

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 (Plea	ase circle) High School – Diploma-	GED
COLLEGE NAME:	DEGREE RECEIVED:	
OCCUPATION:	EMPLOYER:_	
Organizations you are a member of	(Civic, Community clubs, Neighbor	hood watch, etc.)
Why do you wish to attend the St. J	ohn Parish Sheriff's Office Citizen's	Academy?
Have you ever been arrested and/o	r convicted of a crime?	
If yes, explain:		
		, , , , , , , , , , , , , , , , , , ,
I give my permission to the St. John determine my acceptance into the		a criminal history background check to
Signature	Date	



LaPlace, LA 70068

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agencies, law enforcement agencies, privat furnish and exchange any and all available determining my suitability to be appointed Citizens Academy. This includes, but is no	_ DO HEREBY AUTHORIZE any and all persons, all civilian and government entities, military e, City, County, State and Federal entities to release, information relating to me for the purpose of as a member of the St. John Parish Sheriff's Office t limited to, all information related to my character, this authorizes release to the St. John Parish
	to curtail or diminish, the authorization and immunity <i>ASE</i> from any and all liability, all persons or entities ase.
Signature of Applicant:	Date:
Signature of Witness:	Date:
Please mail or return the completed forms ATTN: Dpy. Bernell Charles Lloyd B. Johnson Law Enforcement Train: 947 Cambridge Drive	