Title: Selective Service Registration

Type: A. Administrative
Sub Type: 2. Personnel
Number: A.2.27

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I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish the Deputy Secretary’s policy regarding Selective Service Registration for employment or appointment to a classified or unclassified state Civil Service position.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Probation and Parole Program Director, Secure Facilities Director, Executive Management Advisor, Regional Directors, Facility Directors and Regional Managers. Unit Heads are responsible for ensuring compliance with the provisions of this policy.

IV. POLICY:

It is the Deputy Secretary’s policy that any person who is required to register for the federal draft under Section 3 of the Military Selective Service Act (50 U.S.C. App. 453) must register for such draft prior to employment or appointment to a classified or unclassified position with YS.
V. DEFINITIONS:

*Unit Head* - Deputy Secretary, Facility Directors, and Regional Managers.

VI. PROCEDURES:

A. Human Resources Liaisons at each Unit is responsible for verifying that all male applicants, age 18 through 25, who are required to register with Selective Service provide proof of such registration in order to be eligible for classified or unclassified state Civil Service employment.

B. As a condition of employment, the applicant's Selective Service card shall be copied and the copy attached to the applicant's application; or

C. If the applicant does not have a Selective Service card available, the attached Selective Service Verification form [see Attachment A.2.27 (a)] shall be completed by the applicant. The completed form shall be attached to the application.

D. A veteran of the armed forces of the United States may submit a copy of discharge papers or a discharge certificate as verification of service.

**Previous Regulation/Policy Number:** A.2.27  
**Previous Effective Date:** 09/03/2018  
**Attachments/References:** A.2.27(a) Verification of Selective Service Registration.2013
VERIFICATION OF SELECTIVE SERVICE REGISTRATION
Youth Services
Office of Juvenile Justice
PO Box 66458
Audubon Station
Baton Rouge, Louisiana 70896
225-287-7900

Date: _______________________

To Whom It May Concern:

In lieu of my Selective Service card, my signature below will verify that I have registered for the Selective Service as required by the Military Selective Service Act (50 USC App. 453).

I understand that if this statement is found to be false, I will be terminated from employment.

I will present my Selective Service card to Human Resources personnel as soon as possible.

______________________________________________  _____________________________
Signature  Printed Name

______________________________________________
Class Title