

INDIAN RIVER STATE COLLEGE

CRIMINAL JUSTICE INSTITUTE

Preliminary Application

(PLEASE PRINT)

ACADEMY FOR WHICH YOU ARE APPLYING: (check one)

- □ Law Enforcement
- □ Corrections
- □ Cross Over Academy (Corrections to Law Enforcement)
- Cross Over Academy (Law Enforcement to Corrections)
- Equivalency Training (Out of State Officer, Military Police, Federal Law Enforcement or Florida Recertification)

Name							
	(Last)	(First)	(First) (Middle)		(Maiden)		
Address							
	(Street)		(City)	(S	tate) (Zip)		
Social Security Number//			Home Teleph	Home Telephone ()			
E-Mail Address			Cell/Pager Nu	Cell/Pager Number			
Date of Birth//			Place of Birth	Place of Birth			
Driver License	Number		State	Expiration D	ate		
Employer's Name			ו	Telephone ()			
Employer's Ad	dress						
GENDER:	🗆 Male 🛛 Female			Race: □ Asian			
MILITARY:	🗆 Yes 🗆 No				rican American		
	If yes, please give Branch and Date(s)			American I	ndian/Alaskan Native		
				□ Hawaiian o □ White	or Pacific Islander		
				Ethnicity:			
Indicate if certifie	ed as: 🗆 EMT 🛛 🗆 Paramedi	c 🗆 Firefighter	Military Police	🗆 Hispanic	Non-Hispanic		

Please Answer the Following Questions

YES NO 1) 19 years of age or older? 2) Citizen of the United States? 3) Possess a valid Driver's License? П 4) Good moral character? 5) Complete the Basic Ability Test (BAT)? 6) Complete the Physical Ability Test (PAT)? 7) Good physical condition? 8) Graduate from an accredited high school or obtained state issued GED Certificate? 9) Received a dishonorable discharge from any of the Armed Forces of the United States? 10) Any involvement with any illegal narcotics within the last two (2) years? 11) Ever convicted of a felony or misdemeanor involving perjury, false statements or domestic violence? П Π

I certify that all the information submitted in this application is true to the best of my knowledge. I understand that any misrepresentation of facts may result in the termination of my application for training.

Signature