

INSTRUCTIONS

APPLICATIONS MAY BE MAILED, EMAILED, OR HAND DELIVERED; FAX TRANSMITTALS WILL NOT BE ACCEPTED.

Emailed copies of the application may be sent to the following State Police Commission staff:

Christy.Cephus@La.gov or Debbie.Givens@La.gov

Minimum Qualifications:

- 1. Two (2) years of experience as a Peace Officer Standards and Training (POST) Level 1 (or out-of-state equivalent) certified peace officer in a full-time position, whose job duties include armed duty with the power of arrest (must attach a POST certificate); or
- 2. A minimum of sixty (60) semester hours from an accredited college or university, (must attach an official transcript); 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.

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 twenty-one (21) 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.

Documentation Requirement:

Depending on their minimum qualification option, an applicant must provide documentation with their application for verification purposes; a POST certificate; an official transcript from an accredited college or university; or (for military service) a copy of their DD-214 or a letter from their current commanding officer verifying their continuous active-duty service.

NOTE:

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)5.]

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. 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/scans 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 if 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. An official transcript is required to verify college/university credits. To order a copy of an official transcript, the current/former student must follow the procedures established by the college/university. Official electronic transcripts can be sent directly to SPC staff: Christy.Cephus@La.gov or Debbie.Givens@La.gov
- 10. Veteran's Preference in Hiring To claim veteran's preference on this application, please check "Yes" on Item8, 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.
- 11. 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 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 additional sheets 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 POST Level 1 (or out-of-state equivalent) arrest powers.
- 12. If using certified mail, return the completed application, along with the requested attachments, to the State Police Commission, P.O. Box 66555, Baton Rouge, Louisiana 70896-6555.

STATE PRE-EMPLOYMENT APPLICATION

STATE OF LOUISIANA STATE POLICE COMMISSION

P. O. Box 66555 Baton Rouge, LA 70896-6555 www.laspc.com

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1. ENTER NAI	ME AND CON	//PLETE	ADDRES	S BELOW			1	IAL SECURI lentification pr		:R	P P	7
Name (First)		(Mic	idle)		(Last)						C	-
Mailing Address		,					Work Tel	ephone No.			A N T	
City				State	Zip Cod	de	Home Te	elephone No.			P	
Date of Birth	E	E-Mail Addre	ess								R I N	First
3. REGISTER 1	TITLES APPLIE	D FOR	requested documents	SER	I VP	FOR OF	FICE USE	REG	1 7	ГR	Т	st
State Police	Cadet		DD-214 Transcript								Υ	
4. YES	□ NO	Do you	possess	a valid driver's	license?						0 U	
5. 🗆 YES	□NO	Are you	u currently	/ holding or rur	nning for an elec	ctive pul	olic office	?			R	
6. YES	□NO	Have y	ou ever b	een convicted	of a felony?						N A	Middle
7. 🗌 YES	□NO			een fired from d dismissal?	public employm	ent, to i	nclude mi	litary service	e, or		M E	
NOTE:	If answers	to item	s 6 and/o	r 7 are "YES",	you MUST com	plete It	em 15 on	Page 2 of t	his applic	ation.	н	
8. YES	□NO			Veteran's Pref m 13 below an	erence on this and on page 2)	ıpplicati	on?				E R E	
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11. Date					12. S	ignature	of Applicar	nt				
13. ACTIVE MII See Instruc ATTACHED	tion Page to de	etermine	your eligibi		Preference. If you	are clair	ming Vetera	an's Preferenc	e, required	PROOF	MUS	Т ВЕ
List the dates (r	month and veal	r) and br	anch for a	I ACTIVE DUTY	military service. W	las this s	service perf	formed on an	active, full-	time bas ⁱ	is with	h full

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 fu pay and allowance? (Check YES or NO for each period of service.)

FROM	ТО	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	то	GRADE HE	ELD	F	ROM		то	GRADE HI	ΞLD
14.FORMAL EDUC	CATION (Provide office	ial college transcr	ipt or copy	of diplon	na.)				
	a high school diplo				YES 🗆	NO D	ate received:		
LIST COLLEGES OR UNIVERSITIES	NAME OF COLLEGE CITY AND	Dates Attended (Month & Year) FROM TO		Total Credit Hours Earned Semester or Quarter		Type of Degree Earned (BA, MA, etc.)	Major Field of Study	Date Degree Received (Mo & Yr)	
ATTENDING									
15. Explain a "YE	S" answer to items	6 and/or 7 here.							
(Use additional comm	ments section at the er	nd of this application	n if more sp	pace is ne	eded.)				

List the dates (month and year) for all **Law Enforcement Experience**. POST Level 1 certificate required for verification.

From	То	Type of Law Enforcment	Full-Time Yes/No	POST Level 1 Arrest Powers Yes/No

with your most recent or present positi		number of hours per week wo	rked for each job listed. Start			
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	Reason for Leaving No. of Employees You Directly Supervised				
Name/Title of Your Supervisor		List Job Titles Of Employee	s You Directly Supervised			
Name/Title of Person Who Can Verify This En	nployment (If Other Than Supe	rvisor)				
DUTIES: List major duties involved with jo	b and give approximate pe	centage of time spent on each d Major Duties	uty.			
A COLUMN		major Duties				
100%						
B Employer/Company Name		Kind of Business				
Street Address		Your Official Job Title				
		Your Official Job Title Beginning Salary	Ending Salary			
Street Address City and State Dates of Employment (Mo/Dy/Yr)	Avg. Hrs. Worked Per Week		Ending Salary No. of Employees You Directly Supervised			
Street Address City and State		Beginning Salary	No. of Employees You Directly Supervised			
Street Address City and State Dates of Employment (Mo/Dy/Yr) From / / To / /	Worked Per Week	Beginning Salary Reason for Leaving List Job Titles Of Employee	No. of Employees You Directly Supervised			
Street Address City and State Dates of Employment (Mo/Dy/Yr) From / / To / / Name/Title of Your Supervisor	Worked Per Week	Beginning Salary Reason for Leaving List Job Titles Of Employee	No. of Employees You Directly Supervised s You Directly Supervised			
Street Address City and State Dates of Employment (Mo/Dy/Yr) From / / To / / Name/Title of Your Supervisor Name/Title of Person Who Can Verify This En	Worked Per Week	Beginning Salary Reason for Leaving List Job Titles Of Employee	No. of Employees You Directly Supervised s You Directly Supervised			
Street Address City and State Dates of Employment (Mo/Dy/Yr) From / / To / / Name/Title of Your Supervisor Name/Title of Person Who Can Verify This En	Worked Per Week	Beginning Salary Reason for Leaving List Job Titles Of Employee rvisor) rcentage of time spent on each d	No. of Employees You Directly Supervised s You Directly Supervised			
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16. WORK	EXPERIENCE (continued)				
C Empl	oyer/Company Name		Kind of Business		
Street Address	3		Your Official Job Title		
City and State			Beginning Salary	Ending Salary	
Dates of Emplo	oyment (Mo/Dy/Yr) / 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 I	Directly Supervised	
Name/Title of Person Who Can Verify This Employment (If Other Than Supervisor)					
DUTIES: List % of Time	major duties involved with job		ge of time spent on each duty. r Duties		
100%					
D Empl	oyer/Company Name		Kind of Business		
Street Address	3		Your Official Job Title		
City and State			Beginning Salary	Ending Salary	
Dates of Emplo	oyment (Mo/Dy/Yr) /	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 I	Person Who Can Verify This Empl	loyment (If Other Than Supervisor)			
DUTIES: List	major duties involved with job	and give approximate percenta	ge of time spent on each duty.		
% of Time			or Duties		
100%					

	EXPERIENCE (continued)					
Emplo	oyer/Company Name		Kind of Business			
Street Address		•	Your Official Job Title			
City and State			Beginning Salary	Ending Salary		
Dates of Emplo	pyment (Mo/Dy/Yr)	Avg. Hrs. Worked Per Week	Reason for Leaving	No. of Employees You Directly Supervised		
Name/Title of Y			List Job Titles Of Employees You	Directly Supervised		
Name/Title of F	Person Who Can Verify This Emp	oloyment (If Other Than Superviso	r)			
DUTIES: List r	major duties involved with job	and give approximate percen	tage of time spent on each duty.			
% of Time		Ma	jor Duties			
100%						
F	oyer/Company Name		Kind of Business			
Street Address			Your Official Job Title			
otreet Address						
City and State			Beginning Salary	Ending Salary		
City and State Dates of Emplo	pyment (Mo/Dy/Yr)	Avg. Hrs. Worked Per Week	Beginning Salary Reason for Leaving	Ending Salary No. of Employees You Directly Supervised		
City and State Dates of Emplo	oyment (Mo/Dy/Yr) / To / / /our Supervisor	Avg. Hrs. Worked Per Week		No. of Employees You Directly Supervised		
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City and State Dates of Emplo From / Name/Title of Y	/ To / / /our Supervisor Person Who Can Verify This Emp	oloyment (If Other Than Superviso	Reason for Leaving List Job Titles Of Employees You	No. of Employees You Directly Supervised		
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16. WORK	EXPERIENCE (continued)						
G Empl	oyer/Company Name		Kind of Business				
Street Address			Your Official Job Title				
City and State			Beginning Salary	Ending Salary			
Dates of Employment (Mo/Dy/Yr) Avg. Hrs. Worked Per Week			Reason for Leaving	No. of Employees You Directly Supervised			
	Your Supervisor Person Who Can Verify This Emp	loyment (If Other Than Supe	List Job Titles Of Employee	es You Directly Supervised			
DUTIES: List	major duties involved with job	and give approximate per	rcentage of time spent on each o	duty.			
/o or 111110							
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