



# Sheriff Mike Tregre

## ST. JOHN THE BAPTIST PARISH

CITIZENS ACADEMY APPLICATION

(Please type or print in ink)

NAME: \_\_\_\_\_

Last

First

Middle

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (WORK/OTHER): \_\_\_\_\_

CELLPHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE \_\_\_\_\_

**EDUCATIONAL BACKGROUND (Please circle) High School – Diploma- GED**

COLLEGE NAME: \_\_\_\_\_ DEGREE RECEIVED: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

Organizations you are a member of (Civic, Community clubs, Neighborhood watch, etc.)

Why do you wish to attend the St. John Parish Sheriff's Office Citizen's Academy?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested and/or convicted of a crime? \_\_\_\_\_

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

***I give my permission to the St. John Parish Sheriff's Office to conduct a criminal history background check to determine my acceptance into the Citizen's Academy.***

Signature \_\_\_\_\_ Date \_\_\_\_\_



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I, \_\_\_\_\_ **DO HEREBY AUTHORIZE** any and all persons, employers, Partnerships, corporations, and all civilian and government entities, military agencies, law enforcement agencies, private, City, County, State and Federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed as a member of the St. John Parish Sheriff's Office Citizens Academy. This includes, but is not limited to, all information related to my character, integrity, reputation, conduct, and behavior. This authorizes release to the St. John Parish Sheriff's Office.

This release is in addition to, and intended to curtail or diminish, the authorization and immunity provided by statute, I **DO HEREBY RELEASE** from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return both pages of this application to:**

**St. John Parish Sheriff's Office  
100 Deputy Barton Granier Drive  
Laplace, LA 70068**

**ATTN: Bernell Charles**