



Livingston Parish Sheriff's Office

Jason Ard, Sheriff

“Cadet Information Form”

CADET INFORMATION			
NAME			
(FIRST)	(MIDDLE)	(LAST)	(SUFFIX) JR. SR. 3 RD ETC
PHONE NUMBER:		SECONDARY PHONE:	
EMERGENCY CONTACT			
NAME:		RELATIONSHIP:	
PHONE NUMBER:		WORK NUMBER:	
IDENTIFICATION INFORMATION			
DRIVER'S LICENSE:		STATE:	EXP. DATE:
DATE OF BIRTH:		SOCIAL SECURITY:	
EMPLOYMENT INFORMATION			
EMPLOYER:		DATE OF HIRE:	
POST CERTIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	LEVEL:	<input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3
CERTIFICATION NUMBER:		LMS USERNAME:	
REFRESHER (OUT PAST 5 YEARS)	<input type="checkbox"/> YES <input type="checkbox"/> NO	"PROVIDE PC201 CERTIFICATION STATUS LETTER FROM POST"	
MILITARY POLICE:	<input type="checkbox"/> YES <input type="checkbox"/> NO	"PROVIDE CERTIFICATE AND DD 214"	
OUT OF STATE TRANSFER:	<input type="checkbox"/> YES <input type="checkbox"/> NO	"PROVIDE POST CERTIFICATE"	
VEHICLE INFORMATION			
MAKE:		MODEL:	LICENSE PLATE:
UNIT #:		MARKED:	UNMARKED:
		<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL MEDIA ACCOUNTS			
LIST ALL SOCIAL MEDIA ACCOUNTS INCLUDING WK AND PERSONAL EMAILS:			
MEDICAL INFORMATION			
LIST ALL MEDICATION TAKEN ON A REGULAR OR OCCASION BASIS FOR TEMPORARY CONDITIONS			
LIST ALL ALLERGIES AND NECESSARY TREATMENT FOR OCCURRENCES			



Livingston Parish Sheriff's Office

Jason Ard, Sheriff

“Cadet Information Form”

INSTRUCTIONS

1. ENTER YOUR COMPLETE FIRST, MIDDLE AND LAST NAME. NO INITIALS.
2. PHONE NUMBERS YOU CAN BE CONTACTED
3. EMERGENCY CONTACT IS ANYONE YOU WISH TO BE THE FIRST NOTIFICATION IF YOU ARE UNABLE TO MAKE CONTACT YOURSELF.
4. DRIVER'S LICENSE AND STATE AND EXPIRATION. DATE OF BIRTH AND SOCIAL SECURITY NUMBER. (MUST FURNISH A COPY OF YOUR DRIVERS LICENSE WHEN SUBMITTED COMPLETED FORMS.)
5. EMPLOYER AND THE DATE YOU WERE HIRED. IF YOU ARE POST CERTIFIED AT ANY LEVEL, INDICATE WHICH LEVEL AND PROVIDE THE CERTIFICATION NUMBER THAT IS LOCATED ON THE TOP RIGHT OF YOUR CERTIFICATE. OTHERWISE INDICATE NO AND N/A FOR THE CERTIFICATION NUMBER.
6. POST CERTIFIED AND WHAT LEVEL IF ANY.
7. REFRESHER - INDICATE IF POST CERTIFIED BUT HAVE A BREAK IN SERVICE FOR MORE THAN 5 YEARS, AND PROVIDE THE PC201 CERTIFICATION STATUS REQUEST LETTER FROM POST. (TO OBTAIN THIS, A PC201 CERTIFICATION STATUS REQUEST FORM SHOULD HAVE BEEN SENT TO POST TO RECEIVE THE RESPONSE INDICATING WHAT YOUR STATUS IS AND WHAT PORTION OF THE ACADEMY YOU NEED TO ATTEND.
8. IF YOU ARE POST CERTIFIED THEN YOU ARE ENROLLED IN THE POST LEARNING MANAGEMENT SYSTEM (LMS). YOU WILL HAVE A USERNAME. PROVIDE THAT ACCOUNT NAME. OTHERWISE INDICATED N/A
9. MILITARY - INDICATE IF MILITARY POLICE CERTIFIED AND PROVIDE DD214 AND MILITARY POST CERTIFICATE.
10. OUT OF STATE TRANSFER - INDICATE IF OUT OF STATE TRANSFER AND PROVIDE FURNISH THE PC201 CERTIFICATION STATUS REQUEST LETTER FROM POST. (TO OBTAIN THIS, A PC201 CERTIFICATION STATUS REQUEST FORM SHOULD HAVE BEEN SENT TO POST TO RECEIVE THE RESPONSE INDICATING WHAT YOUR STATUS IS AND WHAT PORTION OF THE ACADEMY YOU NEED TO ATTEND.
11. PROVIDE THE VEHICLE INFORMATION FOR PRIVATELY OWNED VEHICLES USED FOR TRANSPORTATION TO THE ACADEMY. IF USING AN OFFICE ISSUED VEHICLE, PROVIDE THAT INFORMATION.
12. PROVIDE ALL SOCIAL MEDIA ACCOUNTS INCLUDING WORK AND PERSONAL.
13. PROVIDE MEDICATION LIST FOR ALL MEDICATIONS OTHER THAN SUPPLEMENTS OR VITAMINS AND THE CONDITION AND POSSIBLE COMPLICATIONS. (HEART MEDICATION, DIABETES ETC). OTHERWISE INDICATE N/A
14. ALLERGIES AND TREATMENTS (EPI-PENS OR OTHER MEDICATION). OTHERWISE INDICATE N/A.