



POINTE COUPEE PARISH SHERIFF'S OFFICE

POST OFFICE BOX 248 * NEW ROADS, LOUISIANA 70760

SHERIFF
(225) 638-5400
1-800-256-1235
FAX (225) 638-5403

CIVIL
(225) 638-5433
1-800-256-1235
FAX (225) 638-5420

DETENTION CENTER
(225) 638-5407
(225) 638-5409
FAX (225) 638-5431

CRIMINAL/COMMUNICATIONS
(225) 694-3737
1-800-256-1233
FAX (225) 694-5408

RENÉ THIBODEAUX
SHERIFF AND
EX OFFICIO TAX COLLECTOR

APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

INSTRUCTIONS – Write or print clearly in your own handwriting, and answer ALL questions. If a question is not applicable, mark it (n/a). Each applicant must complete his own application. Do not use a typewriter.

Date: _____ Social Security Number _____

1) Name (as it appears on Social Security Card) _____
Last Name First Name

2) Other Names (and nicknames I have used) _____

3) Physical Address _____
Number and Street City State Zip Phone

4) Mailing Address _____
Number and Street City State Zip Phone

5) Daytime Phone: _____ Message Contact _____
Name Phone

6) Are you at least 18 years old? Yes No

7) Position Applied For: _____ Date Available: _____

Referred for this position by: _____

8) Have you ever been employed by this organization: Yes No When? _____
Department _____

9) Have you ever been convicted of a felony? Yes No If yes, give location, date, charge and disposition of case(s) _____

10) If applying for a position which requires driving a vehicle, please provide the following information:
Driver's License # _____ State: _____

11) Can you, if hired, submit verification of your legal right to work in the United States?
 Yes No

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U.S. MILITARY SERVICE

12. If you served in the U.S. Military, please provide the following information:

Branch of Service

From: _____ To: _____

Type of Discharge

EDUCATION

Educational Level	Name	Circle Yrs Completed	Degree	Major
HIGH SCHOOL		9 10 11 12		
COMMUNITY OR JUNIOR COLLEGE		1 2		
BUSINESS OR TRADE SCHOOL		1 2		
COLLEGE OR UNIVERSITY		1 2 3 4		
GRADUATE SCHOOL				

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	NAME OF SOFTWARE	YOUR PROFICIENCY		
Word Processing		Skilled	Competent	Familiar
Spreadsheet		Skilled	Competent	Familiar
Database		Skilled	Competent	Familiar
Other		Skilled	Competent	Familiar

LICENSES/CERTIFICATIONS/ORGANIZATIONS

LIST PROFESSIONAL LICENSES AND CERTIFICATIONS (job related)

TYPES OF LICENSES and CERTIFICATIONS	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO/YEAR

PROFESSIONAL, SCHOLASTIC AND OTHER ORGANIZATIONS (job related)

Exclude memberships that include your race, religion, color, national origin, ancestry, sex, age, disability or veteran status

NAME	DATE	NAME	DATE

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY, IF APPLICABLE, AND
MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.
BASE SALRY DOES NOT INCLUDE OVERTIME, BONUSES R OCMMISSIONS

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____

EMPLOYER _____ YOUR SUPERVISOR _____

ADDRESS _____ PHONE _____

TYPE OF BUSINESS _____ REASON FOR LEAVING _____

BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATIONS, BONUSES _____

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____

EMPLOYER _____ YOUR SUPERVISOR _____

ADDRESS _____ PHONE _____

TYPE OF BUSINESS _____ REASON FOR LEAVING _____

BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATIONS, BONUSES _____

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____

EMPLOYER _____ YOUR SUPERVISOR _____

ADDRESS _____ PHONE _____

TYPE OF BUSINESS _____ REASON FOR LEAVING _____

BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATIONS, BONUSES _____

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

ATTACH ADDITIONAL PAGE TO EXPLAIN EMPLOYMENT HISTORY INTERRUPTIONS SINCE HIGH SCHOOL THAT DO NOT
PERTAIN TO PREGNANY, CHILD CARE, DISABILITY OR ANY OTHER PROTECTED ACTIVITY.

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AUTHORIZATION FOR RELEASE OF INFORMATION

CONCERNING THE APPLICATION OF: _____
(Applicant - print name)

I hereby authorize the release of all information and records concerning myself to any agent of the Pointe Coupee Sheriff's Office.

The intent of this authorization is to give my consent for complete disclosure of information regarding my background, reputation and character. This includes, but is not limited to: records of educational institutions; military records; employment and pre-employment records; training records; financial or credit records; complaints or grievances filed by or against me; records of investigation, complaint, arrest, trial and/or convictions for alleged or actual violations of law; the results of polygraph examinations; records of civil complaints made by or against me; and verbal or written statements by any person; however personal or confidential they may appear to be. I respectfully request and direct you to release all such information upon the request of any representative of the Pointe Coupee Sheriff's Office, regardless of any agreement to the contrary I may have previously made with you.

I understand that the above information is for use by the Pointe Coupee Sheriff's Office in conducting a background investigation to determine my suitability for employment, and will be kept confidential. I understand that all materials obtained become the property of the Pointe Coupee Sheriff's Office.

I understand that I have rights guaranteed by law to privacy with regards to the disclosure and access of records or information concerning me, and I voluntarily, knowingly, and willingly waive those rights with the understanding that information furnished will be used by the Pointe Coupee Sheriff's Office in conjunction with employment procedures.

For and in consideration of the acceptance of my application for employment, I agree to hold the Pointe Coupee Sheriff's Office, its agents, and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Pointe Coupee Sheriff's Office.

I agree to indemnify and hold harmless any person or organization, and their agents and employees, to whom this request is presented, from any and against all claims, damages, losses and expenses, including reasonable attorneys fees, arising out of or by reason of complying with request.

A photocopy or fax of this release form will be valid as an original hereof, even though said photocopy does not contain my original signature.

Applicant Signature

Complete Address _____ Phone _____

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FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

As an applicant for employment or a current employee of the Pointe Coupee Parish Sheriff's Office ("Sheriff's Office"), you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, the Sheriff's Office may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: 1) considering your application for employment, 2) making a decision whether to offer you employment, 3) deciding whether to continue your employment (if you are hired), or 4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative, non-profit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as the Sheriff's Office.

A "consumer report" means any written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I _____, hereby voluntarily authorize the Pointe Coupee Parish Sheriff's Office to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at the Pointe Coupee Parish Sheriff's Office. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

SIGNATURE

DATE

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