PC-11 (09/2026)

INDIVIDUAL INFORMATION
Email To: POST@lcle.la.gov
Questions? Call 225-342-1530

Last Name:	First Name:	Maiden/Middle Name:	Generation (Sr., Jr., etc):
Social Security #:	Date of Birth:	Driver's License #:	Sex (check one): ☐ Male ☐ Female

Academy Attended:	Graduation Date:	P.O.S.T. Certificate #:
Are you Grandfathered into P.O.S.T.? ☐ Yes ☐ No	Hire Date (which grandfathers you into P.O.S.T.):	
Pre-Academy Class: ☐ New Hire ☐ Over 18 Mths.	Date Completed:	PQC Score:

Employment Information (List ONLY Law Enforcement Experience):

1	AGENCY:	Dates of Employment: Beginning Month_____ Day_____ Year_____
CHECK ONE: ☐ Full Time ☐ Part Time ☐ Reserve ☐ Corrections ☐ Jailer		Ending Month_____ Day _____ Year _____

2	AGENCY:	Dates of Employment: Beginning Month_____ Day_____ Year_____
CHECK ONE: ☐ Full Time ☐ Part Time ☐ Reserve ☐ Corrections ☐ Jailer		Ending Month_____ Day _____ Year _____

3	AGENCY:	Dates of Employment: Beginning Month_____ Day_____ Year_____
CHECK ONE: ☐ Full Time ☐ Part Time ☐ Reserve ☐ Corrections ☐ Jailer		Ending Month_____ Day _____ Year _____

4	AGENCY:	Dates of Employment: Beginning Month_____ Day_____ Year_____
CHECK ONE: ☐ Full Time ☐ Part Time ☐ Reserve ☐ Corrections ☐ Jailer		Ending Month_____ Day _____ Year _____

Signature of POST Firearms Instructor: _____

Print Name of POST Firearms Instructor: _____

Date: _____ Phone #: _____