



Livingston Parish Sheriff's Office Law Enforcement Explorer Post Application

(Please fill out completely or the application will not be processed)

Step 1.

Application

Complete application (Release of Personal Information Form and Parent Authorization must be notarized) and return to:

Livingston Parish Sheriff's Office
Law Enforcement Explorer Post
29225 Woodside Drive
Walker, LA 70785

Step 2.

Application Review

Your application will be reviewed by the Explorer staff. All areas must be completed or have N/A placed for Not applicable information in order to be processed.

Step 3.

Character Reference

Four (4) reference forms will be mailed to the individuals you have provided on the application. Failure to provide complete address information will result in the application being denied. Character references must be returned within thirty (30) days from the date of mailing by Explorer staff. Contact the Explorer office at 686-2241 ext. 702 to check on the status approximately 2 1/2 weeks after you submit your application.

Step 4.

Interview and Fingerprint

Upon receipt of three completed and positive character reference forms, applicant will be contacted by Explorer staff to establish a time for an interview with the coordinator and fingerprinting.

Step 5.

Acceptance or Non-Acceptance

All applicants will be notified by mail of their acceptance or non-acceptance to the program. Please note under "Terms and Signature" section of the application, an application relieves the Livingston Parish Sheriff's Office from providing a reason for denial to the program.

Upon acceptance you will be required to attend an eight (8) hour Orientation Session including Sexual harassment and Cultural Dynamics Training.

Acknowledgement of LPSO Explorer Scout Manual

I, _____, acknowledge receipt on _____ day
of _____, 20 ____ of my copy of the *Livingston Parish Sheriff's Office
Explorer Scout Standard Operating Policies and Procedures Manual*. I understand
that this copy remains the property of the Livingston Parish Sheriff's Office and must
be returned upon my completion of the Explorer Scout Program or at any time upon
direction of the Sheriff or Explorer Scout Advisor.

I understand and acknowledge my responsibility to familiarize myself with and
understand the contents of this manual and to comply with the directives contained
within. I further acknowledge my responsibility to bring to the immediate attention of
my Advisor any questions or concerns I may have about any of these directives.

I also acknowledge my responsibility to maintain the currency of my copy by
adding and/or deleting the pages provided to me by my advisor.

Issued to: _____

Issued by: _____

Date: _____



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Please fill out completely or the application will not be processed. If any section does not apply to you, please indicate by writing N/A. The Livingston Parish Sheriff's office appreciates your interest in service and commends your spirit to volunteer in our Explorer Post.

PERSONAL INFORMATION:

Last Name	First Name	Date of Birth	Age	Social Security Number	
Home Address	City	State	Zip	Place of Birth	
Home Phone:	Cell Number:	Other Names Used:			
Previous Address(s): (Last Five Years)					

CRIMINAL HISTORY AND DRIVING RECORD:

Louisiana Driver's License Number	Has your license ever been suspended or revoked: <div style="text-align: center;">Yes No</div>
Have you ever been convicted of a crime? Yes _____ No _____	
If yes, please explain:	
Traffic Citations and accidents for the past two years:	

REFERENCES:

References: DO NOT USE FAMILY MEMBERS AS REFERENCES. List four (4) individuals you have known for at least 5 years. (Please list name, complete mailing address with zip code and telephone number)

Name	Address	Zip	Phone Number
1			
2			
3			
4			

EDUCATION BACKGROUND AND MILITARY EXPERIENCE

Please check the highest level of education completed:

Some High School _____

High School Diploma _____

Some College Study _____

College Degree _____

Some Graduate Study _____

Graduate Degree _____

High School Attending and Grade:

College Attended:

Military Service:

Rank:

Time Served:

Date Discharged:

EMPLOYMENT HISTORY

Current Employer:

Occupation:

Supervisor Name:

Hire Date:

Business Address: (Include City, State, and Zip Code)

Phone Number:

Employment for past five (5) years (Please include firm name, address, supervisor, and dates)

1

2

3

4

5

Tell us a little about you.....

What are your Hobbies and Interests?

Have you volunteered before? If so, what did you do and where?

Have you ever been in Scouting before? If so, explain.

Please briefly state why you wish to be a Law Enforcement Volunteer for the Livingston Parish Sheriff's Office. (Use back of page if necessary) *This question must be answered.*

EMERGENCY INFORMATION

Please list 2 emergency contacts:

Name:	Relationship:	Daytime Phone Number:
Address:		Evening Phone Number:
Name:	Relationship:	Daytime Phone Number:
Address:		Evening Phone Number:

TERMS AND SIGNATURE:

As an applicant for membership in the Livingston Parish Sheriff's Office Explorer Post, I am willing to furnish information for use in determining my qualifications.

I understand that for security reasons a basic clearance check/background will be conducted and I will be fingerprinted. Further background information will be requested only if a specific volunteer assignment calls for a full security check.

I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the Explorer Post Program.

I understand that the Livingston Parish Sheriff's Office will not disclose any of my information to any outside entity without my written consent.

I understand that the Livingston Parish Sheriff's Office will not have to disclose the reason, if any, for not being selected to the program.

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the Livingston Parish Sheriff's Office to verify criminal history and driving records as part of the background process. If accepted to perform volunteer duties for the Livingston Parish Sheriff's Office, I understand I may be privy to confidential information and promise to respect and not disperse any Livingston Parish Sheriff's Office information.

Signature_____
Date

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I respectfully request and authorize you to furnish the Livingston Parish Sheriff's Office any and all information that you may have concerning me, or my reputation. This includes, but is not limited to, the following information:

- Employment Record (attendance, performance, etc.)
- Polygraph Examination Results
- Criminal Records and Reports
- Education Records
- Military Records (disciplinary actions)
- Information of a confidential nature or information considered as privileged and Photostats of same, if requested

I hereby direct you to release such information upon request of bearer.

This information is to be used to assist the Livingston Parish Sheriff's Office in determining my acceptance as a "Law Enforcement Explorer".

I hereby release you, your organization or anyone furnishing such information from any and all liability for damages of whatever kind of nature which may at any time result in harm to me from furnishing the information requested above on account of compliance or attempts to comply with this authorization.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.

This form may be retained in your files.

Printed Name of Applicant

Signature of Applicant

Signature of Parent/Guardian (if under 18)

Date

Address

City, State, Zip Code

Date of Birth

Social Security No

Race Sex

Drivers License No. (include st)