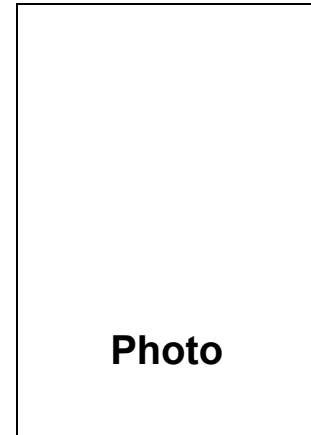


**INDIAN RIVER STATE COLLEGE
LAW ENFORCEMENT ACADEMY TRACK
Application**



WILLFULLY OR KNOWINGLY FALSIFYING THIS APPLICATION WILL RESULT IN DISQUALIFICATION FROM THE SELECTION CENTER PROCESS OR IF DISCOVERED DURING OR AFTER TESTING CAN/WILL RESULT IN TERMINATION OF THE SELECTION CENTER PROCESS.



Photo

Photo - Must have been no more than six months prior to submitting this application

If additional space is needed for any section, use page 6 to include this information.

LAST NAME

FIRST NAME

MIDDLE NAME

ALIAS, Maiden Name, Nickname, or other changes in name. Include official document(s)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

STUDENT ID NUMBER _____ EMAIL _____

DATE OF BIRTH (Month-Day-Year) _____ PLACE OF BIRTH _____

ETHNIC ORIGIN: ☐ Hispanic ☐ Non-Hispanic

SEX: ☐ Male ☐ Female

RACE: ☐ Asian ☐ Black or African American
☐ American Indian or Alaskan Native ☐ Hawaiian or Pacific Islander
☐ White

CITIZENSHIP: U.S. CITIZEN ☐ YES ☐ NO

Naturalized Certificate No. _____ Country of Origin _____

Date, Place and Court _____

FAMILY: List spouse, parents or legal guardian and siblings.

Relationship	Name	Present Address	Phone	Birthday	Occupation
Father					
Mother-Maiden Name					
Spouse					

RESIDENCES: List all residences, beginning with your present address.

	Your Address, Include Street, City, County, State & Zip Code	Landlord's Name, Street Address, City, County, State & Zip Code
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		

List Neighbors

Dates	Name, Street Address, City, State & Zip Code	Telephone No.
Present Neighbor		
A Neighbor within 1-3 years ago		

EDUCATION: List all elementary, junior high, and high schools attended.

Full Name of School	Complete Address	Dates Attended		Years Completed of instruction	Graduated	
		From	To		Yes	No

HIGHER EDUCATION: List Information below for all colleges or universities attended.

Name and Location of College or University	Dates Attended		Credit Hours	Degree Received & Year it was Received
	From	To		

FOREIGN LANGUAGE: Do you speak, read, write or understand any foreign languages? Yes ☐ No ☐
If "Yes", provide information below.

Language	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

MILITARY – (Attach your DD214 with separation codes)

Have you ever served in a military or Naval organization of the United States?
Yes ☐ No ☐

ARREST, DETENTION, AND LITIGATION: EXCEPT TRAFFIC VIOLATIONS

If you answer "yes" to any of the below questions, you must submit Arrest reports and/or details .	Yes	No
1. Have you ever been arrested or charged or received a notice or summons to appear for any criminal violation or detained by ANY law enforcement agency? (Provide court copies for any arrest and arrest where records were expunged including juvenile records.)		
2. Have you ever been advised of your Miranda rights?		
3. Have you ever been the subject of a criminal police investigation?		

EMPLOYMENT

List all jobs, positions, and employers you EVER had to include part-time, temporary, seasonal and voluntary jobs, placing your present or most recent job FIRST. Include military service in proper sequence and also all periods of unemployment and if you were self-employed, provide copies of tax returns. If additional space is required please attach additional sheets.

FROM DATE	NAME OF EMPLOYER	PART-TIME FULL-TIME <input type="checkbox"/> <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	DESCRIPTION OF DUTIES	TELEPHONE NUMBER
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	REASON FOR LEAVING		FAX NUMBER

FROM DATE	NAME OF EMPLOYER	PART-TIME FULL-TIME <input type="checkbox"/> <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	DESCRIPTION OF DUTIES	TELEPHONE NUMBER
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
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FROM DATE	NAME OF EMPLOYER	PART-TIME FULL-TIME <input type="checkbox"/> <input type="checkbox"/>	JOB TITLE
TO DATE	STREET ADDRESS	DESCRIPTION OF DUTIES	TELEPHONE NUMBER
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	REASON FOR LEAVING		FAX NUMBER

DRIVING RECORD

List all traffic citations you have received: (include parking tickets)

Location (Street, City, & State)	Approximate Date	Nature of Violation	Penalty or Disposition

DRUG USAGE In order to detect illegal drug use, a drug test is conducted on all applicants. If you answer "Yes" to any of the following questions put the date of use in the yes column and give details below. Have you ever experimented, used, sold, transported, delivered, or possessed any of the following substances. If prescribed by a physician for a period exceeding 30 days, check "Yes" and explain. PUT DATE(S) IN THE BOXES

Used	Sold	Transported	Delivered	Possessed	Circle the exact drug you experimented, used, sold, transported, delivered or possessed (Reminder - honesty is the best policy)	No	Yes
					HALLUCINOGENIC DRUG - LSD, PCP, Ecstasy, Hallucinogenic Mushrooms, <i>cannabis</i> (marijuana), <i>phencyclidine</i> , etc.		
					STIMULANTS - <i>Amphétamines</i> , Methamphetamines, crank, phentermine, <i>cocaine</i> , crack, etc.		
					NARCOTICS, heroin, morphine, oxycodone, hydrocodone, hydromorphone, <i>opiates</i> , <i>codéines</i> , etc.		

Explanation if your answer is Yes

The following is to be executed PRIOR TO SUBMISSION:

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the statements and answers to questions. I am aware that should this investigation disclose such misrepresentations, falsifications or omission, my application will be rejected; I will be disqualified from applying in the future for any Basic Law Enforcement/Correction Academy training at the Criminal Justice Training Institute of Indian River State College or, if after my acceptance to the Academy Training Program, subsequent investigation should disclose misrepresentations, falsifications or omissions, it will result in immediate dismissal from the training program.

Signature of Applicant

Date

Signature of Parent if student is under 18 years of age

Date

Additional writing space