

**LAW ENFORCEMENT TRAINING INSTITUTE
UNIVERSITY OF MISSOURI-COLUMBIA
EXTENSION DIVISION
321 Hearn Center
Columbia, Missouri 65211
(573) 882-6021 OR 800-825-6505 OR Fax (573) 884-5693**

Application for Basic Police Training Academy

PLEASE PRINT ALL INFORMATION

Please indicate the dates of the program you plan to attending.

_____ *Date of Program*

The information provided by you on this form will be used to produce your academy nametag, certificate of completion, and summary sheet to be sent to the Department of Public Safety so please type or print legibly. Double check all information given for accuracy.

NAME _____, _____ Soc. Sec. No. ____ - ____ - ____
(last) (first) (middle)

Street Address _____ Apt. No. _____

City _____ County _____ State _____ Zip Code _____

Home Telephone (____) _____ Work Telephone (____) _____

Cell Telephone (____) _____ E-mail Address: _____

Date of Birth _____ Age _____ United States Citizen: ____ Yes ____ No

In Case of Emergency Please Contact: Name: _____

Relationship: _____ Telephone Number: _____

Number of years of school completed: Circle One: (Less than 8) 8 9 10 11 12 13 14 15 16 17 18
(more than 18)

Veteran of Military Service: Yes ____ No ____ Date of Discharge _____

EMPLOYED BY: _____
(Name of Agency - if employed by a law enforcement agency)

Address _____ City _____ State _____ Zip _____

Chief or Sheriff's Name: _____ Agency Phone _____

Rank _____ I am employed Full-time ____ or Reserve ____

Date Employed by Current Employer _____ # of Years in Law Enforcement Work _____

U.S. Citizen: Yes ____ No ____ Operator's License #: _____

High School Attended: _____ Graduation Date: _____

Address: _____

College or University Attended: _____ Graduation Date: _____

Address: _____

Have you ever been convicted of a felony, including the receiving of a Suspended Imposition of a Sentence, following a plea or finding of guilty to a felony charge? Yes _____ No _____

Have you ever been convicted of a misdemeanor to include DWI, BAC, Leaving the Scene? Yes _____ No _____

Have you ever been convicted of a misdemeanor or felony involving moral turpitude? Yes _____ No _____

Have you ever been dismissed, fired, or asked to resign by an employer? Yes _____ No _____

If yes, Employer's Name: _____ Date of Dismissal: _____

Reason for Dismissal: _____

Have you ever been a member of an activist group, society, organization or club including the Communist Party, American Nazi Party, Ku Klux Klan, Students for a Democratic Society, Black Panthers, Minutemen, or any similar organization? Yes _____ No _____ If yes, list groups: _____

I certify that I have reviewed the foregoing information supplied by me and that it is true and correct to the best of my knowledge. I understand that any omission or falsification of the above information may disqualify me from attending a Basic Certified Training Academy as prescribed by law.

Date

Signature

AUTHORIZATION TO RELEASE INFORMATION

I understand that the Law Enforcement Training Institute will conduct, or cause to be conducted, a law enforcement records inquiry to learn of any criminal record data pertaining to myself. I hereby authorize this inquiry, and the release of such information to the Law Enforcement Training Institute.

Date

Signature

STATEMENT OF UNDERSTANDING

I understand that in the Class A Certified Basic Law Enforcement Training Academy I will be required to participate in intense physical activities that will include defense tactics training, firearms training and qualification, and job related situational scenario training.

I certify that I have no physical or mental conditions that would prohibit my participation in the above activities.

The Law Enforcement Training Institute has informed me that I have NOT been assured of any law enforcement position as a result of my successful completion of the Basic Law Enforcement Training Course in which I am enrolled. I understand that I must apply directly to the law enforcement department in which I am interested in seeking employment. I also understand that I have to comply with all entry requirements of the city/county department for which I am seeking employment.

Date

Signature

If you have any special needs as addressed by The Americans with Disabilities Act please contact us at (573) 882-6021 immediately. Reasonable efforts will be made to accommodate your special needs.