



# Calcasieu Parish Regional Law Training Academy REGISTRATION FORM

P.O. Box 3005, Lake Charles, Louisiana 70602. Phone (337) 491-3850

- Full Basic Enforcement     Refresher Enforcement     Transition  
 Correctional     Basic Correctional     Transition Correctional

## CADET INFORMATION (PLEASE ATTACH COPY OF YOUR DRIVER'S LICENSE)

Last Name (Print or Type)		First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss	Marital Status (Circle One)	
				<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Single / Mar / Div / Sep / Wid	
Is this your legal name?	If not, what is your legal name?	(Maiden Name)		Birth Date	Age	Sex
<input type="checkbox"/> Yes <input type="checkbox"/> No				/ /		<input type="checkbox"/> M <input type="checkbox"/> F
Home Street Address		City	State	ZIP Code	Social Security Number	Cell Phone Number
						( )
Employer Name		Employer Address		City	State	
Zip Code		Job Title & Division			Employer Phone Number	
					( )	
Height	Weight	Drivers License No. & State	Are you a full-time Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hire Date	
					/ /	

Prior Law Enforcement Training: \_\_\_\_\_

Employee Email: \_\_\_\_\_

## PERSONAL INFORMATION (PLEASE ATTACH COPY OF YOUR DEPARTMENT COMMISSION)

High School Attended	Graduated	If not a graduate, give highest grade attained	City and State of High School
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College Attended	Graduated	If not a graduate, give number of hours completed	City and State of College
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Weapon Type			
<b>No Single Action</b> (Check One)			
		<input type="checkbox"/> (9mm)	<input type="checkbox"/> (.40 cal)
Shirt Size (Check One)			
<input type="checkbox"/> (Medium)		<input type="checkbox"/> (Large)	<input type="checkbox"/> (XLarge) <input type="checkbox"/> (XXLarge) <input type="checkbox"/> (XXXLarge)
In case of an emergency, notify:		Home Phone No.	Work Phone No.    Other Phone No.
		( )	( )    ( )
Relationship to cadet			
		<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other	_____

## SIGNATURES

X \_\_\_\_\_  
Cadet Signature DATE

X \_\_\_\_\_  
Chief / Sheriff / Department Head Signature DATE

## ENTRY PHYSICAL PRE-TEST REQUIREMENT DATES