



Mike Tregre
SHERIFF

1801 W. Airline Hwy., LaPlace, LA 70068

Name: _____

Last _____

First _____

Middle _____

IN GENERAL

DATE OF APPLICATION:

POSITION APPLYING FOR:

- ☐ PATROL ☐ COMMUNICATIONS EQUIPMENT OPERATOR ☐ CORRECTIONS OFFICER
☐ CLERICAL / SECRETARIAL ☐ OTHER (Please Specify): _____

I CAN PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB(S) FOR WHICH I AM APPLYING

- ☐ WITH
☐ WITHOUT

REASONABLE ACCOMMODATION(S). IF REASONABLE ACCOMMODATION IS NECESSARY, PLEASE SPECIFY:

PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SUFFIX:
NICKNAMES OR OTHER NAMES I HAVE USED OR AM KNOWN BY: (ie. Maiden, Change of Name, Nicknames, Alias, etc.)			
HEIGHT:	WEIGHT:	DATE OF BIRTH:	
BIRTHPLACE:	HAIR COLOR:	EYE COLOR:	SEX:
PHYSICAL ADDRESS (Street / City / State / Zip):			
MAILING ADDRESS (Street / P.O. Box / City / State / Zip): <input type="checkbox"/> SAME AS ABOVE			
HOME TELEPHONE NO.:		OTHER TELEPHONE NOS.:	
DRIVER'S LICENSE:		WORK: _____	
STATE: NUMBER:		E-MAIL: _____	
SOCIAL SECURITY NO.:		MOBILE: _____	
		OTHER: _____	
I <input type="checkbox"/> AM A CITIZEN OF THE UNITED STATES. *IF APPLICABLE, PLEASE SPECIFY THE COUNTRY OF YOUR <input type="checkbox"/> AM NOT CITIZENSHIP: _____			
I <input type="checkbox"/> CAN SUBMIT VERIFICATION OF MY LEGAL RIGHT TO WORK IN THE UNITED STATES. <input type="checkbox"/> CAN NOT			

Application for Employment St. John the Baptist Parish Sheriff's Office

We are an equal opportunity employer.

We do not discriminate based on handicap status.

LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS:

FROM	DATES	TO	Street Address	City	State
MONTH/YR	MONTH/YR	MONTH/YR			

HAVE YOU EVER RESIDED OUTSIDE OF THE STATE OF LOUISIANA OR OF THE UNITED STATES? ☐ YES ☐ NO
IF "YES" GIVE LOCATION(S) AND DATE(S).

Please answer the following questions. If you answer yes, please explain in the space provided (include dates).

Do you or your spouse have any criminal or civil proceedings pending against you?	Y () N ()	
Have you ever received a traffic citation or been involved in a traffic accident?	Y () N ()	
Have you ever been arrested, charged with, plead guilty, or been convicted of a felony?	Y () N ()	
Have you ever been arrested, charged with, plead guilty, or been convicted of a misdemeanor?	Y () N ()	
If employed by this agency, do you anticipate any income outside of your salary?	Y () N ()	
As a law enforcement officer, if it became necessary for you to take a human life, would any religious or personal beliefs make you reluctant to do so?	Y () N ()	

IS THERE ANYTHING IN YOUR PERSONAL LIFE THAT COULD EMBARRASS THE ST. JOHN PARISH SHERIFF'S OFFICE?

☐ YES ☐ NO IF "YES," EXPLAIN:

I	<input type="checkbox"/> AM <input type="checkbox"/> AM NOT	A REGISTERED VOTER OF _____ PARISH.
I	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT	HAVE RELIABLE TRANSPORTATION TO WORK.
EMPLOYMENT WITH THE ST. JOHN THE BAPTIST PARISH SHERIFF'S OFFICE ENTAILS WORKING 8 HOUR AND/OR 12 HOUR SHIFTS, WORKING OVERTIME, AND WORKING ON HOLIDAYS, WEEKENDS, AND AT NIGHT. ALSO, DURING PERIODS OF EMERGENCY, YOU WILL BE UNABLE TO EVACUATE WITH YOUR FAMILY. PLEASE EXPLAIN ANY RESTRICTIONS ON YOUR ABILITY TO WORK THESE HOURS AND SCHEDULES & CONDITIONS.		
WHAT ARE YOUR CAREER GOALS AND OBJECTIVES?		
I AM AVAILABLE TO BEGIN WORK ON:		MY DESIRED ANNUAL SALARY IS:

TRAINING AND EDUCATION				
NAME OF LAST HIGH SCHOOL ATTENDED:		LOCATION OF HIGH SCHOOL:		
I RECEIVED A <input type="checkbox"/> DIPLOMA FROM: _____ <input type="checkbox"/> GED		IF NEITHER, HIGHEST GRADE COMPLETED:		
PROFESSIONAL/BUSINESS/TECHNICAL INSTITUTES & COLLEGES/UNIVERSITIES ATTENDED				
NAME OF INSTITUTION AND LOCATION	DATES ATTENDED (Month / Year)	GRADUATE (Yes or No)	TYPE OF DEGREE EARNED	TITLE OF PROGRAM OR FIELD OF STUDY
	FROM: / TO: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	FROM: / TO: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	FROM: / TO: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	FROM: / TO: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	FROM: / TO: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	FROM: / TO: /	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PROFESSIONAL LICENSES / CERTIFICATIONS				
TYPE OF LICENSE / CERTIFICATION	DATE ORIGINALLY LICENSED / CERTIFIED	EXPIRATION DATE	NAME OF LICENSING / CERTIFYING AUTHORITY	

FINANCIAL INFORMATION

HAVE YOU EVER HAD WAGES GARNISHED?

☐ YES

☐ NO

IF "YES," EXPLAIN:

HAVE THERE EVER BEEN ANY CIVIL JUDGEMENT(S) AGAINST YOU?

☐ YES

☐ NO

IF "YES," EXPLAIN:

HAVE YOU EVER FILED BANKRUPTCY?

☐ YES

☐ NO

IF "YES," EXPLAIN:

LEGAL INFORMATION

HAVE YOU EVER BEEN A PLAINTIFF OR DEFENDANT IN A COURT ACTION?

☐ YES

☐ NO

IF "YES," GIVE DATE, PLACE, COURT, NAME OF PARTIES INVOLVED, NATURE OF ACTION, AND FINAL DISPOSITION.

ARE YOU CURRENTLY PAYING ALIMONY AND/OR CHILD SUPPORT?

☐ YES

☐ NO

IF "YES," EXPLAIN IN FULL, STATING WHETHER OR NOT YOU ARE PAYING BOTH ALIMONY AND CHILD SUPPORT, OR JUST ONE OF THE TWO. ALSO, INCLUDE YOUR MONTHLY PAYMENTS.

IF THE ANSWER TO THE ABOVE IS "YES," PLEASE STATE WHETHER OR NOT YOU ARE DELINQUENT IN ANY OF THESE PAYMENTS.

☐ YES

☐ NO

IF DELINQUENT, STATE HOW MANY MONTHS DELINQUENT, TOTAL AMOUNT PAST DUE, AND REASON FOR DELINQUENCY.

ARREST(S) AND SUMMON(ES)

LIST ANY MEMBER(S) OF YOUR FAMILY THAT HAS (HAVE) BEEN ARRESTED. FAMILY SHALL BE CONSIDERED PARENTS, SIBLINGS, STEP-SIBLINGS, CHILDREN, AND ANY OTHER RELATIVE RESIDING WITH YOU.

MO/YEAR	RELATIONSHIP	DOB	CHARGE	DISPOSITION
MO/YEAR	RELATIONSHIP	DOB	CHARGE	DISPOSITION
MO/YEAR	RELATIONSHIP	DOB	CHARGE	DISPOSITION
MO/YEAR	RELATIONSHIP	DOB	CHARGE	DISPOSITION

MISCELLANEOUS INFORMATION

ARE YOU PREJUDICED TOWARD ANY PARTICULAR RACE, COLOR, CREED, OR ORGANIZATION? ☐ YES ☐ NO

IF "YES," EXPLAIN:

DID YOU EVER BRIBE OR ATTEMPT TO BRIBE A LAW ENFORCEMENT OFFICER? ☐ YES ☐ NO IF "YES," EXPLAIN:

DID YOU EVER ACCEPT A BRIBE? ☐ YES ☐ NO IF "YES," EXPLAIN:

DID YOU EVER COMMIT PERJURY? ☐ YES ☐ NO IF "YES," EXPLAIN:

HAVE YOU EVER COMMITTED A CRIME FOR WHICH YOU WERE NEVER ARRESTED? ☐ YES ☐ NO

IF "YES," EXPLAIN:

LAW ENFORCEMENT EMPLOYMENT

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH A LAW ENFORCEMENT ORGANIZATION IN THE PAST?

☐ YES ☐ NO IF "YES," FOR WHAT POSITION DID YOU APPLY?

WHICH AGENCY?

WHEN WAS THE APPLICATION FILED?

REASON NOT EMPLOYED (IF APPLICABLE)

ARE YOU LOUISIANA P.O.S.T. CERTIFIED? ☐ YES ☐ NO IF "YES," LIST LOCATION OF TESTING.

WORK / EMPLOYMENT HISTORY

PLEASE LIST POSITIONS, STARTING WITH YOUR MOST RECENT EMPLOYMENT AND ENDING WITH YOUR FIRST FULL-TIME, PERMANENT EMPLOYMENT.

EMPLOYER/COMPANY NAME:

ADDRESS:

TELEPHONE:

KIND OF BUSINESS:

JOB TITLE/POSITION:

EMPLOYED FROM:

TO:

MONTH & YEAR

MONTH & YEAR

SUPERVISOR:

SUPERVISOR'S EMAIL:

BEGINNING ANNUAL SALARY:

ENDING ANNUAL SALARY:

REASON FOR LEAVING:

DUTIES: PLEASE LIST THE MAJOR DUTIES AND GIVE AN APPROXIMATE PERCENTAGE OF TIME SPENT ON EACH DUTY.

PERCENT OF TIME

MAJOR DUTIES

AWARDS / COMMENDATIONS: PLEASE LIST ANY AWARDS, COMMENDATIONS, AND/OR PROMOTIONS RECEIVED IN THE PERFORMANCE OF YOUR JOB DUTIES.

DATE

DESCRIPTION OF AWARD / COMMENDATION / PROMOTION

PLEASE LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU BY THIS EMPLOYER, AND EXPLAIN THE NATURE AND EXTENT OF THE ACTION TAKEN.

WORK / EMPLOYMENT HISTORY

PLEASE LIST POSITIONS, STARTING WITH YOUR MOST RECENT EMPLOYMENT AND ENDING WITH YOUR FIRST FULL-TIME, PERMANENT EMPLOYMENT.

EMPLOYER/COMPANY NAME:

ADDRESS:

TELEPHONE:

KIND OF BUSINESS:

JOB TITLE/POSITION:

EMPLOYED FROM:

TO:

MONTH & YEAR

MONTH & YEAR

SUPERVISOR:

SUPERVISOR'S EMAIL:

BEGINNING ANNUAL SALARY:

ENDING ANNUAL SALARY:

REASON FOR LEAVING:

DUTIES: PLEASE LIST THE MAJOR DUTIES AND GIVE AN APPROXIMATE PERCENTAGE OF TIME SPENT ON EACH DUTY.

PERCENT OF TIME	MAJOR DUTIES

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KIND OF BUSINESS:

JOB TITLE/POSITION:

EMPLOYED FROM:

TO:

MONTH & YEAR

MONTH & YEAR

SUPERVISOR:

SUPERVISOR'S EMAIL:

BEGINNING ANNUAL SALARY:

ENDING ANNUAL SALARY:

REASON FOR LEAVING:

DUTIES: PLEASE LIST THE MAJOR DUTIES AND GIVE AN APPROXIMATE PERCENTAGE OF TIME SPENT ON EACH DUTY.

PERCENT OF TIME	MAJOR DUTIES

AWARDS / COMMENDATIONS: PLEASE LIST ANY AWARDS, COMMENDATIONS, AND/OR PROMOTIONS RECEIVED IN THE PERFORMANCE OF YOUR JOB DUTIES.

DATE	DESCRIPTION OF AWARD / COMMENDATION / PROMOTION

PLEASE LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU BY THIS EMPLOYER, AND EXPLAIN THE NATURE AND EXTENT OF THE ACTION TAKEN.

NOTE: PLEASE USE ADDITIONAL PAGES IF NECESSARY.

I AM PROFICIENT IN THE USE AND OPERATION OF THE FOLLOWING COMPUTER SOFTWARE:

I SPEAK THE FOLLOWING FOREIGN LANGUAGES:

I AM PROFICIENT IN THE FOLLOWING AREAS:

☐ AVIATION

☐ BUSINESS MACHINES

☐ ACCOUNTING

☐ ARTWORK

☐ AUTOMOTIVE

☐ CONSTRUCTION

☐ FIREARMS

☐ COMMUNICATIONS/ELECTRONICS

☐ COMPUTER SCIENCE

☐ MUSIC

☐ PHOTOGRAPHY

☐ IDENTIFICATION

☐ LEGAL

☐ MARTIAL ARTS

☐ OTHER(S) Please Specify: _____

PLEASE LIST ANY JOB-RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL AFFILIATIONS, SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG:

MILITARY BACKGROUND

I ☐ AM A VETERAN OF THE ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINES ☐ COAST GUARD
☐ AM NOT

I SERVED FROM _____ / _____ TO _____ / _____
MONTH YEAR MONTH YEAR

AND RECEIVED AN ☐ HONORABLE ☐ DISHONORABLE ☐ OTHER DISCHARGE.

IF YOUR DISCHARGE WAS OTHER THAN HONORABLE, PLEASE EXPLAIN:

I ☐ AM A MILITARY RESERVIST OF ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINES ☐ COAST GUARD
☐ AM NOT

WHAT EXPERIENCE, SPECIAL TRAINING OR EDUCATION, AND SPECIAL RECOGNITION(S) DID YOU RECEIVE WHILE IN THE MILITARY?

REFERENCES

PLEASE LIST THREE (3) REFERENCES OTHER THAN FAMILY MEMBERS.

NAME:	TELEPHONE:
MAILING ADDRESS: (Street / P.O. Box / City / State / Zip)	EMAIL ADDRESS:
NATURE OF RELATIONSHIP:	LENGTH OF TIME KNOWN:
NAME:	TELEPHONE:
MAILING ADDRESS: (Street / P.O. Box / City / State / Zip)	EMAIL ADDRESS:
NATURE OF RELATIONSHIP:	LENGTH OF TIME KNOWN:
NAME:	TELEPHONE:
MAILING ADDRESS: (Street / P.O. Box / City / State / Zip)	EMAIL ADDRESS:
NATURE OF RELATIONSHIP:	LENGTH OF TIME KNOWN:

MISCELLANEOUS

THE INFORMATION PROVIDED IN THIS SECTION WILL NOT NECESSARILY DISQUALIFY YOU FROM BEING CONSIDERED FOR EMPLOYMENT WITH THE ST. JOHN THE BAPTIST PARISH SHERIFF'S OFFICE. FAILURE TO DISCLOSE ALL REQUESTED INFORMATION OR PROVIDING FALSE INFORMATION WILL, HOWEVER, RESULT IN THE IRREVERSIBLE DISQUALIFICATION OF YOUR APPLICATION FOR EMPLOYMENT. COMPLETE AND HONEST RESPONSES TO THE FOLLOWING QUESTIONS ARE, THEREFORE, ABSOLUTELY ESSENTIAL.

I ☐ HAVE RECEIVED A TRAFFIC VIOLATION(S) DURING THE PAST FIVE (5) YEARS.
☐ HAVE NOT

IF APPLICABLE, PLEASE LIST THE VIOLATIONS RECEIVED BELOW:

VIOLATION: DATE: CITY/STATE:

VIOLATION: DATE: CITY/STATE:

VIOLATION: DATE: CITY/STATE:

ARRESTS. I ☐ HAVE BEEN ARRESTED.
☐ HAVE NEVER

IF APPLICABLE, PLEASE STATE THE YEAR THE ARREST OCCURRED, THE ARRESTING AGENCY, AND EXPLAIN THE SPECIFICS OF THE ARREST IN THE EXPLANATION STATEMENT BELOW. (Please include any and all arrest information including charges for which you were either not prosecuted or acquitted and/or charges which have been expunged).

CONVICTIONS. I ☐ HAVE BEEN CONVICTED OF A CRIME(S).
☐ HAVE NEVER

IF APPLICABLE, PLEASE STATE THE YEAR THE CONVICTION(S) OCCURRED, THE CONVICTING JURISDICTION, THE LOCATION(S), THE DISPOSITION(S), AND EXPLAIN THE SPECIFICS OF THE CONVICTION(S) IN THE EXPLANATION STATEMENT BELOW. (Please also include any and all information on convictions which have been expunged).

DRUGS.

I ☐ HAVE ILLEGALLY USED DRUGS IN THE LAST FIVE (5) YEARS, AND I ☐ HAVE SOLD OR DISTRIBUTED ILLEGAL DRUGS
☐ HAVE NOT ☐ HAVE NEVER

IF YOU HAVE EITHER ILLEGALLY USED DRUGS IN THE LAST FIVE YEARS AND/OR SOLD OR DISTRIBUTED ILLEGAL DRUGS, PLEASE EXPLAIN IN THE EXPLANATION STATEMENT BELOW.

ALCOHOL. I WOULD CHARACTERIZE MY ALCOHOL CONSUMPTION AS FOLLOWS:

☐ DO NOT DRINK ALCOHOL ☐ OCCASIONAL DRINKER ☐ SOCIAL DRINKER ☐ OTHER

IF YOU CHECKED "OTHER", PLEASE EXPLAIN IN THE EXPLANATION STATEMENT BELOW.

STRESS. I ☐ CAN ADEQUATELY FUNCTION IN HIGH STRESS SITUATIONS.
☐ CAN NOT

IF YOU CHECKED "CAN NOT," PLEASE EXPLAIN IN THE EXPLANATION STATEMENT BELOW.

EXPLANATION STATEMENT.

IT IS AGAINST OFFICE POLICY FOR INDIVIDUALS WHO HAVE ANY ECONOMIC OR FAMILY RELATIONSHIPS TO SUPERVISE THE OTHER OF WORK IN POSITIONS WHICH HAVE AN AUDIT OR CONTROL FUNCTION OVER THE OTHER. ECONOMIC RELATIONSHIPS INCLUDE ROOMMATES, LANDLORD/TENANT, CREDITOR/DEBTOR, AND THE LIKE. FAMILY RELATIONSHIPS INCLUDE MARRIAGE, PARENTS, SIBLINGS, IN-LAWS, AUNTS, UNCLES, AND STEP-RELATIVES.

I ☐ DO HAVE ANY RELATIVES, EITHER FAMILY OR ECONOMIC, ALREADY EMPLOYED WITH THE SHERIFF'S OFFICE.
☐ DO NOT

IF APPLICABLE, PLEASE GIVE NAMES AND POSITIONS HELD:

NAME: POSITION: RELATIONSHIP:

NAME: POSITION: RELATIONSHIP:

NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF TWO (2) PERSONS TO BE NOTIFIED IN THE CASE OF AN ACCIDENT OR EMERGENCY.

NAME: NAME:

ADDRESS: ADDRESS:

RELATIONSHIP: RELATIONSHIP:

TELEPHONE: HOME: WORK: TELEPHONE: HOME: WORK:

**CERTIFICATION,
ACKNOWLEDGEMENT OF CONDITIONS FOR EMPLOYMENT,
AND AUTHORITY TO RELEASE INFORMATION**

The St. John the Baptist Sheriff's Office recruits, trains, and promotes all persons without regard to race, color, sex, religion, national origin, marital and familial status, political belief, 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 Michael Tregre and the St. John the Baptist 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 St. John the Baptist 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 Michael Tregre, the St. John the Baptist Sheriff's Office, employees of the St. John the Baptist 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 employment 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 St. John the Baptist Sheriff's Office.

I understand that nothing in this application or in the granting of an interview creates a contract between the St. John the Baptist 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 St. John the Baptist Sheriff's Office, 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 medical 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 St. John the Baptist Sheriff's Office is strictly at will employment, and that I have the right to terminate my employment at any time, subject to penalties with or without cause, and that the St. John the Baptist 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 an original, authorizing any person, firm, or organization to release any information to the St. John the Baptist 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

Louisiana Peace Officer Standards and Training
(225) 342-1530
FAX: (225) 342-1672

FORM PC-201: Certification Status Request

1. Type or print clearly.
2. Submit this form please, not your resume'.
3. If additional space is required, attach extra sheets as necessary. Make sure your name and social security number appears on each extra sheet used.
4. Answer all questions completely! **Failure to provide complete and accurate information will result in a processing delay and may result in loss of certification or grandfathership!**
5. **Work Experience:** Begin with your **FIRST** law enforcement position in Block 1 and work forward, ending with your most recent or current position (where you are working now). **Incomplete information can affect the determination rendered by P.O.S.T.** Be sure to include ALL law enforcement experience (full-time, part-time, and reserve) with specific dates of service (month/day/year).
6. Attach copies of basic training (and/or refresher) certificates only. In-service, specialized and advance training does NOT apply towards POST certification. Therefore, DO NOT submit copies of those certificates, unless specifically requested. Federal law enforcement service and/or training does NOT apply towards POST certification.
7. **Signatures:** The person who completes and submits this form must sign this form. All forms must also be signed by the agency head/official (sheriff, chief, etc.). Forms without appropriate signatures will be returned.
8. Please attach a cover sheet indicating what information/question you are asking POST to address. Also, indicate a name and phone number for us to call if there are any questions. Please fax ALL pages and any applicable certificates to (225) 342-1672, ATTN: Tyler Downing.

Louisiana Peace Officer Standards and Training

Post Office Box 3133
Baton Rouge, LA 70821
Phone: 225-342-1530, Fax: 225-342-1672
Email: POST@lcle.la.gov

FORM PC-201: Certification Status Request

PLEASE PRINT OR TYPE:

FULL NAME (First, Middle, Last):	MAIDEN NAME:	SSN:
EMPLOYING AGENCY:	DRIVERS LICENSE (State and #):	DATE OF BIRTH:
AGENCY MAILING ADDRESS:	AGENCY PHONE #:	AGENCY FAX #:

TRAINING (Louisiana POST Certification ONLY):

Basic Academy Attended: (Attach copy of certificate) _____	Graduation Date: _____	Number of Training Hours Completed: _____
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EMPLOYMENT INFORMATION

(Law Enforcement Experience ONLY in order – Attached additional pages if needed):

1	AGENCY:	Dates of Employment: Beginning Month_____ Day_____ Year_____ Ending Month_____ Day _____ Year _____
CITY AND STATE:		OFFICIAL JOB TITLE:
CHECK ONE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve <input type="checkbox"/> Corrections <input type="checkbox"/> Jailer		REASON FOR LEAVING:
NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:		

Page 2

NAME _____ SSN _____

2	AGENCY:	Dates of Employment: Beginning Month _____ Day _____ Year _____ Ending Month _____ Day _____ Year _____
CITY AND STATE:		OFFICIAL JOB TITLE:
CHECK ONE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve <input type="checkbox"/> Corrections <input type="checkbox"/> Jailer		REASON FOR LEAVING:
NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:		

3	AGENCY:	Dates of Employment: Beginning Month _____ Day _____ Year _____ Ending Month _____ Day _____ Year _____
CITY AND STATE:		OFFICIAL JOB TITLE:
CHECK ONE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve <input type="checkbox"/> Corrections <input type="checkbox"/> Jailer		REASON FOR LEAVING:
NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:		

4	AGENCY:	Dates of Employment: Beginning Month _____ Day _____ Year _____ Ending Month _____ Day _____ Year _____
CITY AND STATE:		OFFICIAL JOB TITLE:
CHECK ONE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve <input type="checkbox"/> Corrections <input type="checkbox"/> Jailer		REASON FOR LEAVING:
NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:		

I certify that all statements made on this form and any attachments are true and complete to the best of my knowledge. I understand that information on this form may be subject to investigation and verification and that any misrepresentation may cause this request to be rejected.

Signature of Chief/Sheriff/Agency Head (Required for Processing)

Date

Printed Name of Chief/Sheriff/Agency Head (Required for Processing)

Signature of Applicant (Required for Processing)

Date