



INSTRUCTIONS FOR APPLICATION:

Minimum Qualifications:

- 1. Applicant must be a full time student at the University of Louisiana at Lafayette.**
- 2. Applicant must have completed ONE semester of at least 12 credit hours.**
- 3. Applicant must be at least 18 years of age at the time of application.**
- 4. Must be able to read, write, and speak the English language.**
- 5. Must possess a valid Louisiana Driver's license at the time of appointment.**
- 6. Must pass a physical examination.**

An applicant will be disqualified if there are any indictments or bills of information pending against him/her in which he/she is charged with a felony, or if he has been convicted within the past three(3) years of a hit and ran 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.

False statements of any material fact, any attempt to practice deception or fraud will result in the rejection of your application.

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

- 1. DO NOT SUBMIT A RESUME INSTEAD OF OR WITH THIS APPLICATION.**
- 2. TYPE OR PRINT CLEARLY. BLUE OR BLACK INK ONLY.**
- 3. If you need more space for an answer, you may attach extra sheets. Use 8 ½" x 11" paper, and make sure your name and social security number is at the top.**
- 4. If you do not answer all questions completely, your application may be rejected, returned, or delayed for several weeks.**
- 5. If your mailing address is different from your residential address, you should indicate that on the additional comments page.**

**UNIVERSITY OF LOUISIANA AT LAFAYETTE
POLICE DEPARTMENT
PRE-EMPLOYMENT APPLICATION**

1. ENTER NAME AND COMPLETE ADDRESS BELOW

(FIRST) (MIDDLE) (LAST)

MAILING ADDRESS

CITY STATE ZIP CODE

DATE OF BIRTH DRIVER'S LICENSE NUMBER DRIVER'S LICENSE STATE

2. SOCIAL SECURITY NUMBER _____

3. (A) Work Telephone Number () _____

(B) Home Telephone Number () _____

(C) Cellular Telephone Number () _____

4. You must fill out all answers. Failure to do so will result in the application being rejected, put on hold, or sent back to applicant.

(A) _____YES _____NO Do you possess a valid driver's license?

(B) _____YES _____NO Are you currently a student?

(C) _____YES _____NO Have you ever been arrested for any crime?

(D) _____YES _____NO Have you ever been fired from or asked to resign from a job?

(E) _____YES _____NO Have you ever been on probation?

If you answered YES to questions, C, D, or E write your answer on the lines provided below. Be sure to list the letter to the question(s) that you are answering.

5. MILITARY SERVICE

(A) _____RESERVE

(B) _____ACTIVE

FROM	TO	BRANCH OF SERVICE	MOS	DISCHARGED (Y OR N)
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* If YES was answered to discharge, please check one:

(C) _____HONORABLE

(D) _____DISHONORABLE

6. FORMAL EDUCATION

Have you received a high school diploma or equivalency certificate?

_____YES _____NO Date received _____

(A) College or University attended _____

Dates Attended (Month & Year)	Total Credits Earned	GPA	Field Of Study
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(B) College or University attended _____

Dates Attended (Month & Year)	Total Credits Earned	GPA	Field Of Study
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7. (A) WORK EXPERIENCE

Employer/Company Name	Street Address	City	State
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Your Official Job Title	Beginning Salary	Ending Salary	Reason for leaving
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From / / TO / /	Avg. Hrs. Worked per week	Name/Title of Supervisor
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List major duties involved with job and give approximate percentage of time spent on each duty.

% of Time	Major Duties
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% of Time	Major Duties
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% of Time	Major Duties
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% of Time	Major Duties
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(B) WORK EXPERIENCE (continued)

Employer/Company Name	Street Address	City	State
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Your Official Job Title	Beginning Salary	Ending Salary	Reason for leaving
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From / / To / /			
Dates of Employment (Month/Day/Year)	Avg. Hrs. Worked per week	Name/Title of Supervisor	

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

% of Time	Major Duties
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% of Time	Major Duties
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% of Time	Major Duties
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% of Time	Major Duties
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(C) WORK EXPERIENCE (continued)

Employer/Company Name	Street Address	City	State
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Your Official Job Title	Beginning Salary	Ending Salary	Reason for leaving
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From / / TO / /			
Dates of Employment (Month/Day/Year)	Avg. Hrs. Worked per week	Name/Title of Supervisor	

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

% of Time	Major Duties
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% of Time	Major Duties
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% of Time	Major Duties
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% of Time	Major Duties
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(D) WORK EXPERIENCE (continued)

Employer/Company Name	Street Address	City	State
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Your Official Job Title	Beginning Salary	Ending Salary	Reason for leaving
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From / / To / /			
Dates of Employment (Month/Day/Year)	Avg. Hrs. Worked per week	Name/Title of Supervisor	

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

% of Time	Major Duties
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% of Time	Major Duties
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% of Time	Major Duties
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% of Time	Major Duties
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(E) WORK EXPERIENCE (continued)

Employer/Company Name	Street Address	City	State
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Your Official Job Title	Beginning Salary	Ending Salary	Reason for leaving
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From / / To / /			
Dates of Employment (Month/Day/Year)	Avg. Hrs. Worked per week	Name/Title of Supervisor	

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

% of Time	Major Duties
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% of Time	Major Duties
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% of Time	Major Duties
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% of Time	Major Duties
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(F) WORK EXPERIENCE (continued)

Employer/Company Name	Street Address	City	State
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Your Official Job Title	Beginning Salary	Ending Salary	Reason for leaving
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From / / TO / /			
Dates of Employment (Month/Day/Year)	Avg. Hrs. Worked per week	Name/Title of Supervisor	

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

% of Time	Major Duties
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% of Time	Major Duties
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% of Time	Major Duties
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% of Time	Major Duties
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READ THE FOLLOWING 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 the process.

Signature of Applicant	Date
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