



LOUIS ACKAL
SHERIFF
EX-OFFICIO
TAX COLLECTOR

IBERIA PARISH SHERIFF'S DEPARTMENT

300 IBERIA STREET - SUITE 120
NEW IBERIA, LOUISIANA 70560-4584

PHONE 337-369-3714 · FAX 337-364-8406

Application for Employment

When returning your application for employment, please attach the following documentation:

A COPY OF YOUR:

1. Social Security Card
2. Current Driver's License
3. Diploma or G.E.D. Certificate
4. DD214 Form (for prior military experience)
5. Court Order(s) for Name Change(s)
6. BIRTH CERTIFICATE

Thank you.



Louis M. Ackal
Iberia Parish Sheriff's Office
Questionnaire for Employment

Iberia Parish Sheriff's Office is an equal opportunity employer. If applicable, reasonable accommodation under the Americans with Disabilities Act will be provided as required by law.

Position(s) Applied For: _____

Date: _____

Name:

Last

First

Middle

Address:

Number

Street

City/State/Zip

Telephone:

_____ (Home) _____ (Cell)

Social Security Number: _____

Email Address: _____

List other names that you are known by: _____

If you have lived at the above address for less than 5 years, enter other address(s) below

Are you over the age of 21? (Minimum age for Patrol Deputy)

Yes/No

If not, are you over the age of 18?

Yes

No

(If under 18, hiring is subject to verification of minimum legal age)

Do you possess a valid Driver's License?

Yes

No

Driver's License No. _____

State _____

Have you ever been arrested?

Yes

No

Have you ever been convicted?

Yes

No

If you answered yes to the last two questions, please give a brief description below:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position applied for may, however, will be considered.)

Have you ever filed an application with IPSO before? _____ Yes/No _____

If yes, when? _____

Type of employment desired: _____ Full _____ Part-Time _____ Temporary

Will you be available to work any shift - day, evening or night? _____ Yes/No _____

Date that you will be available to work _____

Are you a member of any online Social Networking sites? _____ Yes/No _____

If yes, please complete and sign Consent to Access Personal Internet Web Page form.

Can you operate a computer? _____ Yes _____ No

List software programs with which you are proficient? _____

List the dates (month and year) and branch for all ACTIVE DUTY military service.

Was this service performed on an active, full-time basis with full pay and allowance?

(Check YES or NO for each period of service.)

From	To	Branch of Service	Yes	No

Education:

High School:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____ Did you graduate? [] Y or [] N

Degree / Diploma earned: _____

If you did not graduate, do you have a G.E.D.? _____ Yes _____ No

College / University:

School name: _____
School address: _____
School city, state, zip: _____
Number of years completed: _____ Did you graduate? [] Y or [] N
Degree / Diploma earned: _____

Vocational School:

School name: _____
School address: _____
School city, state, zip: _____
Number of years completed: _____ Did you graduate? [] Y or [] N
Degree / Diploma earned: _____

Work Experience:

(Give a complete employment history. Add additional pages, if necessary.)

Employer/Company Name			
Street Address		Job Title	
City and State		Beginning Salary	Ending Salary
Dates of Employment (mo/dy/yr) From ___/___/___ To ___/___/___	Hrs worked per week	Reason for Leaving	
Name/Title of Supervisor			

Employer/Company Name			
Street Address		Job Title	
City and State		Beginning Salary	Ending Salary
Dates of Employment (mo/dy/yr) From ___/___/___ To ___/___/___	Hrs worked per week	Reason for Leaving	
Name/Title of Supervisor			

Employer/Company Name			
Street Address		Job Title	
City and State		Beginning Salary	Ending Salary
Dates of Employment (mo/dy/yr) From ___/___/___ To ___/___/___	Hrs worked per week	Reason for Leaving	
Name/Title of Supervisor			

Employer/Company Name			
Street Address		Job Title	
City and State		Beginning Salary	Ending Salary
Dates of Employment (mo/dy/yr) From ___/___/___ To ___/___/___	Hrs worked per week	Reason for Leaving	
Name/Title of Supervisor			

Employer/Company Name			
Street Address		Job Title	
City and State		Beginning Salary	Ending Salary
Dates of Employment (mo/dy/yr) From ___/___/___ To ___/___/___	Hrs worked per week	Reason for Leaving	
Name/Title of Supervisor			

Employer/Company Name			
Street Address		Job Title	
City and State		Beginning Salary	Ending Salary
Dates of Employment (mo/dy/yr) From ___/___/___ To ___/___/___	Hrs worked per week	Reason for Leaving	
Name/Title of Supervisor			

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? _____ Yes _____ No
(Note: The Iberia Parish Sheriff's Office complies with the ADA and will consider reasonable accommodation measures that may be necessary for eligible applicants and employees to perform essential functions. It is possible that an applicant may be tested on skill and/or agility and will be subject to a medical examination and evaluation conducted by a medical professional.)

References:

Give three references that are not former employers whom we may contact:

Name: _____	Phone: _____
_____	_____
_____	_____

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION:

AUTHORITY TO RELEASE INFORMATION: I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, personnel technicians and other authorized employees of the Iberia Parish Sheriff's Office, for the purpose of determining my eligibility and suitability for employment.

I certify that the statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that information on this application may be subject to investigation and verification and that any misrepresentation or material omission may cause my application to be rejected, my name to be removed from the eligible register, and/or subject me to immediate discharge, if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with the Iberia Parish Sheriff's Office, any employment relationship with Iberia Parish Sheriff's Office is considered "employment at will." This means that the Employee may resign at any time and that the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS.

DATE: _____	Signature of Applicant: _____
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LOUIS M. ACKAL
Iberia Parish Sheriff
300 Iberia Street, Suite 120
New Iberia, LA 70560
337-369-3714

**PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION**

TO:

Family Physician Name

Physician's Telephone Number

Please consider this my authorization for you to allow the Iberia Parish Sheriff's Office to obtain copies of all medical information, hospital reports, x-ray reports, and any other medical information which you may have concerning treatment to me for any purpose and at any time. This information is to be used to assist the Iberia Parish Sheriff's Office in determining my qualifications and fitness for the position I am seeking.

Please consider this my authorization for you to allow the Iberia Parish Sheriff's Office to obtain copies of my entire personnel file, to include my application for employment, the report of my pre-employment physical, reports of personal injury and medical records, and payroll records which reflect the term of my employment (i.e. the total number of days, weeks, months, etc.) and my gross earnings. This information is to be used to assist the Iberia Parish Sheriff's Office in determining my qualifications and fitness for the position I am seeking.

I hereby relieve and release you, and hold harmless the Iberia Parish Sheriff's Office and the individuals, agencies, and/or institutions who supplied the requested information from any liability or damage which may result from furnishing the information requested above. I further authorize a copy of this waiver to be used in lieu of the original.

Applicant's Signature

Date

Address

Witness

**Certified, Acknowledgment of Conditions for
Employment and Authority to Release Information**

The Iberia Parish Sheriff's Office recruits, hires, trains, and promotes all persons without regard to race, color, sex, religion, national origin, marital and familial status, political beliefs, 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 decisions on employment so as to further equal employment opportunity.

I am applying to Sheriff Louis Ackal and the Iberia 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 Iberia Parish 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 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 Louis Ackal, the Iberia Parish Sheriff's Office, employees of the Iberia Parish 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 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 Iberia Parish Sheriff's Office.

I understand that nothing in this application or in the granting of an interview creates a contract between the Iberia Parish 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 Iberia Parish, 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 mental 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 Iberia Parish Sheriff's Office is strictly at *will employment*, and that I have the right to terminate my employment at any time, with or without cause, and that the Iberia Parish 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 original authorizing any person, firm, or organization to release any information to the Iberia Parish Sheriff's Office regarding the verification of information provided herein.

Signature of Applicant

Date

Printed: First, Middle and Last Name

RECEIVED BY: _____

Name

Position

Date

CONSENT AND RELEASE FORM FOR CRIMINAL RECORDS CHECK

DATE: _____

HAVE YOU EVER BEEN CONVICTED OF DOMESTIC ABUSE
(MISDEMEANOR OR FELONY)? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY? YES _____ NO _____

I, _____, do hereby give my permission for the Iberia Parish Sheriff's Office to run a check of my criminal records (misdemeanor and / or felony) in accordance with 18 USC SECTION 921-A33; SECTION 922-D & G; SECTION 924-A2 before I can be considered for employment.

This Department has a policy whereby deputies are forbidden from having regular or continuance associations with persons whom they know or should know, are presently involved in criminal activity, suspected of being involved in criminal activity, had been previously involved in criminal activity, under investigation for criminal activity, under indictment, had been convicted of a felony, or may be involved in illegal activities considered to be felonies. The only exclusion would be because of family relation.

I understand and acknowledge the above IPSO policy regarding associations and hereby give written testimony to the following:

() I am currently in compliance with the above policy.

Signature

WITNESSES:

**Louis
Ackal**

**IBERIA PARISH
SHERIFF & EX-OFFICIO TAX COLLECTOR
300 Iberia Street, Suite 120
New Iberia, Louisiana 70560**

**APPLICANT CONSENT AND RELEASE FORM
FOR DRIVER'S LICENSE RECORD**

I, _____, DO HEREBY GIVE MY
PERMISSION FOR THE IBERIA PARISH SHERIFF'S OFFICE TO RUN A RECORD OF
MY DRIVER'S LICENSE.

MY DRIVER'S LICENSE #: _____

Signature

Witness

Date

APPLICANT CONSENT AND RELEASE FORM FOR DRUG TESTING

**IN CONSIDERATION FOR MY BEING CONSIDERED FOR EMPLOYMENT BY
THE IBERIA PARISH SHERIFF'S OFFICE, I, _____,
HEREBY GIVE MY CONSENT TO AND AUTHORIZE _____
TO PERFORM ANY TESTING OR MEDICAL PROCEDURES NECESSARY TO
DETERMINE THE PRESENCE AND/OR LEVEL OF DRUGS IN MY BODY.**

**I FURTHER GIVE MY CONSENT TO RELEASE TO THE IBERIA PARISH
SHERIFF'S OFFICE OR ITS DESIGNATED AGENTS THE RESULTS OF ANY MEDICAL
TEST PERFORMED BY _____ INCLUDING ANY
TESTS OR MEDICAL PROCEDURES TO DETERMINE THE LEVEL AND/OR PRESENCE
OF DRUGS.**

**I REALIZE THAT MY REFUSAL TO SIGN THIS FORM CONSTITUTES A VIOLATION
OF THE STATED POLICY OF THE IBERIA PARISH SHERIFF'S OFFICE AND, FOR
THAT REFUSAL, I WILL NOT BE CONSIDERED FOR AND KNOWINGLY WAIVE ANY
POSSIBILITY OF EMPLOYMENT WITH THE IBERIA PARISH SHERIFF'S OFFICE. A
COPY OF THIS CONSENT FORM SHALL BE VALID AS AN ORIGINAL.**

**I UNDERSTAND THAT THIS CONSENT AND RELEASE FORM SHALL BE
VALID FOR MY LENGTH OF EMPLOYMENT WITH THE IBERIA PARISH SHERIFF'S
OFFICE.**

APPLICANT _____

WITNESS _____

DATE _____

APPLICANT CONSENT AND RELEASE FORM FOR PSYCHOLOGICAL TESTING

**IN CONSIDERATION FOR MY BEING CONSIDERED FOR EMPLOYMENT BY
THE IBERIA PARISH SHERIFF'S OFFICE, I, _____,
HEREBY GIVE MY CONSENT TO AND AUTHORIZE THE DULY APPOINTED TESTING
FIRM(S) TO PERFORM ANY TESTING AND/OR PROCEDURES NECESSARY TO
DETERMINE MY PSYCHOLOGICAL PROFILE.**

**I FURTHER GIVE MY CONSENT TO RELEASE TO THE IBERIA PARISH
SHERIFF'S OFFICE OR ITS DESIGNATED AGENTS, THE RESULTS OF ANY TEST
PERFORMED BY SAID TESTING FIRM(S) INCLUDING ANY TESTS OR PROCEDURES
TO DETERMINE MY PSYCHOLOGICAL PROFILE.**

**I REALIZE THAT MY REFUSAL TO SIGN THIS FORM CONSTITUTES A VIOLATION
OF THE STATED POLICY OF THE IBERIA PARISH SHERIFF'S OFFICE AND, FOR
THAT REFUSAL, I WILL NOT BE CONSIDERED FOR AND KNOWINGLY WAIVE ANY
POSSIBILITY OF EMPLOYMENT WITH THE IBERIA PARISH SHERIFF'S OFFICE. A
COPY OF THIS CONSENT FORM SHALL BE VALID AS AN ORIGINAL.**

**I UNDERSTAND THAT THIS CONSENT AND RELEASE FORM SHALL BE
VALID FOR MY LENGTH OF EMPLOYMENT WITH THE IBERIA PARISH SHERIFF'S
OFFICE.**

APPLICANT _____

WITNESS _____

DATE _____

APPLICANT CONSENT FOR DNA SAMPLE

IN CONSIDERATION FOR MY BEING CONSIDERED FOR EMPLOYMENT BY THE IBERIA PARISH SHERIFF'S OFFICE, I, _____, HEREBY GIVE MY CONSENT TO AND AUTHORIZE THE IBERIA PARISH SHERIFF'S OFFICE TO TAKE A BIOLOGICAL SAMPLE OF MY DNA BY ORAL SWAB.

I FURTHER GIVE MY CONSENT TO STORE MY DNA SAMPLE WITH THE IBERIA PARISH SHERIFF'S OFFICE IN A SECURE AND PROTECTIVE MANNER AND LOCATION.

IT IS MY UNDERSTANDING THAT MY STORED DNA SAMPLE WITH MY EMPLOYER, THE IBERIA PARISH SHERIFF'S OFFICE WILL NOT BE TESTED OR ANALYZED UNTIL I, _____ GIVE MY WRITTEN PERMISSION FOR THIS TESTING. SHOULD I REFUSE TO GIVE MY WRITTEN PERMISSION I UNDERSTAND THE COURT MAY ISSUE AN ORDER AUTHORIZING THE TESTING OF MY DNA SHOULD PROBABLE CAUSE EXIST.

I REALIZE THAT MY REFUSAL TO SIGN THIS FORM CONSTITUTES A VIOLATION OF A STATE LAW ACT NO. 894 EFFECTIVE AUGUST 15, 2003 AND FOR THAT REFUSAL I WILL NOT BE CONSIDERED FOR AND KNOWINGLY WAIVE ANY POSSIBILITY OF EMPLOYMENT WITH THE IBERIA PARISH SHERIFF'S OFFICE.

A COPY OF THIS CONSENT FORM SHALL BE VALID AS AN ORIGINAL.

I UNDERSTAND THAT THIS CONSENT FORM SHALL BE VALID FOR THE LENGTH OF MY EMPLOYMENT WITH THE IBERIA PARISH SHERIFF'S OFFICE.

APPLICANT _____

WITNESS _____

DATE _____

LOUIS M. Ackal

**IBERIA PARISH
SHERIFF & EX-OFFICIO TAX COLLECTOR
300 Iberia Street, Suite 120
New Iberia, Louisiana 70560**

APPLICANT CONSENT TO ACCESS PERSONAL INTERNET WEB PAGE

IN CONSIDERATION FOR MY BEING CONSIDERED FOR EMPLOYMENT BY THE IBERIA PARISH SHERIFF'S DEPARTMENT, I HEREBY GIVE MY PERMISSION AND CONSENT FOR THE IBERIA PARISH SHERIFF'S DEPARTMENT TO ACCESS ANY AND ALL OF MY PERSONAL INTERNET WEB PAGE(S). IF MY WEB PAGE(S) IS(ARE) SET TO "PERSONAL," I NEVERTHELESS AGREE TO ALLOW THE SHERIFF'S DEPARTMENT TO HAVE ACCESS AND WILL ASSIST THE SHERIFF'S DEPARTMENT OR ITS INFORMATION TECHNOLOGIST (IT) TO GAIN SUCH ACCESS.

MY PERSONAL INTERNET WEB PAGE SITES AND MEMBER NAME(S)/ID(S): (list all)

I REALIZE THAT MY REFUSAL TO SIGN THIS FORM CONSTITUTES A VIOLATION OF THE STATED POLICY OF THE IBERIA PARISH SHERIFF'S DEPARTMENT AND, FOR THAT REFUSAL, I WILL NOT BE CONSIDERED FOR AND KNOWINGLY WAIVE ANY POSSIBILITY OF EMPLOYMENT WITH THE IBERIA PARISH SHERIFF'S DEPARTMENT. A COPY OF THIS CONSENT FORM SHALL BE VALID AS AN ORIGINAL.

I UNDERSTAND THAT THIS CONSENT AND RELEASE FORM SHALL BE VALID FOR MY LENGTH OF EMPLOYMENT WITH THE IBERIA PARISH SHERIFF'S DEPARTMENT.

DATE: _____

APPLICANT