



# POLICE ACADEMY APPLICATION 2020-2021



**Application Deadline: Friday, July 2, 2020**

Questions?  
Call (269) 660-7703  
or email us at [crju@kellogg.edu](mailto:crju@kellogg.edu)

**There are limited seats available in the academy.  
Applications will be processed on a first come, first served basis on or after March 2, 2020.**

450 NORTH AVENUE, BATTLE CREEK, MI 49017

**APPLICATION CHECKLIST FOR:** \_\_\_\_\_

Print Candidate Name

**Below is a checklist of all items that are included in the final application for the 2020-2021 Police Academy. All items must be completed and submitted together - we will not accept partial applications.**

***Initial here***

- \_\_\_\_\_ This application checklist with each item checked
- \_\_\_\_\_ Completed Personal History Questionnaire (including MCOLES Applicant Information and Authorization for Release of Information)
- \_\_\_\_\_ KCC Background Supplementation
- \_\_\_\_\_ Autobiography
- \_\_\_\_\_ Two Letters of Reference from professional sources that include contact information
- \_\_\_\_\_ MCOLES Pre-Enrollment Reading and Writing **Passing** Test Score
- \_\_\_\_\_ MCOLES Physical Fitness **Passing** Test Score **DATED MARCH 2, 2020 OR LATER**
- \_\_\_\_\_ Mailed in request for Non-Edited Driving History to Secretary of State
- \_\_\_\_\_ Copy of driver's license (both front and back) with the photo recognizable
- \_\_\_\_\_ Medical First Responder Disclaimer (include a copy of your State of Michigan Medical First Responder card, or higher, if you have it)
- \_\_\_\_\_ Copy of social security card
- \_\_\_\_\_ Copy of your Birth Certificate
- \_\_\_\_\_ Copy of your Health Insurance Card
- \_\_\_\_\_ Copy of your proof of high school graduation or GED (you may skip this if you currently have a college degree)

**The following items are needed ONLY if they apply to you:**

- 1 official college transcript & 1 unofficial transcript (**ONLY** if you've attended a college/university other than KCC)
- Copy of your DD214 Long Form (un-amended)
- Proof of citizenship, if you were born outside the United States
- Copies of all police reports and final court disposition papers on any Criminal Investigation where you were the suspect, victim, or witness in that investigation. Contact the Public Safety Education office at 269-660-7703 if you have any questions.

For Office Use Only		
Received By:	Date:	Time:
Degree: <input type="checkbox"/> Law Enforcement (255) <input type="checkbox"/> Public Safety (286)		
<input type="checkbox"/> Law Enforcement Certificate (196) <input type="checkbox"/> Criminal Justice (314)		
<input type="checkbox"/> General Studies (313) <input type="checkbox"/> Degree in:		
		obtained from:
Comments:		R/W Band:
		MFR Opt:

# Michigan Commission on Law Enforcement Standards

## CANDIDATE'S PERSONAL HISTORY STATEMENT AND AFFIDAVIT

(Rev. 04/18)

### **Instructions to the Applicant:**

The Michigan Commission on Law Enforcement Standards (MCOLES) requires that all candidates seeking eligibility for law enforcement licensing comply with the Commission's minimum selection and employment standards. Candidates must meet these standards at the time of entrance into the basic training program, when applying for the Recognition of Prior Training and Experience (RPTE), or at the time of employment. Candidate must maintain compliance with such requirements throughout the training period and at the time of initial licensing or re-licensing through reciprocity.

One of the selection requirements involves "good moral character." The state of Michigan Administrative Code (Rule 28.14203(e)) requires that candidates must "Possess good moral character as determined by a favorable comprehensive background investigation covering school and employment records, home environment, and personal traits and integrity. Consideration will be given to a history of, and circumstances pertaining to, having been a respondent to a restraining or personal protection order. Consideration shall also be given to all law violations, including traffic and conservation law convictions as indicating a lack of good character."

The information you provide in this personal history statement will be used in evaluating your background and will assist staff in determining your suitability for the position of law enforcement officer. The information you provide in this document will subsequently be discussed with you and you will be required to file an affidavit in support of the information provided.

Please fill out the questionnaire completely and accurately. Return the completed personal history statement with your application to your academy director, agency, or MCOLES representative. When completing the personal history statement, please keep in mind that:

- (1) The completion of this form is mandatory;
- (2) All statements are subject to verification; and,
- (3) Deliberately making false statements, committing fraud, or failing to disclose requested information are grounds for denying your enrollment into or dismissing you from the training program, including the Recognition of Prior Training and Experience program. Further sanctions by the Commission may be imposed including a two-year ineligibility from applying for enrollment in any training program, or permanently denying your application. Subsequent license revocation may also be imposed for making a material false statement or committing fraud in the application process. (R 28.14602 – 28.14609)

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job of a law enforcement officer.

*NOTE: Use extra sheets of paper, if necessary, to completely answer the questions on the attached pages.*

Do not leave any question responses blank, or enter "N/A". If a question appears not to apply to you, contact the academy director/background investigator who will make a determination if your lack of response or applicability is appropriate.

**PLEASE PRINT IN INK OR TYPE YOUR RESPONSES TO THIS QUESTIONNAIRE.**

## WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION

*Sections A & B to be completed by all applicants (non-licensed, currently licensed, or previously licensed law enforcement officers)*

Section A - Type or print only:

Last Name:	First Name:	Middle Name:	Suffix (Jr, Sr, III):	
Social Security No.*:	Date of Birth:	Phone No.:	Gender <sup>‡</sup> :	Race <sup>‡</sup> :
Residence Address (Street, City, State, Zip):			Highest Degree:	
Drivers License No.:	Issuing State:	E-Mail:		

Section B – Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish to the Michigan Commission on Law Enforcement Standards, the \_\_\_\_\_<sup>1</sup>, their representatives and/or agents (including, but not limited to, academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic, attendance, and driving records; and medical records (includes medical/psychological, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards and the \_\_\_\_\_<sup>1</sup>.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the Commission's statutory and administrative objectives.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of this Authorization shall have the same force as the original.

Applicant Signature:	Today's Date:
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**\*\*\*Section C to be completed by current or previously licensed law enforcement officers only\*\*\***

Section C – Former Michigan employing law enforcement agency authorization:

I hereby authorize any and all of my former employing Michigan law enforcement agencies to provide the \_\_\_\_\_<sup>1</sup>, with a copy of the record regarding the reason or reasons for, and circumstances surrounding, my separation of service created by any former employing law enforcement agency or agencies. **(Under 2017 PA 128, MCL§28.561, et seq. a hiring law enforcement agency shall not hire a law enforcement officer unless the hiring law enforcement agency receives the record regarding the reason or reasons for, and circumstances surrounding, a separation of service from each prior employing law enforcement agency.)**

Applicant signature:	Today's Date:
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AUTHORITY:	1965 PA 203; 2017 PA 128
COMPLIANCE:	Voluntary
PENALTY:	No License Activation/ Employment/ Academy Enrollment

* This information is confidential. Confidential information is protected by the Federal Privacy Act.
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‡ This information is for the purposes of EEO reporting only.
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<sup>1</sup> Type or print the name of the hiring law enforcement agency or the enrolling academy.



**EMPLOYMENT HISTORY**

Have you ever been talked to, interviewed, or suspected by an employer of any crime in the workplace? Yes                  No

Have you ever been talked to, interviewed, or suspected by an employer of any form of workplace harassment (inappropriate sexual behavior, sexual harassment, ethnic harassment) or workplace violence (threatening behavior or assaultive behavior)? Yes                  No

Have you ever been fired, asked to resign in lieu of termination, or decided to resign during an inquiry into your behavior from any place of employment? Yes                  No

If "Yes" to any of the above, please give the details (include when, where, and the circumstances – use a separate sheet if necessary):

Have you ever been an unsuccessful candidate for a law enforcement position (either volunteer or paid) because you did not meet the background requirements or other non-medical employment qualification? Yes                  No

If "Yes," please give the details (include when, name of agency or academy and the circumstances):

Please list your previous employers for the last 10 years (current or most recent first). Be specific for the reasons for leaving (resignation in good standing; resignation prior to discipline or termination; termination for violation of rules/policies/law; promoted; reassigned; etc.). Include life-time employment history (paid or volunteer) with any law enforcement agency. Use a separate sheet of paper if necessary.

Employer Name	Address	Position Held	Dates	
			From	To
Supervisor to Contact	Telephone Number	Reason for Leaving		
	(    )			

Employer Name	Address	Position Held	Dates	
			From	To
Supervisor to Contact	Telephone Number	Reason for Leaving		
	(    )			

Employer Name	Address	Position Held	Dates	
			From	To
Supervisor to Contact	Telephone Number	Reason for Leaving		
	(    )			

Employer Name	Address	Position Held	Dates	
			From	To
Supervisor to Contact	Telephone Number	Reason for Leaving		
	(    )			

<b>MILITARY SERVICE</b>		
<b>Applicants with prior military service should submit a copy of their DD Form 214 with their application to the academy or with their application to the MCOLES Recognition of Prior Training and Experience program.</b>		
<b>Have you ever served in the armed forces, National Guard, or military reserves?</b>	<b>Yes</b>	<b>No</b>
<b>If “Yes”, have you ever been the subject of any judicial or non-judicial disciplinary action, or discharged for less than honorable service?</b>	<b>Yes</b>	<b>No</b>
<b>If “Yes”, please give the details (include branch of service, when, where, and the circumstances):</b>		

<b>MOTOR VEHICLE OPERATION</b>				
<b>Please list all traffic citations (exclude parking violations) you have received: (Attach a separate sheet if necessary)</b>				
APPROXIMATE DATE	NATURE OF VIOLATION (Initial Cause for Stop, Charge or Citation)	TICKETED Y/N	JURISDICTION/AGENCY WHERE VIOLATION OCCURRED	DISPOSITION (Final Disposition - Fine, Points, Probation, Other)
<b>Do you currently have active violation points on your driver’s license?</b>				
				<b>Yes</b>
				<b>No</b>
<b>If “Yes”, how many points do you have?</b>				
				_____ pts
<b>Has your driver’s license ever been denied, suspended or revoked in this state or any other state, the District of Columbia, a possession or territory of the U.S., or Canada?</b>				
				<b>Yes</b>
				<b>No</b>
<b>If “Yes”, please provide the details (what, when, where, and why):</b>				
<b>Do you currently have any <i>restrictions</i> placed on your driver’s license?</b>				
				<b>Yes</b>
				<b>No</b>
<b>If “Yes”, please explain (nature of restriction and why):</b>				
<b>Have you been involved, as a driver at fault, in a motor vehicle accident?</b>				
				<b>Yes</b>
				<b>No</b>
<b>If “Yes”, please provide the following information:</b>				
APPROXIMATE DATE	LOCATION	INVESTIGATING POLICE AGENCY	INDICATE INJURIES	

**LEGAL HISTORY**

Please provide the following information if you have ever been

- interviewed by a police agency as a suspect in, or questioned about, any criminal offense (misdemeanor or felony);
- been arrested or charged with any criminal offense (misdemeanor or felony);
- convicted of any criminal offense (misdemeanor or felony) including: expungements or conviction set asides (MCL780.621); Holmes Youthful Trainee Act dispositions (MCL762.11); or drug court dispositions (MCL333.7411).

Criminal offenses and charges include, but not limited to: conservation law violations; appearance tickets; or criminal traffic violations. (NOTE: Include any diversion programs, delayed or deferred sentencing. Do not include traffic offenses that are treated as civil infractions, see Motor Vehicle Operation above). Attach a separate sheet if necessary.

APPROXIMATE DATE	POLICE AGENCY OR JURISDICTION	INITIAL CHARGE/VIOLATION OR REASON FOR QUESTIONING	FINAL DISPOSITION (Conviction, dismissal, fines, probation, jail, etc.)

Have you ever had a felony conviction “expunged” or “set aside”? Yes      No

If “Yes,” please provide the details (nature of crime, county where expunged, and when):

Have you ever been placed on court probation as an adult, or been on parole? Yes      No

If “Yes,” please provide the details (when, where, why):

Have you ever been on bail, or personal recognizance, or other release conditions from a court-ordered custody? If “Yes,” explain here: Yes      No

Have you ever been required to appear before a juvenile court? Yes      No

If “Yes,” please provide the details (when, where, why) and final disposition:

Are you now or have you ever been a plaintiff or defendant in any civil court action? Yes      No

If “Yes,” please provide the details (when, where, why):

Have you ever been a respondent to a restraining or personal protection order in this state or any other state or tribal court? A respondent is the person enjoined or prohibited from certain behaviors or actions. Yes      No

If “Yes,” please provide dates, court of jurisdiction, and circumstances of the order and final disposition. Use a separate sheet of paper if necessary.

<b>FINANCIAL HISTORY</b>		
<b>The basic training academy or MCOLES may require you to submit a current financial or credit history statement to verify the information provided below.</b>		
Have you ever filed for or declared bankruptcy?	Yes	No
Have any of your bills ever been turned over to a collection agency?	Yes	No
Have you ever been evicted for non-payment of rent?	Yes	No
Have you ever had a credit card canceled by the company for unpaid balances?	Yes	No
Have you ever had purchased goods repossessed?	Yes	No
If you answered "Yes" to any of the above questions, please give the details (when, firms/businesses involved, and the circumstances and final disposition):		

<b>EDUCATION HISTORY</b>			
Please list your educational achievements here. A high school diploma or GED is required for enrollment into an MCOLES approved academy and for licensing. Official college transcripts are required for enrollment into the academy as a preservice recruit, and official transcripts confirming the award of a degree are required for license eligibility. Only recognized accredited colleges and universities are accepted. College degrees are evidence of meeting the high school requirement.			
<b>High School</b>	<b>Location</b>	<b>Diploma or GED?</b>	<b>Date</b>
		Yes      No	
<b>College</b>	<b>Location</b>	<b>Degree / Credit Hours</b>	<b>Date</b>
<b>Vocational/Trade School/Other</b>	<b>Location</b>	<b>Degree or Certificate</b>	<b>Date</b>
Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges, universities, graduate schools, business and vocational schools.)			
		Yes	No
Have you ever been subject to formal discipline procedures, short of suspension or expulsion from school for unacceptable behavior at any high school or post-secondary school?			
		Yes	No
If "Yes" to either of the above questions, please explain (include school, date, and circumstances):			
Have you ever been denied admission to, withdrew from, or dismissed from, a police training academy or criminal justice academic program?			
		Yes	No
If "Yes", please explain (include school/academy, date, and circumstances):			

<b>MCOLES STANDARDS AND ELIGIBILITY</b>		
<p>The basic training academy and the MCOLES representative must determine if you meet the MCOLES standards and are able to perform the essential job functions of a law enforcement officer. Please answer the following questions. If you have any questions about this information, please contact the Standards Compliance Section 517-636-7864.</p>		
<p>Have you read and fully understand the current Michigan Commission on Law Enforcement Standards' Minimum Selection and Employment Standards to qualify for law enforcement licensing, and do you attest that you comply with these provisions?</p>	Yes	No
<p>Have you ever failed to submit to, or tested positive on a drug screen test for employment or licensing?</p>	Yes	No
<p>If "Yes," provide details here.</p>		
<p>Have you ever sought and received a written determination from the Michigan Commission on Law Enforcement Standards regarding any situation which may affect compliance with the minimum selection and employment standards?</p>	Yes	No
<p>To your knowledge, have you ever been investigated by the Michigan Commission on Law Enforcement Standards for an alleged standards violation, or to determine whether you could meet the selection and employment standards?</p>	Yes	No
<p>If "Yes," please provide details here and copies of previous written determination.</p>		
<p>Have you ever been removed from, or withdrawn from, an employment application process for any position with a law enforcement agency or with a law enforcement training academy in this state or any other state?</p>	Yes	No
<p>If "Yes," please provide details here.</p>		
<p>Have you ever had your law enforcement license or certification in Michigan, or any other state, territory or tribe, denied, suspended, revoked, or restricted by administrative action or stipulation?</p>	Yes	No
<p>If "Yes," please provide details here.</p>		
<p>Have you ever been convicted of a crime that is a misdemeanor under either Federal or State law that has as an element the use or attempted use of physical force, or the threatened use of a deadly weapon against a current or former spouse, parent, guardian or person with who you cohabitated or have cohabitated or with whom you have a child in common or against any person similarly situated to a spouse, parent or guardian (commonly known as domestic violence)?</p>	Yes	No
<p>If "Yes," please provide details here. A determination must be made whether you are eligible to possess a firearm under federal law.</p>		
<p>Have you ever been notified by the Michigan State Police that you are subject to restrictions on the purchase of a pistol pursuant to MCL 28.422b?</p>	Yes	No

<b>LOCAL ACADEMY QUESTIONS: Academy Name_</b> <a href="#">Click here to enter text.</a> _____
<a href="#">Click here to enter text.</a>

<b>EMPLOYED RECRUITS AND RECOGNITION OF PRIOR TRAINING AND EXPERIENCE CANDIDATES</b>		
<b>Any previous employment with any law enforcement /public safety agency (police, corrections, fire, etc.) held, either in Michigan or elsewhere, was in accordance with the Federal Fair Labor Standards Act (minimum wages for all hours worked).</b>	Yes	No
<p><b>I understand that to be in compliance with MCOLES administrative rules 28.14102(a), (b), and (c), and for the purposes of this section R 28.14206, that on the first day of training, I meet all the Federal Fair Labor Standards Act requirements. This statement means: 1) I am receiving at least minimum wages from the employer I have identified on my application for all hours spent in the academy and any additional hours worked outside the academy; 2) I am not volunteering to work time for my employer; 3) I have not entered into any contractual agreement (signed or unsigned, verbal or written) with my employer that would obligate me to donate money to compensate my employer for tuition and wages, or volunteer time outside or after the academy, to compensate or repay my employer.</b></p> <p><b>Even if there is no agreement with my employer, I have not and will not, nor have or will I allow anyone in my name, to voluntarily reimburse my employer in any form for tuition and wages provided to me to attend the academy.</b></p> <p><b>I understand these requirements and am verifying that my employment meets these requirements at the time of entry into this training session. I also understand that I will be required to produce, to the training director, a copy of proof that wages are being paid to me by my employing agency sometime during this approved training session.</b></p> <p><b>Furthermore, I understand that if there is any change in my employment status during this training session, I must notify the training director and the Commission immediately.</b></p> <p><b>I recognize that any misrepresentation on my part to obtain licensing or a state subsidy of tuition costs constitutes fraud and is punishable as a felony under MCL § 750.218.</b></p>		
	Yes	No

**AUTHORITY: 1965 PA 203**

When filling out this Personal History Statement please keep in mind that:

- 1. completion is mandatory,
- 2. all statements are subject to verification, and
- 3. deliberately making false statements, committing fraud, or failing to disclose requested information are grounds for denying your enrollment into or dismissing you from the training program, including the Recognition of Prior Training and Experience program. Further sanctions by the Commission may be imposed including a two-year ineligibility from applying for enrollment in any training program, or permanently denying your application. Subsequent license revocation may also be imposed for making a material false statement or committing fraud in the application process. (R 28.14602 – 28.14609)

Candidate's Signature	Date
Academy Director's Signature	Date

**PLEASE WAIT TO SIGN BELOW**

This section is to be completed by the candidate after reviewing the Personal History Statement Information with the MCOLES Field Representative

STATE OF MICHIGAN )  
 ) ss.  
 COUNTY OF \_\_\_\_\_ )

Applicant's Social Security Number: \_\_\_\_\_

Employing Agency or Training Center: \_\_\_\_\_

Now comes \_\_\_\_\_ and being first duly sworn certifies as follows:  
 Print Candidate's Name

I agree that the information I have provided above in this Personal History Statement is true, accurate and complete and this document constitutes an official statement within the purview of Michigan statutes and is subject to verification by any employing agency and/or the Michigan Commission on Law Enforcement Standards, and that a failure to fully disclose information required by this affidavit constitutes misrepresentation or fraud as prohibited by MCL 28.609b(1)(d), and, if so, shall constitute grounds for revocation of license as a law enforcement officer in Michigan pursuant to MCL 28.609b(1)(d).

Candidate's Name (print) \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

The foregoing affidavit was acknowledged before me this \_\_\_\_\_ (Date), by \_\_\_\_\_

(Name of Person) who is personally known to me or who has produced \_\_\_\_\_ (Type of identification) as identification and who did (did not) take an oath.

Signature of Notary \_\_\_\_\_

Commission in \_\_\_\_\_ County

Acting in \_\_\_\_\_ County

Commission Expires \_\_\_\_\_

(Notary's Stamp/Seal)



# POLICE ACADEMY APPLICATION 2020-2021

## Background Supplementation

**Instructions:** Read every question carefully. Answer every question. If the question does not apply to you, write “N/A” in the answer space. **Do not leave blank answer spaces.** Please print clearly and legibly. Attach additional pages if you need to continue an answer; please note the question you are referring to. **Applications that are incomplete or cannot be read will not be accepted.**

**NOTE:** It is in your best interest to make a copy of this packet and the MCOLES Personal History packet, and retain them for your records. These packets both contain information about your personal and employment history, which you will need when applying to various law enforcement agencies. Originals of both packets must be turned in with your completed academy application.

## Personal History

Name \_\_\_\_\_ Soc. Security # \_\_\_\_\_  
(Last, First, Middle)

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth \_\_\_\_\_  
City County State/Territory Country

## Driving History

Do you currently have a valid Michigan Driver's License?  Yes  No  
 Has your license ever been suspended, revoked, or restricted (other than GDL requirements)?  
 Yes  No

List all states/countries in which you have had a Driver's License or ID Card:

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List all traffic-related contacts with law enforcement (including instances where no citation was given).  
 Attach an additional sheet if more space is needed.

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## Residential History

Please list any address you have lived at since birth. Include any addresses in which you have stayed at in excess of 60 days. Begin with your **current address** and list them backwards. Attach an additional sheet if more space is needed.

From (Month/Year)	To (Month/Year)	Street Address	City	State/ Territory	Zip	County
	Present					

Excluding family members, list any adults (18+) you have lived with during the past five years. Attach an additional sheet if more space is needed.

Name \_\_\_\_\_  
Current Street Address \_\_\_\_\_ City \_\_\_\_\_  
State/Territory \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Current Street Address \_\_\_\_\_ City \_\_\_\_\_  
State/Territory \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Current Street Address \_\_\_\_\_ City \_\_\_\_\_  
State/Territory \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Current Street Address \_\_\_\_\_ City \_\_\_\_\_  
State/Territory \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Current Street Address \_\_\_\_\_ City \_\_\_\_\_  
State/Territory \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Current Street Address \_\_\_\_\_ City \_\_\_\_\_  
State/Territory \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship \_\_\_\_\_



## Volunteer History

Please list all periods of volunteer involvement. Begin with your present employment/unemployment status and work backwards. Attach an additional sheet if more space is needed.

Date		Business/Agency	Title	Supervisor	Contact #
From	To				

## Military Service History

Have you ever served on active duty with the United States Military or as a member of the Reserves or National Guard?  Yes  No

### Active Duty

Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_

Type of Discharge\* \_\_\_\_\_

\*If other than "Honorable Discharge," please explain: \_\_\_\_\_

\_\_\_\_\_

Highest Rank \_\_\_\_\_ Rank at Separation \_\_\_\_\_

### Reserves/National Guard

Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_

Type of Discharge\* \_\_\_\_\_

\*If other than "Honorable Discharge," please explain: \_\_\_\_\_

\_\_\_\_\_

Highest Rank \_\_\_\_\_ Rank at Separation \_\_\_\_\_

Were you ever arrested, cited, or apprehended by military police?  Yes\*  No

\*If yes, please explain: \_\_\_\_\_

Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, CIS, OIS)?  Yes\*  No

\*If yes, please explain: \_\_\_\_\_

Did you ever receive a court martial or non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)?  Yes\*  No

\*If yes, please explain: \_\_\_\_\_

## Drug & Alcohol Use

How often do you drink alcohol? \_\_\_\_\_ drinks/day, \_\_\_\_\_ days/week

Has anyone ever suggested to you that you might have a problem with drinking?  Yes  No

Have you ever tried, used, or experimented with any illegal drugs or controlled substances in the last **5 years**?  Yes  No

List all controlled/illegal substances you have ever tried, used, or experimented with in the last 5 years.

<i>Drug/Substance</i>	<i>Have you used?</i>	<i>If yes, Frequency of use:</i>	<i>Date Last used</i>
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Amphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Methamphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
LSD	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
PCP	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Mushrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Ecstasy	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Inhalants	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Have you ever used medications that were not prescribed to you?  Yes\*  No

\*If yes, please explain: \_\_\_\_\_

## General History

Have you ever been arrested for a misdemeanor?  Yes  No

Have you ever been arrested for a felony?  Yes  No

Have you ever been interviewed as a suspect or accused in any offense?  Yes  No

Do you have any history of associating with criminals?  Yes\*  No

If so, list the crime(s) & relationship(s) with the criminal: \_\_\_\_\_

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Have you ever applied to work for a criminal justice organization?  Yes\*  No

\*What agency? \_\_\_\_\_ \*Why weren't you hired? \_\_\_\_\_

Have you ever applied to any other police academy?  Yes\*  No

\* Which Academy? \_\_\_\_\_

\* Why are you not attending that academy? \_\_\_\_\_

Do you have any personal history (i.e. victimization or other) that would prohibit you from being objective and carrying out police duties fairly and without bias?  Yes\*  No

If so, please explain: \_\_\_\_\_

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Is there any reason you may not be considered for employment as a police officer?  Yes\*  No

If so, please explain: \_\_\_\_\_

## Autobiography

Please tell us about yourself. Consider the topics listed below during your writing process. Your autobiography should be typed in 12pt font, double spaced, and **between 750 and 1,250** words in length. This document will be included as part of your completed application.

- Education
  - High School
  - College
- Work History
- Strengths
- Weaknesses
- Hobbies
- Career Goals
- Awards
- Community Service
- Successes
- Failures
- Values
- Family Life
- Reasons and/or events that encouraged you to become a police officer

By signing this document, you confirm that the answers are true and accurate to the best of your knowledge, and you understand that a failure to disclose any information is subject for dismissal from the police academy.

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Applicant Signature

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Printed Name

---

Date



**Pre-Enrollment Physical Fitness Examination**

**PHYSICIAN'S HEALTH SCREENING FORM**

Examinee's Name (Last, First, Middle)	Date of Birth (M/D/YYYY)	Social Security Number*
Address (Street, City, State, Zip)		Driver License Number

**Note to Examining Physician/Physician Assistant/Nurse Practitioner:** *Your medical exam will attest that the examinee is physically capable of performing the following 4 exercises that are required to be performed during the MCOLES Physical Fitness Test.*

- Vertical Jump** The examinee performs 3 standing vertical jumps, one jump at a time, jumping as high as possible each time.
- Sit-Ups** The examinee must complete as many sit-ups as possible in 60 seconds. The back must be flat on the mat, knees bent 90%, feet flat on the floor, hands overlapped behind the head, without interlocking their fingers.
- Pushups** The examinee must complete as many pushups as possible in 60 seconds. The hands must be shoulder width apart on the floor, elbows extended, locked out; feet no more than 6 inches apart; legs, hips and torso move in the same plane.
- One-Half Mile Shuttle Run** The examinee runs 15 round trips between two pylons placed 88 feet apart for time.

**Note to the examining physician/physician assistant/nurse practitioner:** You must sign below and provide the required information for this form to be valid. This health screening is valid for a period of 180 days from the date of the medical screening.

My health screen of the above identified person reveals no apparent reason why this examinee cannot safely participate in the physical exercises described above.

Physician/Physician Assistant/Nurse Practitioner Name (Printed)	Phone No.	Medical License No.
Address (Street, City, State, Zip)		
Signature		Date

**Examinee:** You must bring this ORIGINAL form with you, signed and completely filled out by your physician/physician assistant/nurse practitioner when you arrive to take the pre-enrollment physical fitness test at an MCOLES authorized test site.

**FAILURE TO FOLLOW THIS PROCEDURE AND/OR OBTAIN THE APPROPRIATE SIGNATURES WILL PREVENT YOU FROM PARTICIPATING IN THE MCOLES PHYSICAL FITNESS TESTING.**

Examinee's Signature	Date
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\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

<p>Authority: PA 203 of 1965 Compliance: Voluntary Penalty: No admission to test</p>
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## MCOLES Physical Fitness Test Application

Please complete all areas of the form. All information provided is kept strictly confidential. Application may be submitted online, by mail, e-mail, or by fax. Fax application to (269) 565-2060. E-mail application to crju@kellogg.edu. Mail application to: Kellogg Community College, Criminal Justice Programs, 450 North Ave, Battle Creek, MI 49017.

Test Fee is \$45 and is payable by Credit or Debit Card Only. **Application deadline is 4:00pm the Wednesday before each test.** Cancellations for a refund must be received by that time. All payments will be processed on Thursday or Friday prior to the test. **All fitness tests will be conducted at the KCC Miller Gym, 450 North Ave, Battle Creek, MI 49017.**

Submitting this form does not qualify as confirmation; we will e-mail you to confirm your registration. **Please contact us by Wednesday prior to the test date if you do not receive a confirmation email.** Kellogg Community College will notify you by e-mail or phone if the session is cancelled due to inclement weather or low enrollment. A recorded message regarding cancellation will be available the Thursday before a test at 269-660-7703.

Please **TYPE** or **PRINT** the following information:

**1 Applicant Information**

Name Last	First	MI
Address Street Number/Name		
City	State	Zip
Phone Number	Email Address	

**2 Requested Test Date (Please Check One)**

- |  |  |
|--|--|
| <input type="checkbox"/> Saturday, March 7, 2020 @ 11:30 am  | <input type="checkbox"/> Saturday, May 30, 2020 @ 11:30 am*  |
| <input type="checkbox"/> Saturday, March 28, 2020 @ 11:30 am | <input type="checkbox"/> Saturday, June 13, 2020 @ 11:30 am* |
| <input type="checkbox"/> Saturday, April 25, 2020 @ 11:30 am | <input type="checkbox"/> Saturday, June 27, 2020 @ 11:30 am* |

\* The Public Safety Education office will be closed the Friday prior to this test date.

**PLEASE NOTE THE START TIME FOR EACH TEST DATE**

The information on this form has been provided by me and is true and complete to the best of my knowledge. I agree to provide proof of any information if it is requested. I understand that false/or misleading information may lead to loss of course credit, loss of tuition and fees paid, dismissal from KCC and/or criminal action.

**3**  I have read the above statement and agree.

**4 Payment**

Credit/Debit Card – Please fill in all areas of the following form.

Amount to charge: \$		Card Type:	
Card Number:			
Expiration Date:		Cardholder's Name:	

Pin   
(3 or 4 digits on back of card)

**For Office Use Only**

Date Rec'd.	
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**For Business Office Only \$45 Application Fee**

Please deposit by applicant name to Account #04-0701-159900-834

# MICHIGAN DEPARTMENT OF STATE RECORD LOOKUP REQUEST

## INSTRUCTIONS FOR COMPLETING THIS FORM

### **General Information**

Lookups of driving, personal identification and vehicle records are available for \$11.00 for each record lookup. Certifications cost an additional \$1.00 per record. **If no record is found, you are still responsible for paying the lookup fee(s).**

Fill out as much information about your request as you can. Accurate and complete information will help us locate the record(s) you want. Please include a daytime telephone number in case we have questions about your request.

All requestors must select at least one of the permissible purposes in Section 7 if personal information contained in the record is needed. Personal information will be redacted (not revealed) if the requestor has not designated a permissible purpose.

### **Section 1**

Please complete all sections that comply with your request for information.

### **Sections 2, 3 and 7**

Must be completed for your request to be processed.

### **Section 5 - Driving Records and Personal Identification Card Information**

For driving record or personal identification card records, include as much detail in Section 5 as possible. If you just need the name, address, or driving status, request the current record only. If you check more than one box, you will be charged for each record lookup.

***IMPORTANT: If you only need a driving or personal identification record, do not complete Section 6; otherwise, you will also be charged for the vehicle record lookup(s).***

### **Sections 6a & 6b - Vehicle Registration or Title Information**

**6a.** For vehicle information, include as much detail as possible. The owner's name should be the owner of record, not a purchaser who has not yet titled the vehicle. If you just need name, address, or ownership verification, request only a current title record. If you request both a registration record and current title information, you will be charged for multiple records (at least \$22.00). **Information about vehicle proof of insurance is not retained and is not available.**

For watercraft, snowmobile, ORV, mobile home records disability placards or plates, complete ***Section 6, Vehicle Registration or Title Information***, substituting the watercraft, snowmobile registration or disability placard/plate number for the license plate number or substituting the watercraft hull or mobile home serial number for the vehicle identification number. Include as much information as you can about the watercraft, snowmobile, ORV, or mobile home.

**6b.** If you request record information on a specific individual, **all** other names appearing within the documents that you receive will be redacted (not revealed). *Example: If you need all the names associated with a vehicle title history and you provide what you think is the current owner's name: all other names within the documents you receive will be redacted. Leave the owner's information blank if you need personal information about all owners within the records. You must have a permissible purpose as outlined by state and federal laws to obtain personal information on all owners. If you do not have a valid permissible purpose, personal information will be redacted from the record(s) you receive.*

***IMPORTANT: If you only need vehicle registration or title information, do not complete Section 5; otherwise, you will also be charged for the driving record lookup(s).***

# NON-ACCOUNT & INDIVIDUAL RECORD LOOKUP REQUEST

There is an \$11.00 charge for each record that is found. Certification is an additional \$1.00.

<b>Section 1. Requestor's Information</b> (Please <b>print</b> or <b>type</b> all information)					
Requestor's Name (Individual or Company)				Agent's Name and Title (if company)	
Mailing Address				Claim/File Number	
City		State	Zip	Daytime Phone Number (     )     -	
<b>Section 2. Payment Method</b>					
<input type="checkbox"/> Check or Money Order (Payable to State of Michigan)		Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover Card		<input type="checkbox"/> Certified Record \$1.00 Additional per record	
Name on Credit Card (Please Print)		If paying by credit card, I authorize the total amount to my credit card.			
_____		Signature of Cardholder: _____ Date: ___/___/___			
Credit Card Number ____-____-____-____				Expiration Date ____/____	
<b>Section 3. Requestor Certification (This section must be completed or request will not be processed.)</b>					
All requestors must select at least one of the permissible purposes in Section 7 and provide an explanation below for personal information to be received. Personal information will be redacted (not revealed) if the requestor has not designated a permissible purpose and provided an explanation below. If requesting your own record, select "M".					
Explain why you need personal information to remain in the record(s) you are requesting or why you are requesting your own record information:					
<p><u>My driving record is an important element of my screening for admission into the Kellogg Community College Police Academy. This record must be sent directly to the academy per the application process.</u></p>				<p><b>For Office Use Only – Do not write in this space.</b></p>	
I certify that the information and statements on this request are true, correct, and comply with the provisions of state and federal driver privacy laws. I understand that the willful unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other re-disclosure of personal information to a person or organizations not identified in this request, may result in penalties imposed under MCL 28.295a, 257.902, 257.903, 324.80130d, 324.80319a, 324.81120, 324.82160 and other provisions of law.					
Signature of Requestor– form must be signed or request will not be processed.				_____/____/____ Date	
Penalties for Misuse: Under Michigan law, a person who makes a false representation or a false certification to obtain personal information or who uses personal information for a purpose other than a permissible purpose identified in law is guilty of a felony, which may be punishable by imprisonment for up to 5 years and/or a fine of up to \$5,000. Subsequent convictions may result in imprisonment for up to 15 years and/or a fine up to \$15,000.					
<b>Section 4. Special Delivery Instructions</b>					
To have records sent somewhere other than the address listed in Section 1, complete this section.					
<input type="checkbox"/> Fax <input checked="" type="checkbox"/> Mail		Please fax/mail my record(s) as indicated below. If two delivery methods are checked, you will be charged for each delivery method. Certified records will be delivered by mail.			
Name Kellogg Community College - Public Safety Education			Attention (if required) Brett Weiss, Academy Manager		
Mailing Address 450 North Avenue			Phone Number 269-660-7703		Fax Number 269-565-2060
City Battle Creek		State MI	Zip 49017		

**Note: An \$11.00 fee is charged for each record lookup. Driver and vehicle histories can be significantly more than \$11.00. \*You will be charged the \$11.00 fee for each application/transaction retrieved.**

**Section 5. Driver/Personal ID Information** (If you only need a driver record, leave Section 6a and 6b blank.)

Check boxes that apply:

- Driver Record*
  - Personal ID Record* (Shows last reported address)
  - Original License Issue Date*
  - Current Application*
  - Application History\**
  - Address History\**
  - Other Driving-Related Record(s)* \_\_\_\_\_ (Hearing, Offense License Status, etc.) **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_
- Employment Only*
  - CDL Required*
  - CDL Not Required*
  - Credit or Insurance*
  - Court*
  - Other* Non-Edited
- For partial histories, please complete: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Individual's Full Name (first, middle, last)	Date of Birth	MI Driver License/Personal ID Number
	█ █	█ █ █ █
	█ █	█ █ █ █

**Section 6a. Vehicle Registration or Title Information**

**Note:** Insurance information is not retained and **is not** available.

(If you only need a vehicle record, leave Section 5 blank; otherwise, you will be charged for the multiple records)

- Current Vehicle Owner and Lienholder Information*
  - Registration Information as of* \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Copy of Current Title Application and Related Forms*
  - Complete Title History\**
  - Complete Registration History\**
  - Partial Title History\**
  - Partial Registration History\**
- For partial histories, please complete from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Plate/Registration #	Vehicle Year	Make	Vehicle or Hull Identification Number

**Section 6b. Any and All Vehicles/Watercraft/ORV/Snowmobile/Mobile Homes Registered/Disability Placard or Plate:**

\*\*When requesting records for all motor vehicles or all assets registered and/or titled through the Michigan Department of State for individuals and/or companies, precise information is required. Information retrieved is based upon an exact name and address match. The individual's name and address, as provided by the record requestor, **must** match the name and address on the record(s) held by the Michigan Department of State.

Check box if you want:

- All motor vehicles registered or titled to this owner*
- All other registered or titled assets for this owner*
- Disability Placard/Plate*

Vehicle Owner's Name

Vehicle Owner's Address

City	State	Zip Code
	<b>MI</b>	

**Section 7. Permissible Purposes for Obtaining Records and Information (Check those that apply).**

**XII. DRIVER PRIVACY COMPLIANCE**

1. This section only applies to the release of personal information (as defined in section 40b of the Michigan Vehicle Code, MCL 257.40b) maintained by the DEPARTMENT.

- A. For use by a federal, state, or local governmental agency, including a court or law enforcement agency, in carrying out the agency's functions, or by a private person or entity acting on behalf of a governmental agency in carrying out the agency's functions.
- B. For use in connection with matters of motor vehicle, watercraft, snowmobile or off-road recreational vehicle (ORV) and driver or operator **safety** or auto, watercraft, snowmobile, or ORV theft; motor vehicle, watercraft, snowmobile, or ORV **emissions**; motor vehicle, watercraft, snowmobile, or ORV product alterations, recalls, or advisories; performance monitoring of motor vehicles, watercraft, snowmobiles, or ORVs; **motor vehicle**, watercraft, snowmobile, or ORV market **research activities**, including survey research; and the removal of nonowner records from the original records of motor vehicle, watercraft, snowmobile, or ORV manufacturers.
- C. For use in the normal course of business by a legitimate **business**, including the agents, employees, and contractors of the business, but only to **verify the accuracy** of personal information submitted by an individual to the business or its agents, employees, or contractors, and if the information as so submitted is no longer correct, to obtain the correct information, for the sole purpose of preventing fraud by pursuing legal remedies against, or recovering a debt against, the individual.
- D. For use in connection with a **civil, criminal, administrative, or arbitration proceeding** in a federal, state, or local court or governmental agency or before a self-regulatory body, including use for service of process, **investigation in anticipation** of litigation, and the execution of enforcement of judgments and orders, or pursuant to an order of a federal, state or local court, an administrative agency, or a self-regulatory body.
- E. For use in legitimate **research activities** and in preparing statistical reports for commercial, scholarly, or academic purposes by a bona fide research organization, if the personal information is not published, re-disclosed, or used to contact individuals.
- F. For use by an **insurer** or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigating activity, **antifraud** activity, **rating**, or underwriting.
- G. For use in providing notice to the owner of an **abandoned, towed, or impounded** vehicle, watercraft, snowmobile, or ORV.
- H. For use either by a **private detective or private investigator** licensed under the Private Detective License Act of 1965, as amended (1965 PA 285; MCL 338.821 to 338.851), or by a private security guard agency or alarm system contractor licensed under the Private Security Guard Act of 1968, as amended (1968 PA 330; MCL 338.1051 to 338.1085), only for another permissible purpose listed here.  
List the letter for other permissible use(s):  
List occupational license number:
- I. For use by an **employer**, or the employer's agent or insurer, to obtain or verify information relating either to the holder of a commercial driver's license that is required under federal law or to the holder of a chauffeur's license that is required under Chapter 3 of the Michigan Vehicle Code.
- J. For use by a watercraft, snowmobile, ORV, or **car rental** business, or its employees, agents, contractors, or service firms, for the purpose of making rental decisions.
- K. For use in connection with the operation of **private toll transportation** facilities.
- L. For use by a **news medium** in the preparation and dissemination of a report related in part or in whole to the operation of a motor vehicle or public safety.
- M. For any use by an individual requesting information pertaining to himself or herself or requesting in writing that the Secretary of State provide information pertaining to himself or herself to the individuals' designee. A request for disclosure to a designee, however, may be submitted only by the individual.

Mail completed request form(s) to: **Michigan Department of State  
Record Sales Unit  
7064 Crowner Drive  
Lansing, Michigan 48918-1502**

Please read the page titled *Instructions for Completing this Form* carefully. Call 517-335-6198 for help completing this form. Completed requests may be faxed to 517-335-6169 or 517-335-6184 but must be charged to a credit card.





MCOLES requires academy participants to obtain 24 hours of First Aid Training. As this training is not a direct part of academy classes, MCOLES will allow a recruit/applicant to fulfill the First Aid requirement by taking either Advanced CPR (EMT 101) or Medical First Responder Training (EMT 110) here at Kellogg Community College or its equivalent at a different institution. You can complete this requirement in three ways:

**Option 1- Currently Licensed**

- If you currently hold a Paramedic, Emergency Medical Technician (EMT), or Medical First Responder License Issued by the Michigan Department of Health you may be exempt from all or a portion of the First Aid requirements. If you currently hold an “Emergency Response” Certificate from the American Red Cross you may be exempt from all or a portion of the First Aid requirements.
- The training director can request MCOLES to waive the First aid requirement if you already have one of the licenses/certifications listed above. Include a copy of your certification in your application packet.

**Option 2 – Take Medical First Responder before the academy starts (out of session)**

- Complete the Medical First Responder training (EMT 110) at Kellogg Community College or its equivalent at another institution prior to the police academy session.
- If you choose this option, you must successfully complete the class and pass the National Registry Examination prior to the beginning of the police academy. MCOLES requires the passing of the National Registry Examination to ensure that the applicant/recruit is current with up to date material. The training director cannot waive the First Aid requirement unless you have passed the National Registry Exam.
- Once you complete the class and have passed the National Registry Exam, you must apply online for your State of Michigan Medical First Responder license at: <https://www.mi-emsis.org/licensure/login/>.
- Once you receive your State of Michigan MFR License by mail, please bring it to the Public Safety Education office so copies can be placed in your academy folder.
- If you complete EMT 110 but fail all 3 attempts of the National Registry Exam, you must move to Option 3 and take EMT 110 during the academy.
  - Your 3<sup>rd</sup> attempt at the National Registry Exam must be completed by **December 31, 2020**, to ensure you have adequate time to register for EMT 110 in the spring semester.

**NOTE:** Completing this requirement before the academy session does lower the overall credit load for the applicant during the academy.

**Option 3 – Choose ONE of the two options below:**

- **Option 3a – Take Advanced CPR (EMT 101) During the academy (in session)**
  - **Option 3b – Take Medical First Responder (EMT 110) during the academy (in session)**
    - You may enroll in Kellogg Community College’s Medical First Responder Training (EMT 110) during the police academy session in either the fall or spring semesters. **If this class conflicts with any academy training dates, academy training will take precedence.**
    - Taking Medical First Responder (EMT 110) during the academy ensures that you are being taught current material and best practices; therefore, MCOLES does not require you to take the National Registry Examination upon the successful completion of the class.
- NOTE:** EMT 110 is a 3 credit hour class and, if taken during the academy session, it may require more time and effort during the academy session.

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My choice for completing my First Aid training for the 2020-2021 Police Academy is:

Option 1       Option 2       Option 3a       Option 3b

I understand that if I do not complete the requirements for this option as listed above, I am subject to dismissal from the police academy.

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Printed Name

Signature

Date