



INSTRUCTIONS

NO FAX TRANSMITTALS WILL BE ACCEPTED

Minimum Qualifications:

1. Two (2) years of experience as a Peace Officer Standards and Training (POST) certified peace officer in a full-time position, whose job duties include armed duty with the power of arrest, (*jailer/correctional officer experience does not qualify under Option 1, please refer to Option 5*), **revised May 1, 2008**; or
2. A minimum of sixty (60) semester hours from an accredited college or university, (must attach transcript or degree); or
3. Any two (2) year combination of Options 1 and 2 above, whereby thirty (30) semester hours will be equivalent to one (1) year of experience; or
4. Three (3) years of continuous active military duty in the United States Military, (must attach a DD-214 or letter from current commanding officer verifying service), *effective October 1, 2001*; or
5. Eight (8) consecutive years of full-time governmental employment (federal, state, or local government).

Necessary Special Requirements:

- Must be able to read, write and speak the English language.
- Must possess a high school diploma or equivalency.
- Must be at least eighteen (18) years old at time of application.
- Must possess a valid Louisiana Driver's License at time of appointment.
- Must pass physical examination, and physical fitness test.
- Must submit to a drug screen and a risk assessment.

An applicant will be disqualified if there are any indictments or bills of information pending against him in which he is charged with a felony, or if he has been convicted within the past three (3) years of hit and run or driving while intoxicated. An applicant who has been convicted of a felony will be disqualified until relief from the disabilities imposed by the state and federal law is granted.

NOTE:

Any college hours or degree must be from a school accredited by one of the following regional accrediting bodies: the Middle States Association of Colleges and Secondary Schools; the New England Association of Schools and Colleges, Incorporated; the North Central Association of Colleges and Secondary Schools; the Northwest Association of Secondary and Higher Schools; the Southern Association of Colleges and Secondary Schools; the Western Association of Schools and Colleges.

False statements of any material fact, any attempt to practice deception or fraud will result in the Director rejecting your application and refusing to administer the examination to the applicant. [See *State Police Commission Rule 7.5(a)8.*]

NOTICE: ALL APPLICANTS WILL BE SUBJECT TO DRUG SCREENING AND INTENSIVE BACKGROUND INVESTIGATION.

1. DO NOT SUBMIT A RESUME INSTEAD OF THIS APPLICATION. SUBMIT ONLY ONE (1) APPLICATION.
2. TYPE OR PRINT CLEARLY.
3. If you need more space for an answer, you may attach extra sheets. Use 8 1/2 x 11 paper, and make sure your name and Social Security Number are on each extra sheet.
4. If you do not answer all questions completely, your application may be rejected, returned to you or delayed several weeks.
5. Your Social Security Number and Zip Code are essential pieces of information. Applications without this information cannot be processed.
6. If appointed, you shall be required to submit satisfactory proof of your identity and/or legal authorization to work in the United States. Failure to submit this proof could prohibit your hiring under Federal Law.
7. The State Police Commission accepts photocopies of applications. If you submit a copy, be sure that you have correctly signed and dated the copy with the current date. Once submitted, your application and all attachments become the permanent property of the State Police Commission. The applicant is responsible for keeping a copy prior to submission to this agency. We cannot make copies of applications.
8. If you require special testing procedures or accommodations, you must attach a description of the type of accommodations needed to the front of your application.
9. Veteran's Preference in Hiring - To claim veteran's preference on this application, please check "Yes" on Item 8, page 1. Veteran's preference is granted to veterans who first achieve a passing score and were discharged honorably or under honorable conditions from the U.S. Armed Forces after serving during the following wartime periods:
 - July 1, 1958 through May 7, 1975, except the period July 1, 1958 through August 4, 1964, shall apply only to those who served within the area known as the Vietnam Theater; or

- served in a peacetime campaign or expedition for which campaign badges are authorized.

To claim veteran's preference, attach a copy of the DD-214 or other official records to your application. If you do not attach the required proof of service, preference will not be indicated. Disabled veterans, spouses of disabled veterans, un-remarried widows of deceased veterans, un-remarried widowed parents or divorced or separated parents of deceased or totally and permanently disabled veterans should complete and attach form SF-11 and supporting documentation for preference. If you are still serving in an "active" status, you may provide correspondence from your Commanding Officer, providing the information required for veteran's preference.

10. Instructions for Work Experience - This section is used to determine whether you qualify for the position for which you have applied. Your education and experience must clearly show that you meet the minimum qualifications stated above.

DO NOT LEAVE OUT ANY WORK EXPERIENCE. It is especially important that you fill out the beginning and ending dates and the average number of hours per week worked for each job listed.

- Start with your first job in Block A and work forward, ending with your most recent or present position.
- Give brief but complete descriptions of your major work duties for each job listed. Estimate the percentage of time spent performing each duty, not to exceed a total of 100%.
- Attach a sheet of 8 1/2" x 11" paper to add additional jobs or information. Use the same format as the work experience blocks of the application.
- DO NOT attach resumes, performance appraisal, training records, high school diplomas or service ratings to your application. Present these only if requested.
- State Employees: Give dates and official classified title (not working title) for each job you have held, especially for progressive levels in the same series. We cannot accept preprinted job specifications in place of a description of your job duties.
- Law Enforcement Experience: In addition to listing the duties performed and percent of time performed, indicate whether your position included arrest powers

11. If using certified mail, return the completed application, along with the requested attachments, to the State Police Commission, 7901 Independence Blvd, Bldg A, Baton Rouge, LA 70806.

STATE PRE-EMPLOYMENT APPLICATION

STATE OF LOUISIANA
 STATE POLICE COMMISSION
 P. O. Box 66555
 Baton Rouge, LA 70896-6555
 www.laspc.com

FOR OFFICE USE ONLY

1. ENTER NAME AND COMPLETE ADDRESS BELOW

Name (First)	(Middle)	(Last)
Mailing Address		
City	State	Zip Code
Date of Birth	E-Mail Address	

2. SOCIAL SECURITY NUMBER
 (for identification purposes)

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Work Telephone No.
 ()

Home Telephone No.
 ()

3. REGISTER TITLES APPLIED FOR	requested documents	FOR OFFICE USE				
State Police Cadet	DD-214 <input type="checkbox"/> Transcript <input type="checkbox"/>	SER	VP	REJ	REG	TR

4. YES NO Do you possess a valid driver's license?
5. YES NO Are you currently holding or running for an elective public office?
6. YES NO Have you ever been convicted of a felony?
7. YES NO Have you ever been fired from public employment, to include military service, or resigned to avoid dismissal?
- NOTE: If answers to items 6 and/or 7 are "YES", you MUST complete Item 15 on Page 2 of this application.**
8. YES NO Are you claiming Veteran's Preference on this application?
 (If "YES", see item 13 below and on page 2)

Last
 F I R S T
 M I D D L E
 N A M E
 H E R E
 A P P L I C A N T
 Y O U R

The following information is collected to complete Equal Opportunity Reports required by law. you ARE NOT LEGALLY OBLIGATED to provide this information.

9. RACIAL/ETHNIC GROUP <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native	10. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
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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 state government 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 dismissal from state service.

11. Date	12. Signature of Applicant
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13. ACTIVE MILITARY SERVICE/VETERAN'S PREFERENCE
 See Instruction Page to determine your eligibility for Veteran's Preference. If you are claiming Veteran's Preference, required PROOF MUST BE ATTACHED. (Long Form DD-214 indicating type of discharge.)

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

List all GRADES held and dates of each grade. Begin with the highest grade. IMPORTANT: Use E-, O-, or WO-grade.

FROM	TO	GRADE HELD	FROM	TO	GRADE HELD

14. FORMAL EDUCATION (Provide official college transcript or copy of diploma.)

Have you received a high school diploma or equivalency certificate? YES NO Date received: _____

LIST COLLEGES OR UNIVERSITIES ATTENDING	NAME OF COLLEGE OR UNIVERSITY/ CITY AND STATE	Dates Attended (Month & Year)		Total Credit Hours Earned Semester or Quarter	Type of Degree Earned (BA, MA, etc.)	Major Field of Study	Date Degree Received (Mo & Yr)
		FROM	TO				

15. Explain a "YES" answer to items 6 and/or 7 here.

(Use additional comments section at the end of this application if more space is needed.)

16. WORK EXPERIENCE - Law Enforcement/Military Experience Only. Corrections positions are not considered as qualifying law enforcement experience.

A	Employer/Company Name		
	Street Address		Your Official Job Title
City and State		Beginning Salary	Ending Salary
Dates of Employment (Mo/Dy/Yr) From / / To / /		Avg. Hrs. Worked Per Week	No. of Employees You Directly Supervised
Name/Title of Your Supervisor		List Job Titles Of Employees You Directly Supervised	
Arrest Powers: <input type="checkbox"/> YES <input type="checkbox"/> NO			

DUTIES: List major duties involved with job and give approximate percentage of time spent on each duty.

% of Time	Major Duties
100%	

16. WORK EXPERIENCE (continued)				
B	Employer/Company Name		Kind of Business	
	Street Address		Your Official Job Title	
City and State		Beginning Salary	Ending Salary	
Dates of Employment (Mo/Dy/Yr) From / / To / /		Avg. Hrs. Worked Per Week	Reason for Leaving	No. of Employees You Directly Supervised
Name/Title of Your Supervisor		List Job Titles Of Employees You Directly Supervised		
Name/Title of Person Who Can Verify This Employment (If Other Than Supervisor)				
DUTIES: List major duties involved with job and give approximate percentage of time spent on each duty.				
% of Time	Major Duties			
100%				
C	Employer/Company Name		Kind of Business	
	Street Address		Your Official Job Title	
City and State		Beginning Salary	Ending Salary	
Dates of Employment (Mo/Dy/Yr) From / / To / /		Avg. Hrs. Worked Per Week	Reason for Leaving	No. of Employees You Directly Supervised
Name/Title of Your Supervisor		List Job Titles Of Employees You Directly Supervised		
Name/Title of Person Who Can Verify This Employment (If Other Than Supervisor)				
DUTIES: List major duties involved with job and give approximate percentage of time spent on each duty.				
% of Time	Major Duties			
100%				

16. WORK EXPERIENCE (continued)				
D	Employer/Company Name		Kind of Business	
	Street Address		Your Official Job Title	
City and State		Beginning Salary	Ending Salary	
Dates of Employment (Mo/Dy/Yr) From / / To / /		Avg. Hrs. Worked Per Week	Reason for Leaving	No. of Employees You Directly Supervised
Name/Title of Your Supervisor		List Job Titles Of Employees You Directly Supervised		
Name/Title of Person Who Can Verify This Employment (If Other Than Supervisor)				
DUTIES: List major duties involved with job and give approximate percentage of time spent on each duty.				
% of Time	Major Duties			
100%				
E	Employer/Company Name		Kind of Business	
	Street Address		Your Official Job Title	
City and State		Beginning Salary	Ending Salary	
Dates of Employment (Mo/Dy/Yr) From / / To / /		Avg. Hrs. Worked Per Week	Reason for Leaving	No. of Employees You Directly Supervised
Name/Title of Your Supervisor		List Job Titles Of Employees You Directly Supervised		
Name/Title of Person Who Can Verify This Employment (If Other Than Supervisor)				
DUTIES: List major duties involved with job and give approximate percentage of time spent on each duty.				
% of Time	Major Duties			
100%				

16. WORK EXPERIENCE (continued)			
F	Employer/Company Name		Kind of Business
	Street Address		Your Official Job Title
City and State		Beginning Salary	Ending Salary
Dates of Employment (Mo/Dy/Yr) From / / To / /		Avg. Hrs. Worked Per Week	Reason for Leaving
Name/Title of Your Supervisor		No. of Employees You Directly Supervised	
Name/Title of Person Who Can Verify This Employment (If Other Than Supervisor)		List Job Titles Of Employees You Directly Supervised	
DUTIES: List major duties involved with job and give approximate percentage of time spent on each duty.			
% of Time	Major Duties		
100%			
G	Employer/Company Name		Kind of Business
	Street Address		Your Official Job Title
City and State		Beginning Salary	Ending Salary
Dates of Employment (Mo/Dy/Yr) From / / To / /		Avg. Hrs. Worked Per Week	Reason for Leaving
Name/Title of Your Supervisor		No. of Employees You Directly Supervised	
Name/Title of Person Who Can Verify This Employment (If Other Than Supervisor)		List Job Titles Of Employees You Directly Supervised	
DUTIES: List major duties involved with job and give approximate percentage of time spent on each duty.			
% of Time	Major Duties		
100%			

If additional space is required for WORK EXPERIENCE, attach a separate 8 1/2" x 11" sheet. Use same format as on this application.

ADDITIONAL COMMENTS