

**INDIVIDUAL INFORMATION**  
**Mail To: POST Council, PO Box 3133**  
**Baton Rouge, LA 70821**  
**Fax To: 225-342-1672**

Questions? Call 225-342-1530 or Email: [POST@lcle.la.gov](mailto:POST@lcle.la.gov)

<b>Last Name:</b>	<b>First Name:</b>	<b>Maiden/Middle Name:</b>	<b>Generation (Sr., Jr., etc):</b>
<b>Social Security #:</b>	<b>Date of Birth:</b>	<b>Driver's License #:</b>	<b>Sex (check one):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Academy Attended:</b>	<b>Graduation Date:</b>	<b>P.O.S.T. Certificate #:</b>
<b>Are you Grandfathered into P.O.S.T.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hire Date (which grandfathers you into P.O.S.T.):</b>	
<b>Pre-Academy Class:</b> <input type="checkbox"/> New Hire <input type="checkbox"/> Over 13 Mths.	<b>Date Completed:</b>	<b>PQC Score:</b>

**Employment Information (List ONLY Law Enforcement Experience):**

<b>1</b> AGENCY:	<b>Dates of Employment:</b> Beginning Month ____ Day ____ Year ____
CHECK ONE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve <input type="checkbox"/> Corrections <input type="checkbox"/> Jailer	Ending Month ____ Day ____ Year ____

<b>2</b> AGENCY:	<b>Dates of Employment:</b> Beginning Month ____ Day ____ Year ____
CHECK ONE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve <input type="checkbox"/> Corrections <input type="checkbox"/> Jailer	Ending Month ____ Day ____ Year ____

<b>3</b> AGENCY:	<b>Dates of Employment:</b> Beginning Month ____ Day ____ Year ____
CHECK ONE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve <input type="checkbox"/> Corrections <input type="checkbox"/> Jailer	Ending Month ____ Day ____ Year ____

<b>4</b> AGENCY:	<b>Dates of Employment:</b> Beginning Month ____ Day ____ Year ____
CHECK ONE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve <input type="checkbox"/> Corrections <input type="checkbox"/> Jailer	Ending Month ____ Day ____ Year ____

**Signature of POST Firearms Instructor:** \_\_\_\_\_

**Print Name of POST Firearms Instructor:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_