



ST. JAMES PARISH SHERIFF'S OFFICE

Claude Louis Jr., Sheriff

P.O. BOX 83
5800 HWY. 44
CONVENT, LA 70723
PHONE: (225) 562-2377

IN GENERAL

DATE OF APPLICATION: _____

POSITION APPLYING FOR:

PATROL DISPATCH CORRECTIONS OFFICER

CLERICAL/SECRETARIAL OTHER (Please Specify) _____

I CAN PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB(S) FOR WHICH I AM APPLYING
 WITH 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: (ie. 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) <input type="checkbox"/> SAME AS ABOVE			
PRIMARY TELEPHONE NUMBER:		OTHER CONTACT METHODS:	
DRIVER'S LICENSE: STATE: NUMBER:		WORK: _____	
SOCIAL SECURITY NUMBER:		E-MAIL: _____	
		MOBILE: _____	
		OTHER: _____	
I <input type="checkbox"/> AM <input type="checkbox"/> AM NOT A CITIZEN OF THE UNITED STATES. *IF APPLICABLE, PLEASE SPECIFY THE COUNTRY OF YOUR CITIZENSHIP: _____			
I <input type="checkbox"/> CAN <input type="checkbox"/> CAN NOT SUBMIT VERIFICATION OF MY LEGAL RIGHT TO WORK IN THE UNITED STATES.			

NAME: _____
LAST _____
FIRST _____
MIDDLE _____

Application for Employment St. James Parish Sheriff's Office

LIST RESIDENCE(S) FOR THE PAST (10) YEARS				
DATES		STREET ADDRESS	CITY	STATE
FROM MONTH/YEAR	TO MONTH/YEAR			
HAVE YOU EVER RESIDED OUTSIDE OF THE STATE OF LOUISIANA OR OF THE UNITED STATES? IF "YES" GIVE LOCATION(S) AND DATE(S).			<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please answer the following questions. If you answer yes, please explain in the space provided (include details)

Do you or your spouse have any criminal or civil proceedings against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever received a traffic citation or been involved in a traffic accident?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been arrested, charged with, plead guilty, or been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been arrested, charged with, plead guilty, or been convicted of a Misdemeanor (within the last 5 years)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If employed by this agency, do you anticipate any income outside of your salary?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
As a law enforcement officer, if it became necessary for you to take a human life, would any religious or personal beliefs make you reluctant to do so?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

IS THERE ANYTHING IN YOUR PERSONAL LIFE THAT COULD EMBARRASS THE ST. JAMES PARISH SHERIFF'S OFFICE? IF "YES" PLEASE EXPLAIN:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I <input type="checkbox"/> AM <input type="checkbox"/> AM NOT	A REGISTERED VOTER OF _____ PARISH.
I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT	HAVE RELIABLE TRANSPORTATION TO WORK.
EMPLOYMENT WITH THE ST. JAMES PARISH SHERIFF'S OFFICE ENTAILS WORKING 8 HOUR AND/OR 12 HOUR SHIFTS, WORKING OVERTIME, AND WORKING ON HOLIDAYS, WEEKENDS, AND AT NIGHT. ALSO, DURING PERIODS OF EMERGENCY, YOU WILL BE UNABLE TO EVACUATE WITH YOUR FAMILY. PLEASE EXPLAIN ANY RESTRICTIONS ON YOUR ABILITY TO WORK THESE HOURS AND SCHEDULES AND CONDITIONS.	
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			IF NEITHER, HIGHEST GRADE COMPLETED:	
PROFESSIONAL/BUSINESS/TECHNICAL INSTITUTES & COLLEGES/UNIVERSITIES ATTENDED				
NAME OF INSTITUTION AND LOCATION	DATES ATTENDED (MONTH/YEAR)	GRADUATE (YES OR 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		
PROFESSIONAL LICENSES/CERTIFICATIONS				
TYPE OF LICENSE CERTIFICATION	DATE LICENSED & CERTIFIED	EXPIRATION DATE	NAME OF LICENSING/CERTIFYING AUTHORITY	

FINANCIAL INFORMATION

HAVE YOU EVER HAD WAGES GARNISHED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES," EXPLAIN:
HAVE THERE EVER BEEN ANY CIVIL JUDGEMENT(S) AGAINST YOU?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES," EXPLAIN:
HAVE YOU EVER FILED BANKRUPTCY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES," EXPLAIN:

LEGAL INFORMATION

HAVE YOU EVER BEEN A PLAINTIFF OR DEFENDANT IN A COURT ACTION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES," GIVE DATE, PLACE, COURT, NAME OF PARTIES INVOLVED, NATURE OF ACTION, AND FINAL DISPOSITION.
ARE YOU CURRENTLY PAYING ALIMONY AND/OR CHILD SUPPORT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES," EXPLAIN IN FULL, STATING WHETHER OR NOT YOU ARE PAYING BOTH ALIMONY AND CHILD SUPPORT, OR JUST ONE OF THE TWO. ALSO, INCLUDE YOUR MONTHLY PAYMENTS.
IF THE ANSWER TO THE ABOVE IS "YES," PLEASE STATE WHETHER OR NOT YOU ARE DELINQUENT IN ANY OF THESE PAYMENTS. IF DELINQUENT, STATE HOW MANY MONTHS DELINQUENT, TOTAL AMOUNT PAST DUE, AND REASON FOR DELINQUENCY.			

MISCELLANEOUS INFORMATION

ARE YOU PREJUDICED TOWARD ANY PARTICULAR RACE, COLOR, CREED, OR ORGANIZATION?

IF "YES," EXPLAIN:

YES

NO

DID YOU EVER BRIBE OR ATTEMPT TO BRIBE A LAW ENFORCEMENT OFFICER?

IF "YES," EXPLAIN:

YES

NO

DID YOU EVER ACCEPT A BRIBE?

IF "YES," EXPLAIN:

YES

NO

DID YOU EVER COMMIT PERJURY?

IF "YES," EXPLAIN:

YES

NO

HAVE YOU EVER COMMITTED A CRIME FOR WHICH YOU WERE NEVER ARRESTED?

YES

NO

LAW ENFORCEMENT EMPLOYMENT

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH A LAW ENFORCEMENT ORGANIZATION IN THE PAST?

IF "YES," FOR WHAT POSITION DID YOU APPLY?

YES

NO

WHICH AGENCY?

WHEN WAS THE APPLICATION FILED?

REASON NOT EMPLOYED (IF APPLICABLE)

ARE YOU LOUISIANA P.O.S.T. CERTIFIED?

YES

NO

IF "YES," LIST LOCATION OF TESTING

WORK/EMPLOYMENT HISTORY

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

EMPLOYER/COMPANY NAME:

ADDRESS:

TELEPHONE:

KIND OF BUSINESS:

JOB TITLE/POSITION:

EMPLOYED FROM:

MONTH/YEAR **TO** MONTH/YEAR

SUPERVISOR:

SUPERVISOR'S EMAIL:

BEGINNING ANNUAL SALARY:

ENDING ANNUAL SALARY:

REASON FOR LEAVING:

DUTIES: PLEASE LIST THE MAJOR DUTIES AND GIVE AN APPROXIMATE PERCENTAGE OF TIME SPENT ON EACH DUTY.

PERCENT OF TIME	MAJOR DUTIES

AWARDS/COMMENDATIONS: PLEASE LIST ANY AWARDS, COMMENDATIONS, AND/OR PROMOTIONS RECEIVED IN THE PERFORMANCE OF YOUR JOB DUTIES.

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.

NOTE: PLEASE USE ADDITIONAL PAGES IF NECESSARY.

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JOB TITLE/POSITION:

EMPLOYED FROM:

MONTH/YEAR **TO** MONTH/YEAR

SUPERVISOR:

SUPERVISOR'S EMAIL:

BEGINNING ANNUAL SALARY:

ENDING ANNUAL SALARY:

REASON FOR LEAVING:

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EMPLOYED FROM:

MONTH/YEAR **TO** MONTH/YEAR

SUPERVISOR:

SUPERVISOR'S EMAIL:

BEGINNING ANNUAL SALARY:

ENDING ANNUAL SALARY:

REASON FOR LEAVING:

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ADDRESS:

TELEPHONE:

KIND OF BUSINESS:

JOB TITLE/POSITION:

EMPLOYED FROM:

MONTH/YEAR TO MONTH/YEAR

SUPERVISOR:

SUPERVISOR'S EMAIL:

BEGINNING ANNUAL SALARY:

ENDING ANNUAL SALARY:

REASON FOR LEAVING:

DUTIES: PLEASE LIST THE MAJOR DUTIES AND GIVE AN APPROXIMATE PERCENTAGE OF TIME SPENT ON EACH DUTY.

PERCENT OF TIME	MAJOR DUTIES

AWARDS/COMMENDATIONS: PLEASE LIST ANY AWARDS, COMMENDATIONS, AND/OR PROMOTIONS RECEIVED IN THE PERFORMANCE OF YOUR JOB DUTIES.

DATE	DESCRIPTON 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.

MILITARY BACKGROUND

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

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

AND RECEIVED AN HONORABLE DISHONORABLE OTHER DISCHARGE

IF YOUR DISCHARGE WAS OTHER THAN HONORABLE, PLEASE EXPLAIN:

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

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

EXTRA KNOWLEDGE

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"/> CONSTRUCTION | <input type="checkbox"/> FIREARMS | <input type="checkbox"/> COMMUNICATIONS/ELECTRONICS | <input type="checkbox"/> LEGAL |
| <input type="checkbox"/> MUSIC | <input type="checkbox"/> PHOTOGRAPHY | <input type="checkbox"/> IDENTIFICATION | <input type="checkbox"/> COMPUTER SCIENCE |
| <input type="checkbox"/> AUTOMOTIVE | <input type="checkbox"/> MARTIAL ARTS | <input type="checkbox"/> OTHER(S) Please Specify: _____ | |

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

REFERENCES

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

NAME:	TELEPHONE:
MAILING ADDRESS: (STREET/P.O. BOX / CITY/ STATE/ZIP)	EMAIL ADDRESS:
NATURE OF RELATIONSHIP:	LENGTH OF TIME KNOWN:
NAME:	TELEPHONE:
MAILING ADDRESS: (STREET/P.O. BOX / CITY/ STATE/ZIP)	EMAIL ADDRESS:
NATURE OF RELATIONSHIP:	LENGTH OF TIME KNOWN:
NAME:	TELEPHONE:
MAILING ADDRESS: (STREET/P.O. BOX / CITY/ STATE/ZIP)	EMAIL ADDRESS:
NATURE OF RELATIONSHIP:	LENGTH OF TIME KNOWN:

MISCELLANEOUS

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

I HAVE HAVE NOT RECEIVED A TRAFFIC VIOLATION(S) DURING THE PAST FIVE (5) YEARS.
IF ALLPICABLE, PLEASE LIST THE VIOLATIONS RECEIVED BELOW:

VIOLATION:	DATE:	CITY/STATE:
VIOLATION:	DATE:	CITY/STATE:
VIOLATION:	DATE:	CITY/STATE:

ARRESTS: I HAVE HAVE NEVER BEEN ARRESTED.
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 HAVE NEVER BEEN CONVICTED OF A CRIME(S).
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 HAVE NOT ILLEGALLY USED DRUGS IN THE LAST (5) YEARS, AND
I HAVE HAVE NEVER SOLD OR DISTRIBUTED ILLEGAL DRUGS, PLEASE EXPLAIN IN THE EXPLANATION STATEMENT 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 IN THE EXPLANATION STATEMENT BELOW.

STRESS: I CAN CAN NOT ADEQUATELY FUNCTION IN HIGH STRESS SITUATIONS.
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 OF 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 DO NOT HAVE ANY RELATIVES, EITHER FAMILY OR ECONOMIC, ALREADY EMPLOYED WITH THE SHERIFF'S OFFICE.
IF APPLICABLE, PLEASE GIVE NAMES AND POSITIONS HELD:

NAME:	POSITION:	RELATIONSHIP:
NAME:	POSITION:	RELATIONSHIP:

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

NAME:	NAME:
ADDRESS:	ADDRESS:
RELATIONSHIP:	RELATIONSHIP:
TELEPHONE: PRIMARY: WORK:	TELEPHONE: PRIMARY: WORK:

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

The St. James Sheriff's Office recruits, 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 decision on employment so as to further equal employment opportunity.

I am applying to the St. James 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 St. James 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 give 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 Claude J. Louis, Jr. the St. James Sheriff's Office, employees of the St. James 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 St. James Sheriff's Office

I understand that nothing in this application or in the granting of an interview creates a contract between the St. James 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 St. James Sheriff's Office, 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 St. James Sheriff's Office is strictly at will employment, and that I have the right to terminate my employment at any time, subject to penalties with or without cause, and that the St. James 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 St. James Sheriff's Office regarding the verification of information provided herein.

_____ Signature of Applicant	_____ Date
PRINTED: _____	_____
FIRST	MIDDLE
	LAST
RECEIVED BY: _____	_____
NAME	POSITION
	DATE

PROVIDE A COPY OF THE FOLLOWING IF APPLICABLE:

- | | | |
|--|----------------------------|---------------------|
| BIRTH CERTIFICATE | HIGH SCHOOL/GED DIPLOMA | SOCAL SECURITY CARD |
| DRIVER'S LICENSE | COLLEGE TRANSCRIPT/DIPLOMA | MILITARY DD214 |
| OTHER CERTIFICATIONS (SUCH AS P.O.S.T. CERTIFICATE OR ADDITIONAL TRAINING) | | |