## Rapides Parish Correctional Academy P.O. Box 1510

P.O. Box 1510 Alexandria, LA 71309 Phone: 318-442-9229 Fax: 318-442-9231

#### **Personal Information**

P.O. Box or Street Address		Parish
	_ ()	
City and State Zip Code	Work I	Phone
Social Security #:	Date of Birth:	
Legal Name:		
Last	First	Middle
Other Names under which records may be four	nd:	
Other Names under which records may be four Applicant's Mailing Address:	nd:	
		arish
Applicant's Mailing Address: P.O. Box or Street Address	Pa	arish
Applicant's Mailing Address:	Pa	arish
Applicant's Mailing Address: P.O. Box or Street Address	Pa ()Hon	arish

# \*ATTACH COPY OF HIGH SCHOOL DIPLOMA OR GED CERTIFICATE AND VALID LOUISIANA DRIVER'S LICENSE TO APPLICATION\*

Do you have any physical defects which we training session, firearms, physical training	and defensive tactics? Y	es No	
If yes, explain in full:			
High School: High School Name		Graduation Date (month/year)	
If your diploma was awarded on the	basis of the GED test,	, please check:	
Law Enforcement Experience:			
Law Enforcement Agency:	Position/Rank	: Dates:	

Are you willing to abide by rules and regulations of your department and of the Rapides Parish Correctional Academy? Yes:\_\_\_\_\_ No: \_\_\_\_\_

### **Certification:**

I certify that the following answers are true and correct to the best of my knowledge and belief. I understand that falsification of any of the foregoing information will result in my being dismissed from the Rapides Parish Correctional Academy.

Applicants Signature

Date

### **Official Making Application:**

Name and Title:

Department:\_\_\_\_\_

\*INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED\*