THAT SOLICITED ENTITIES OR INDIVIDUALS FURNISH TO THE ST. JOHN THE BAPTIST PARISH SHERIFF'S OFFICE ANY AND ALL INFORMATION, WHETHER WRITTEN OR OTHER MEANS, 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 HEREBY RELEASE, HOLD HARMLESS, AND INDEMNIFY FROM ANY AND ALL LIABILITY SHERIFF MIKE TREGRE, THE ST. JOHN THE BAPTIST PARISH SHERIFF'S OFFICE, EMPLOYEES OF THE ST. JOHN THE BAPTIST PARISH SHERIFF'S OFFICE, AND THE INDIVIDUAL, 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 FURTHER 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 THE ST. JOHN THE BAPTIST PARISH SHERIFF'S OFFICE.

I UNDERSTAND THAT NOTHING IN THIS APPLICATION OR IN THE **GRANTING OF AN INTERVIEW** CREATES A CONTRACT BETWEEN THE ST. JOHN THE BAPTIST PARISH SHERIFF'S OFFICE AND MYSELF FOR EITHER **EMPLOYMENT, PROVIDING ANY BENEFITS, OR FOR THE USE OF MY SERVICES**. 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 THE ST. JOHN THE BAPTIST PARISH, SIGNED BY BOTH MYSELF AND THE SHERIFF. IF A **RESERVIST** RELATIONSHIP IS ESTABLISHED, I ACKNOWLEDGE THAT I MAY BE REQUIRED TO SUBMIT TO, AND SUCCESSFULLY COMPLETE A DRUG TEST, AN 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 THESE PREREQUISITES, AFTER A CONDITIONAL OFFER OF ACCEPTANCE AS A RESERVIST 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 OTHER THAN MY SERVICES, AND I UNDERSTAND THAT BECOMING A RESERVIST WITH THE ST. JOHN THE BAPTIST PARISH SHERIFF'S OFFICE IS STRICTLY **AT WILL**, AND THAT I HAVE THE RIGHT TO TERMINATE THE RELATIONSHIP AT ANY TIME, SUBJECT TO PENALTIES WITH OR WITHOUT CAUSE, AND THAT THE ST. JOHN THE BAPTIST PARISH SHERIFF'S RETAINS THE SAME RIGHT. THE USAGE MY SERVICES IS AT THE **SOLE DISCRETION** OF THE SHERIFF OR HIS DESIGNEE.

A PHOTO STATIC COPY OF MY SIGNATURE SHALL BE ACCEPTED AS AN ORIGINAL AUTHORIZING ANY PERSON, FIRM, OR ORGANIZATION TO RELEASE ANY INFORMATION TO THE ST. JOHN THE BAPTIST PARISH SHERIFF'S OFFICE REGARDING THE VERIFICATION OF INFORMATION PROVIDED HEREIN.

SIGNATURE OF APPLICANT

DATE

PRINT APPLICANT NAME (FIRST, MIDDLE, LAST, SUFFIX)

RECEIVED BY: _____
NAME POSITION DATE