



LAW ENFORCEMENT ACADEMY APPLICATION

Date: _____

APPLICANT INFORMATION

Full Name: _____
Last First Middle

Date of Birth: _____ Student ID: S _____

Address: _____
Street Apartment /Unit #
City State ZIP Home Phone: _____

Mobile Phone: _____ Email Address: _____

Academy you are Applying for: Full Time Part Time Refresher Fall Spring Year :

Do you Have a Driver's License? YES NO Driver's License # _____

Are you a citizen of the United States? YES NO

Have you ever been convicted of a Misdemeanor? YES NO

If yes, explain: _____

Have you ever been convicted of a Felony? YES NO

If yes, explain : _____

EDUCATION

High School: _____ From: _____ To: _____

Address: _____

Did you graduate? YES ___ NO ___ Diploma ___ GED ___

College: _____ From: _____ To: _____

Address: _____

Did you graduate? YES ___ NO ___ Degree: _____

Technical/Other: _____ From: _____ To: _____

Address: _____

Did you graduate? YES ___ NO ___ Degree: _____

EMPLOYMENT HISTORY

Please provide employment history for the last five years or three jobs.

Company: _____ From: _____ To: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your present/past employer for a reference? YES ___ NO ___

Company: _____ From: _____ To: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your present/past employer for a reference? YES ___ NO ___

Company: _____ From: _____ To: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your present/past employer for a reference? YES ___ NO ___

Have you ever been fired or asked to resign from any place of employment or position? YES ___ NO ___

If yes, explain : _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

While in the military were you the subject of any disciplinary action such as a Court-Martial? YES ___ NO ___

If yes, explain: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance into the Arapahoe Community College Law Enforcement Academy, I understand that false or misleading information in my application or interview my result in my release.

Signature: _____ Date: _____



Academy Written Assignment

Student Name: _____

Date: _____

Please answer the following questions.

What makes a career in Law Enforcement attractive to you?

What area of the course of study at this Academy causes you the greatest concern?

Other than Law Enforcement, what other careers have you considered?

What have you done to prepare yourself for the Academy?

What factors would cause you to terminate the Academy?



Authorization To Release Student Records

Federal legislation, the Family Educational Rights and Privacy Act of 1974, prohibits Arapahoe Community College from providing information unless we have a written authorization from you as a student. If completed, the form below will provide the Arapahoe Community College Law Enforcement Academy Staff with the necessary authority to release necessary information to prospective employers.

I, _____, authorize the Faculty and Staff of the Law Enforcement Academy at Arapahoe Community College to release to any prospective law enforcement or government employer all information regarding my training, performance, academic standing, and past records.

Student Signature: _____ Date: _____

Student Name Printed: _____



Academy Student Agreement

I, _____, do fully understand that this Academy is not a regular college type course. I also understand that this Academy is run like most police academies, "semi-military." Acceptance into the academy program requires completion of a background check. I understand that unresolved issues in my background, as determined by the Director of the Academy Program, may require completion of a psychological examination prior to admission in the Academy. This psychological examination will be completed by a licensed psychologist selected by Arapahoe Community College and will be conducted at Arapahoe Community College's expense. If this psychological examination determines that I am not a suitable law enforcement candidate, I will not be allowed to enroll in the Academy and this decision will be final. During the course of this Academy, I know that there are certain classes that I must achieve a minimum score of 70%, 80%, or 90% in order to pass.

I am aware that this Law Enforcement Training Program has a fitness component. In order to successfully complete this program, I must complete all components of the program. Failure to complete any one component will result in me being ineligible to take the State Standardized Test.

During the course of this Academy, I understand that I will be engaging in activities that require a certain amount of risk, i.e., firearms training, pursuit driving, and arrest control. I agree to abide by all safety rules and procedures set forth by Arapahoe Community College. I understand that if I fail to abide by these safety rules, I may fail the academy program. I accept the responsibility to notify the college faculty when safety violations occur, and I release the college faculty and its employees from liability for injuries that may occur as a result of my participation in these activities.

I also understand it is my responsibility to read and familiarize myself with the academy policies and procedures, and if I have any questions regarding rules or regulations in this Academy, I should ask my training advisors.

Student Signature: _____ Date: _____

Student Name Printed: _____

Witness: _____ Date: _____



Academy Student Affirmation

Students are reminded that successful completion of the course does not guarantee employment. Agencies differ in their requirements and hiring procedures. Employers consider personal background history and physical problems as well as other qualifiers.

Affirmation

1. I understand that there are certain minimal standards relative to criminal or delinquent behavior, physical or mental attributes, as well as certain other emotional behaviors and habits that must be met for me to be employable in law enforcement. If I am unable to meet these minimal standards, I understand that completion of any Law Enforcement Academy may or may not affect my employability. I fully accept the responsibility to identify these minimal employment standards set by individual law enforcement agencies.

2. I understand that the Academy does not provide State Certification as a law enforcement officer. In order to become state certified, I am aware that I must pass the State Standardized Certification Examination given by the Colorado Attorney General's Office and the P.O.S.T. Board.

Print Student Name: _____

Student Signature: _____

Date: _____



**Academy Firearms and Weapons Policy Student
Acknowledge Form**

Student Name Printed: _____

Student Identification Number: _____

Firearms and Ammunition

- 1. All firearms and ammunition will be stored by Academy personnel.**
- 2. Unless specifically authorized, recruits SHALL NOT carry or possess weapons, concealed or otherwise, while attending the Arapahoe Community College Law Enforcement Academy program classes, facilities or grounds.**
- 3. Absolutely no unauthorized display of ANY firearm, baton, or handcuffs will be tolerated.**
- 4. Violation of this policy renders the recruit liable to IMMEDIATE REMOVAL from the Academy Classroom and subject to the Student Grievance procedure.**

I have read the above section from the Arapahoe Community College Law Enforcement Academy Policies and Procedures Manual. I have been given the opportunity to discuss this policy with a Faculty member and I understand the policy.

I will comply with the policy at all times.

Student Signature: _____

Date: _____



Personal Data and Emergency Contact Sheet

Please provide us with the information below. The information provided in this form will be used for your Law Enforcement Academy class call list. Emergency contact information is for Law Enforcement Academy staff and instructors only.

Please indicate in the column to the left which phone number you prefer to be used to contact you.

Name:	
Mailing Address:	
City, State, Zip:	
Home Phone:	
Cell Phone:	
Home Email:	

Emergency Contact Information:

	Primary Contact Info	Secondary Contact Info
Name:		
Relationship:		
Home Phone:		
Cell Phone:		
Doctor's Name:		
Doctor's Phone:		
Hospital Preference:		
Allergies/Health Problems that should be noted:		