



UNIVERSITY  
OF  
LOUISIANA  
*Lafayette*

*Police Department*

P.O. Box 40794  
Lafayette LA 70504-0794  
Office: (337) 482-6449

*Universite' des Acadiens*

**INSTRUCTIONS FOR APPLICATION:**

**Minimum Requirements for Qualification:**

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/she has been convicted within the past three years of a 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.

False statement 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 INVESTIGATIONS.**

**DO NOT SUBMIT A RESUME INSTEAD OF OR WITH THIS APPLICATION.**

- Type or print clearly in black ink only.
- If you need more space for an answer, attach an 8 ½" x 11" paper to the application with your name and social security number on it at the top right corner.
- If you do not answer all questions completely, your application may be rejected or delayed for several weeks.
- If mailing address is different from your residential address, indicate this on the additional comments page.



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Dear Applicant,

The Student Officer program is designed to give current full time college students the ability to gain on the job experience as a Law Enforcement Officer. As a Student Officer, you will be required to work a minimum of sixteen (16) hours per week in the form of two eight (8) hour shifts. These shifts can fall on weekdays, weekends, or a combination of the two.

Along with the sixteen hour shifts, Student Officers are required to work all home football games, home basketball games, and other miscellaneous UL sponsored events. By working for the University of Louisiana Police Department you may be called upon to work certain extra events. As a Student Officer you are considered emergency personnel, and as such, it is mandatory to work any natural disasters, or emergency situations that may occur on UL campus.

Upon being hired as a University Police Officer, applicants are required to attend the 11 week P.O.S.T. Academy held at the Acadiana Law Enforcement Academy at UL Lafayette. The Academy is from 0800 hours to 1700 hours Monday through Friday. The applicant will learn the basic requirements to become a commissioned officer for the state of Louisiana. An applicant will not hold the Student Officer position until successfully completing the Louisiana P.O.S.T Academy.

Student Officers are paid \$600.00 monthly for working the required sixteen hours per week. All other UL events, including home football games and basketball games are considered overtime which is calculated hourly at ~~\$12.00~~ per hour.

*\$15.22*

By signing below you acknowledge that you understand the requirements of the Student Officer Program and agree to meet the requirements if hired.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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)

\* 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

(B) College or University attended \_\_\_\_\_

Dates Attended (Month & Year) Total Credits Earned GPA Field Of Study

7. (A) WORK EXPERIENCE

Employer/Company Name Street Address City State

Your Official Job Title Beginning Salary Ending Salary Reason for leaving

From / / To / / Dates of Emploment (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

% of Time Major Duties

% of Time Major Duties

% of Time Major Duties

**(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 / /	Avg. Hrs. Worked per week	Name/Title of Supervisor
Dates of Employment (Month/Day/Year)		

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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