

Rapides Parish Correctional Academy

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

Personal Information

Law Enforcement Agency Employed: _____

Employers Address:

P.O. Box or Street Address Parish

City and State Zip Code (_____) Work Phone

Social Security #: _____ - _____ - _____ Date of Birth: _____

Legal Name: _____
Last First Middle

Other Names under which records may be found: _____

Applicant's Mailing Address:

P.O. Box or Street Address Parish

City and State Zip Code (_____) Home Phone

Driver's License #: _____

Are you capable of performing sustained vigorous physical activity? Yes _____ No _____
If no, explain in full: _____

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

Do you have any physical defects which would prevent unrestricted, regular participation during the training session, firearms, physical training and defensive tactics? Yes _____ 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.

_____ Date
Applicants Signature

Official Making Application:

Name and Title: _____

Department: _____

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED