



# Bossier Sheriff's Department

## OPERATION EXODUS



### APPLICATION

Name: \_\_\_\_\_  

Last
First
Middle
DOB
SSN

Gender \_\_\_\_\_ Race \_\_\_\_\_

**Residence**

Address: \_\_\_\_\_  

Number and Street Name
City
State
Zip Code

**Business**

Address: \_\_\_\_\_  

Number and Street Name
City
State
Zip Code

Phone No.: \_\_\_\_\_  

Home
Business
Cell
E-Mail

**Military**

Service: Army \_\_\_ Navy \_\_\_ Marines \_\_\_ Air Force \_\_\_ Coast Guard \_\_\_

Service Dates: from \_\_\_\_\_ to \_\_\_\_\_ Discharge was: Honorable \_\_\_  
 G \_\_\_\_\_ eneral \_\_\_ Dishonorable \_\_\_

**Specialties and**

Expertise: \_\_\_\_\_  

Professional Licenses held, etc.
Type of work performed during work life

How would you describe your present state of health? Fair \_\_\_ Good \_\_\_ Excellent \_\_\_

I (do \_\_\_ do not \_\_\_) suffer from any physical or mental disability.

I (have \_\_\_ have not \_\_\_) been treated for any mental disorders. *(If so, provide details on back.)*

I (have \_\_\_ have not \_\_\_) been convicted of any felony offense. *(If so, provide details on back.)*

By my signature below, I understand the Bossier Sheriff's Department is a law enforcement agency and as such will run a criminal history check. I further represent that I am legally able to own or possess a firearm if required to do so in the service of the Bossier Sheriff's Department and the citizens of Bossier Parish.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date