BASIC LAW ENFORCEMENT CLASS

Tuition: $3,600

Application deadline is 30 days prior to the start of class. If an officer is planning on taking one of the pre-entrance PT tests, we **must have the entire ORIGINAL APPLICATION (pages 1-8), to include the signed physical with EKG**, prior to the PT test.

All correspondence should be sent to:

Harrison County Law Enforcement Training Academy
1400 Leggett Dr.
Biloxi, MS 39530

All application packets should include:

- ☐ **ORIGINAL** application and one copy
- ☐ Copy of High School Education (Diploma/GED) or College Diploma
- ☐ Copy of Criminal History/NCIC printout
- ☐ Verify physician information on page five is complete – questions 11-14 should be "No" and question 15 should be "Yes"
- ☐ Copy of EKG results of **must be included on page four**
- ☐ Recent photograph of officer, Front facing photo. MUST BE ORIGINAL PHOTO, NO photo copies
- ☐ Proof of medical insurance (worker's comp and major medical)
- ☐ Current First Aid/CPR card (copy of card)

If you have any questions, need further information or assistance, please call the academy at -
Office: (228)435-3165
Email: academy@harrisoncountysheriff.com

Harrison County Law Enforcement Training Academy

Basic Law Enforcement Training Class

General Information

- Payment by check, money order, or agency purchase order is due one week prior to the beginning of class. The tuition of $3,600 will be refunded in a prorated amount should an officer not complete the entire course (failure will not result in a refund).

- Payment should be made payable to: **Mississippi Gulf Coast Community College**, please note in memo line "Academy Tuition"

- Please make sure the application is completed in full; signatures are required in several places. Verify the physician, officer/student and the agency head have signed in each space as indicated. Unless there is a completed physical assessment and approval by a physician, the applicant will not be admitted to the academy and cannot participate in any physical fitness pre-test.

- Applicants have two opportunities to participate in a physical fitness pre-test on dates and times to be announced. This pre-test is not mandatory; however an applicant who does not participate in a pre-test must successfully pass a physical fitness assessment immediately upon reporting to the academy. This leaves no room for error – an officer who cannot meet the required State Board of Minimum Standards of 50% for physical fitness, will be not be admitted and sent back to their agency/home.

- Please respond to the Academy with the following information:
    - Caliber of sidearm (Academy will provide ammunition for firearms training)

Harrison County Law Enforcement Training Academy

Cadet Required Items Supply List

- ☐ Minimum (3) Sets of Department- issued Class "A" uniforms for all classroom activities except for Firearms and Defensive Tactics.
- ☐ Minimum of (1) pair black uniforms shoes or boots capable of being highly shined. "Corfam", patent leather, poromeric, or other permanently shined foot gear are **not allowed**.
- ☐ Socks for Class 'A' Uniforms: black or navy blue, except agencies having a brown uniform. Those agencies may wear brown or black shoes and socks depending on the agency policy.
- ☐ Sufficient under garments (underwear/bras), two changes per day may be required due to physical activities.
- ☐ Minimum of two (2) pair black or navy blue BDU pants, (or) your department issued utility uniform pants for defensive driving week and firearms training week.
- ☐ Minimum of five (5) white cotton (or) moisture-wick fabric (non-skin tight) crew-neck T-shirts with the cadets' last name ironed on or stenciled in navy blue 2" block letters, on the back of the shirt. These are required for physical training
- ☐ Minimum of six (6) pair white athletic socks
- ☐ Minimum of (3) pair of navy blue gym shorts (no cut-offs, baggy, or Speedo-type shorts are allowed) Shorts will be no shorter than 6" above the knee.
- ☐ Minimum of (3) Navy Blue Sweat Pants ***(Only 1 Pair is needed for class session 02- April through July)***
- ☐ Minimum of (3) Navy Blue Sweat Shirts with Last Name stenciled on back in White 2" block letters. ***Only 1 Pair is needed for class session 02- April through July)***
- ☐ Rain wear for outdoor activities during inclement weather, to include a raincoat
- ☐ Coat or jacket (seasonal)

- ☐ High quality running shoes or gym shoes (two (2) pair are recommended)
- ☐ Minimum (1) Pair Shower shoes
- ☐ **No Jewelry** other than wristwatches and wedding bands are allowed
- ☐ Minimum (1) mesh laundry bag
- ☐ Full duty belt (and inner belt) with weapon holster, spare ammunition pouch, handcuffs, handcuff case, duty weapon (with three (3) magazines if semi-automatic). ABSOLUTELY NO Firearms, knives or live ammunition should be brought the first week of class.
- ☐ Ballistic vest (**Required daily wear**)
- ☐ Mouthpiece for defensive tactics
- ☐ Working flashlight
- ☐ Water Bottle, "camel back" or canteen (reusable and washable)
- ☐ Black or navy gloves (no markings, seasonal), Black or navy "beanie cap" (no markings/seasonal)
- ☐ Alarm clock
- ☐ Minimum of (15) White Clothes Hangers
- ☐ Personal Pillow (Bed linen and towels are provided)
- ☐ Padlock for personal locker, MUST BE A COMBINATION LOCK
- ☐ Reflective Vest
- ☐ Personal Hygiene Kit (i.e. soap, shampoo, razor, deodorant and etc.)
- ☐ Shoe care kit (i.e. polish, brush, and rags)
- ☐ Laundry Detergent to wash personal clothing items

DEFENSIVE DRIVING SEGMENT

This section addresses the condition of the vehicle needed for Defensive Driving class.

The vehicle:

- Must have a windshield with no cracks obstructing the driver's view.
- Must have doors that close and lock properly.
- Must have properly functioning brakes with good pads and properly adjusted.
- Must have all seat belts working properly.
- Must have all lug nuts on all wheels.
- Must have tires with good tread depth.
- Must have at least one spare tire with good tread and functioning jack for the vehicle being used.
- All wheel covers must be removed.
- Must have all emergency equipment working properly (lights, siren, P.A., etc.)
- Must have seat adjustment in good working order.
- Must have transmission in good working order.
- Must have all lights working properly (headlights, taillights, turn signals, etc.)
- Must have adequate fluid levels, e.g., oil, transmission fluid, brake fluid, battery water, etc.
    - Cadets may want to bring additional fluids as necessary, such as brake fluid, motor oil, etc.

Note – if a cadet is to drive a vehicle from another agency, the cadet must have written permission from his/her agency and the lending agency.

Contraband List:

NOT ALLOWED ON CAMPUS:

- Alcoholic Beverages of any form

NEVER ALLOWED IN BARRACKS:

- Food items is defined as - "anything that has to be chewed to be consumed".
- Firearms
- Ammo of any type
- Magazines for Firearms
- Knives
- Powdered (or) liquid food supplements
- Prescription drugs without the students name on the bottle. Student must give hand written explanation about prescription drugs to the staff which will be placed in their file.
- Cell phones (will be allowed on special occasions only), ***NEVER ALLOWED DURING CLASS***!
- Radios, without ear buds
- Musical instruments
- Video games

PRIOR ACADEMY ATTENDANCE

(To be signed by agency head)

Date _____

Please indicate if your officer has attended another academy at any time and sign below:

_____ NO Officer HAS NOT attended another academy

_____ YES Officer HAS attended another academy
If yes, which academy and date attended?

_____

_____

_____
Officer's Name

_____
Agency Name

_____
Signature/Agency Head

Dear Applicant:

Certain information is required to process your application in order to be accepted into a basic law enforcement class.

Furthermore, please respond to the following questions:

1) Have you ever been arrested? If so, by whom and for what?

_____

_____

2) Have you ever been convicted of a crime, either misdemeanor or felony? If so, where and for what?

_____

_____

3) Have you ever had an alcohol or drug dependency? If so, please list:

_____

_____

4) Do you have any food allergies or special dietary requirements due to a medical condition? If so, please list:

_____

_____

5) Please identify the caliber of your sidearm (the Academy will provide ammunition for firearms training).

_____

_____

6) Please list any medications you take on a regular basis, including over-the-counter and herbal remedies (all prescription medication must be in a pharmacy-issued prescription bottle with the cadet's name and prescribing information. The Academy will not allow any supplements (e.g., wheat germ, dietary supplements other than commonly available vitamins):

_____

_____

_____

_____

MGCCC
Mississippi Gulf Coast Community College

Non-Credit Registration Form

Individuals who wish to enroll in semester hour credit courses must complete an MGCCC Application for Admission.

Directions:

1. For accurate processing, please complete the form in its entirety.
2. Payment, if applicable, can be made at a MGCCC Business Office (full payment must be made prior to the official registration).
3. Registrants will be entitled to a 100 percent refund, provided written notification is received by the appropriate MGCCC community or workforce employee one week prior to the start of the class. If class is canceled, a full refund will be given. A registrant may designate a substitute person to attend if notification is received at least 24 hours prior to the beginning of the class or program.
4. For the complete MGCCC refund policy, please see the Community Education web page.
5. Registration and enrollment for all non-credit training programs are strictly on a first come basis.
6. The Family Educational Rights and Privacy Act provides for the publication or disclosure of certain directory information on students. If you do not want your name, photograph or other directory information included in publications, please indicate below.

Last Name:_____ **First Name:**_____ **MI:**_____

Address:_____ **City:**_____ **State:**_____ **Zip:**_____

County:_____ ☐ **Please check if you do NOT want your name or photo in publications**

Home: (____) _____ **Business:** (____) _____ **Ext.:**_____ **Cell:** (____) _____
Area Code Area Code Area Code

MGCCC M#:_____ *(Assigned by College if New Student)* **Date of Birth:** _____
MM/DD/YYYY

Social Security #: _____

Email Address: _____ **Emergency #:** _____

Highest Education Level Completed
(Check one)

- ❒ Less than High School/Non-graduate
  (Highest Grade Completed)
- ❒ High School Degree/GED
- ❒ Some College (No degree)
- ❒ Associate Degree
- ❒ Bachelor Degree
- ❒ Graduate/Professional Degree

Gender

❒ Female ❒ Male

Race
(Check All That Apply)

- ❒ American Indian/Alaska Native
- ❒ Asian
- ❒ Black/African-American
- ❒ Hawaiian Native or other Pacific Islander
- ❒ Hispanic or Spanish Culture (regardless of race)
- ❒ White

Business/Company Training Interest

❒ Community/Workforce Partner ❒ N/A

Business: _____

Business Badge #: _____

Employment Status

- ❒ Full Time
- ❒ Part Time
- ❒ Seasonal Employment
- ❒ Most Recent Employment is/was Temporary
- ❒ Retired
- ❒ Unemployed

Course Title	PK	JD	JC	GC	WH	AMTC	KB	NB	Start Time	End Time	Start Date	End Date	Cost
Basic Class 2018-____													
												Total Cost:	

Location: HCLETA

AGREEMENT I am acknowledging that this electronic signature serves as my official signature with understanding that it is legally binding MGCCC is an Equal Opportunity Employer and welcomes students and employees without regard to race, color, religion, national origin, sex, age or qualified disability. For further information, contact the Equal Opportunity Officer at a MGCCC Center, Campus, or the District Office Compliance is coordinated by the V.P. for Administration and Finance, 601-928-5211.

_____ _____
Signature **Date**

Check #:_____ **Bank:**_____

Credit Card #:_____ VISA_____ MC_____ P.O._____

Card Holder Name:_____ **Exp. Date:**_____(MM/YY) **Security # (on back):** _____

FOR OFFICE USE ONLY

ID #:_____ **Name:**_____ **Term:**_____ **Cost:** _____

MGCCC reserves the right to substitute instructors, change class schedules, and cancel programs due to insufficient enrollment or unforeseen circumstances.

MISSISSIPPI
PEACE OFFICER STANDARDS & TRAINING

FULL-TIME BASIC TRAINING PACKET
MEMORANDUM

Law Enforcement Administrator and Examining Physician:

This training packet contains a medical evaluation, a reimbursement supplement and an application for enrollment to the academy. Please complete all forms in accordance with the instructions below. Submit the completed packet *(pages 1 - 8)* to the academy at least two weeks prior to attending a training course (forms that have been completed six months or more prior to training cannot be accepted). With an increased awareness of the importance of physical fitness in the law enforcement profession, as well as in the overall maintenance of quality of life, the Board on Law Enforcement Officer Standards and Training (**BLEOST**) has enhanced fitness standards for law enforcement candidates. Students will be participating in vigorous physical fitness training and defensive tactics, as well as stress-related training (physical and mental), in such areas as driving, firearms and officer survival. Driving and firing events incorporate seasonal inclement weather with day and night sessions to further enhance stress-related training.

This medical examination report should provide an adequate evaluation of the physical condition of a law enforcement candidate and identify potential problem areas in each candidate's ability to successfully complete training. Agencies are urged to consider carefully any decision to enroll a student in training who has a potential problem. Students with weight problems, who have not been active in a physical fitness program or who have some medical difficulty, will have a greater probability of not completing the course. If at all possible, fitness levels should be at or above the minimum levels established in this packet prior to attending the basic course. **The procedures for completing these forms are as follows:**

Title/Page Number	Usage	Disposition
Memorandum page i	Provide information to the trainee's agency & to the examining physician	To be read and used by the agency and the attending physician, then discarded
Law Enforcement Officer's Duties & Working Conditions page ii	Provide information to the attending physician and to the applicant	To be read by the physician and the applicant, then discarded
Physical Fitness Requirements page iii	Provide information to the physician and to the applicant	To be read by the physician and the applicant, then discarded
Medical Examination Report Health Questionnaire pages 1 & 2	Provide the physician with the trainee's current health information	To be completed by the trainee and agency then given to the physician prior to the trainee's examination
Medical Examination Report Physical Fitness Examination pages 3, 4 & 5	To determine the applicant's ability to participate in the physical fitness program	To be completed and signed by the physician and returned to applicant's agency
NCIC Report and HS Diploma or GED First Aid / CPR Certification Salary Information page 6	Provide information to BLEOST for certification and reimbursement purposes	To be completed by the agency
Law Enforcement Agency's Affidavit and Applicant's Affidavit & Injury Liability Waiver page 7	To swear and affirm the validity of the information given within this document to the training academy and to BLEOST	To be signed and dated by the agency head or authorized signee and by the applicant
Application for Training & Personal Information Summary page 8	Provide training eligibility information to the training academy and to BLEOST	To be completed by the trainee and agency, and returned to the academy at least two weeks prior to training

If you have any questions, please call the BLEOST staff at (601) 977-3777.

MS Dept. of Public Safety/Div. Of Public Safety Planning/
Office of Standards and Training
1025 Northpark Drive
Ridgeland, Mississippi 39157
Telephone # - (601) 977-3777, Fax # - (601) 977-3773

INFORMATION FOR THE PHYSICIAN

Duties and Working Conditions Encountered by Law Enforcement Officers

Every law enforcement officer employed by a law enforcement unit must be examined by a licensed physician. **The physician's report must conclude that, in the opinion of the physician, the applicant has the ability to physically perform the duties of a law enforcement officer.**

The duties of a law enforcement officer include, but may not be limited to, performance of the following physical activities:

1. Use of Firearms
2. Driving Emergency Vehicles
3. Handcuff Prisoners
4. Administer First Aid
5. Rescue Operations
6. Lifting & Carrying 0-70 lbs.
7. Direct Traffic
8. Subdue Prisoners
9. Pursue Suspects
10. Walking-Lateral Mobility
11. Walking Rough Terrain
12. Bending
13. Stooping
14. Crouching
15. Sitting
16. Standing
17. Standing-Long Periods
18. Kneeling
19. Twisting Body
20. Pushing
21. Pulling
22. Running
23. Sense of Touch
24. Reaching
25. Gripping Hands & Fingers
26. Climbing Stairs
27. Climbing Ladders
28. Hearing Alarms
29. Hearing Voice Conversation
30. Color Identification
31. Close Vision
32. Far Vision
33. Side Vision-Depth Perception
34. Night Vision
35. Maintaining Balance
36. Operating Passenger Vehicles
37. Finger Dexterity
38. Speaking

Working conditions for law enforcement officers may include, but may not be limited to, the following:

1. Exposure to the Sun
2. Exposure to Inside Temperature Extremes
3. Exposure to Outside Temperature Extremes
4. Dampness
5. High Humidity
6. Noisy Work Areas
7. Work at Heights
8. Work in Confined Space
9. Work in Crowded Areas
10. Working Alone
11. Work with Inmates
12. Exposure to Intense Light
13. Exposure to Noxious Odors
14. Work on High Ladders
15. Working in Remote Locations
16. Wearing Helmets
17. Wearing Safety Glasses
18. Wearing Chemical-Resistant Clothing
19. Wearing Ear Plugs-Muffs
20. Wearing Rubber Boots
21. Exposure to Bee Stings
22. Exposure to Poison Oak
23. Exposure to Dust or Pollen
24. Exposure to Fumes
25. Air Travel
26. Working Long Hours
27. Working with Adult Mental Patients
28. Working Night Shifts
29. Working Day Shifts
30. Working Weekends
31. Exposure to Tobacco Smoke
32. Exposure to Other Smoke
33. Working at High Elevation
34. Working With Mentally Retarded Persons
35. Providing Remote Emergency Medical Assist.
36. Scuba Diving

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Physical Fitness Requirements

The Board on Law Enforcement Officer Standards and Training (BLEOST), in recognizing the importance of physical fitness for academy performance and subsequent job performance, has established physical fitness training standards that must be achieved in order to successfully complete the training program. The board has established a test that effectively measures cardiovascular endurance and strength. An additional component of fitness, body weight and composition (% of body fat), has a great impact on the examinee's ability to perform the other tests. The evaluation of the candidate's fitness begins with a physician's examination and a determination of the ratio of fat to lean tissue. If an individual's weight exceeds the threshold weight, then a skinfolds caliper measurement should be taken to determine body fat percentage.

Beginning July 1, 1995, the BLEOST will require all board-approved training academies to administer an entry physical fitness test for those students reporting to the basic training program. The examination will be given immediately upon reporting for training and will determine whether a student can remain in the program. This test is an eligibility requirement. A passing score of 50% must be achieved. Those students who fail the examination must leave the academy. They may, however, resubmit their application to attend a future training class.

The test is comprised of three components: agility run, push-ups, and a 1½ mile run. It is the same test administered at the end of the program with one exception: The entry examination requires 50% to pass while the final test mandates 70%. This new requirement does not relieve students from participating in P.T. training once they pass the entry requirement. Trainees will continue to participate in scheduled P.T. training and must also pass a final P.T. test with a minimum score of 70% in order to graduate. It is important that all students understand this since even a physically fit person who has engaged in poor eating or drinking habits before reporting could fail the test.

Physical fitness can only be achieved over time. It requires a commitment to regular exercise and good eating habits. Thus it is important to disseminate this information so that all impacted personnel can prepare ahead of time. Scores needed to enter training and to graduate are as follows:

AGE GROUPS ➤		20-29		30-39		40-50+	
	Score	Male	Female	Male	Female	Male	Female
AGILITY RUN (maximum allowed times for each group measured in seconds)	100%	15:90	17:80	16:40	18:90	17:35	20:55
	70%	18:60	21:10	19:10	22:20	20:05	23:85
	50%	20:40	23:30	20:90	24:40	21:85	26:05
1.5 MILE RUN (maximum allowed times for each group measured in minutes)	100%	9:00	10:48	10:00	12:00	11:00	13:12
	70%	14:30	17:18	15:30	18:30	16:30	19:42
	50%	18:10	21:38	19:10	22:50	20:10	24:02

AGE GROUPS ➤		17-21		22-26		27-31		32-36		37-41		42-46		47-51		52 +	
	Score	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
PUSH-UPS (minimum required in a two minute time limit)	100%	82	58	80	56	78	54	73	52	72	48	66	45	62	41	56	40
	70%	52	28	50	26	48	24	43	22	42	18	36	17	32	13	26	12
	50%	32	13	30	11	28	10	23	9	22	8	18	7	17	6	12	6

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MEDICAL EXAMINATION REPORT
HEALTH QUESTIONNAIRE

To be completed by the applicant & the applicant's agency.
Print or type

Applicant's Name

Applicant's Department/Agency

Department's Address

Telephone Number

Doctor's Name

Name of Office or Clinic

Clinic's Address

Telephone Number

TO THE APPLICANT: Medical clearance is required by the Board on Law Enforcement Officer Standards and Training. Your cooperation in completing this questionnaire in a complete and detailed manner will expedite the evaluation and avoid delay. Complete this form (sections A, B. and C) prior to your physical examination and give it to the examining physician at the time of examination. Explain all items answered **Yes** in this questionnaire. Write your own account in **Sections B** and **C**. Include diagnosis and dates.

SECTION A - check each condition or ailment that applies **Yes or No**.
Explain each **Yes** answer in **Section B** and list physicians consulted in **Section C**.

	Condition	No	Yes	Hosp		Condition	No	Yes	Hosp
1	Head injury				24	Sensitivity to dust			
2	Back trouble, pain				25	Other allergies			
3	Any defect of bones/joints including amputations, dislocations or breaks				26	Frequent colds			
					27	Cancer, malignancy			
4	Lameness				28	Tumor, growth, cyst			
5	Rheumatism, arthritis				29	Complications from childhood diseases			
6	Trick/locked knee, knee injury				30	Polio			
7	Foot trouble				31	Rheumatic fever			
8	Eye injury, surgery, disease				32	Heart trouble, circulatory trouble			
9	Wear or have worn glasses/contacts				33	High, low blood pressure			
10	Hard of hearing, hearing problems				34	Varicose veins			
11	Wear or have worn a hearing aid				35	Pernicious anemia, leukemia, other blood disorders or ailments			
12	Headaches								
13	Mental illness, nervous breakdown				36	Hepatitis, jaundice, other liver ailments			
14	Addiction to drugs, alcohol				37	Diabetes, sugar in urine			
15	Fainting, dizzy spells				38	Ulcers, other stomach trouble			
16	Epilepsy, fits				39	Colitis			
17	Any disorder of the nervous system				40	Gall bladder trouble			
18	Tuberculosis, other lung trouble				41	Kidney/bladder trouble			
19	Shortness of breath				42	Piles/hemorrhoids			
20	Asthma				43	Rupture/hernia			
21	Bronchitis				44	Mononucleosis			
22	Allergic reaction to poison oak, ivy				45	HIV/ARC/AIDS			
23	Skin trouble								

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HEALTH QUESTIONNAIRE - CONTINUED

SECTION A (contd.)		No	Yes
46	Have you ever had or been advised to have an operation?		
47	Have you ever been a patient (committed or voluntary) in a mental hospital?		
48	Have you had any other illness, injury or physical condition not previously named (other than in childhood)?		
49	Have you had an injury within the last 5 years which caused you to lose time from work?		
50	Have you ever been denied employment or insurance for medical reasons?		
51	Have you ever been deferred from military service for medical, emotional or health reasons?		
52	Have you ever been discharged or released from employment or from the armed forces for medical, emotional or health reasons?		
53	Have you ever received or applied for pension or compensation for disability or injury?		
54	Are you presently under the doctor's care for any condition?		
55	Have you taken any prescribed medication in the last 12 months for any reasons?		
56	Do you or have you ever had any physical or emotional limitations?		

SECTION B	Explain all items answered **Yes** in **Section A** of this questionnaire. Continue on 8.5 x 11 sheets of paper, if necessary, and attach to this page.
Condition #	

SECTION C	If you saw a doctor for any conditions answered **Yes** then list the physician's name and office address below.	
Condition #	Physician's Name	Office Address (street/p.o. box, city, state)

NOTE: Any falsification, withholding or failure to answer all questions completely and accurately may cause revocation of certification and/or expulsion from training. MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars ($10,000) and a jail sentence of up to five (5) years.

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PHYSICAL FITNESS EXAMINATION

Name _____ Age ___ Male ___ Female ___ Height _____ Weight _____

THRESHOLD WEIGHT TABLE

Height in Inches	Threshold Weight	Height in Inches	Threshold Weight
52	75	69	176
53	80	70	184
54	85	71	192
55	89	72	200
56	94	73	209
57	99	74	217
58	105	75	226
59	110	76	235
60	116	77	245
61	121	78	255
62	128	79	265
63	134	80	275
64	141	81	285
65	147	82	297
66	154	83	307
67	161	84	318
68	168		

Threshold weight (height in inches divided by 12.3, then cubed) shall be utilized to evaluate an individual's fitness as it relates to body fat composition. Individuals who exceed the threshold weight will then be checked by skinfolds for percent body fat.

BODY FAT LIMITS

MALE	AGE GROUPS			
	20-29	30-39	40-49	50-59
% of Body Fat	20.4	23.5	25.5	27.1
FEMALE	**AGE GROUPS**			
	20-29	30-39	40-49	50-59
% of Body Fat	27.7	28.9	32.1	35.6

Considering the threshold weight, body fat percentage and other individual characteristics, I consider this individual's present weight of _____ pounds to be: ___ satisfactory; ___ excessive; ___ deficient. Under proper medical supervision, the applicant should: ___ lose/___ gain - ___ lbs.

Comments: _____

_____

_____

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1. **VISUAL ACUITY** (If applicant wears glasses, test and record with and without glasses.)

With Glasses right 20/___ left 20/___ both 20/___ Fields of vision right ___ left ___

W/out Glasses right 20/___ left 20/___ both 20/___ Depth Perception ___ Color Perception ___

Note any abnormalities or comments: _____

_____

2. **HEARING** right 15/___ left 15/___

Drum perforation or damage: _____

Hearing aid ___ (Normal hearing is generally considered to be able to distinguish the words in a whispered conversation from ten (10) feet away.)

Note any abnormalities or comments: _____

_____

3. **HEAD** Note any injury, deformity or disease involving:

nose and sinus _____ throat and neck _____

mouth _____ teeth and jaw _____

Note any abnormalities or comments: _____

_____

4. **LUNGS** Note any abnormalities or comments: _____

_____

5. **CARDIOVASCULAR SYSTEM**

action	blood pressure	pulse	sounds	rhythm
at rest	___/___	___	___	___
after moderate exercise	___/___	___	___	___
two minutes after moderate exercise	___/___	___	___	___

Circulation to extremities: _____

EKG results: _____
(The trainee cannot start P.T. without undergoing an EKG examination.)

Note any abnormalities or comments: _____

_____

_____

_____

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6. **Musculo-Skeletal System** (Test by bending, stooping and squatting. Also, test by head, arm, hand, finger, leg and foot motions.)

Spine: Mobility ____ Symmetry ____ Posture ____ Upper Extremities ____ Lower Extremities ____

Note any abnormalities or comments: _____

_____

7. **Nervous System** Note any abnormalities or comments: _____

_____

8. **Abdomen, Rectal** Note any abnormalities or comments: _____

_____

9. **Genito-Urinary** Urinalysis: Specific gravity ____ Sugar ____ ALB ____

Note any abnormalities or comments: _____

_____

10. **Skin** Note any abnormalities or comments: _____

_____

11. Are there any conditions physical, mental or emotional which in your opinion suggest a need for further examination? ____ If yes, explain on a separate 8½ by 11 inch sheet of paper.

12. With respect to the duties and conditions listed on page ii, do you have any reservations about this candidate's ability to physically perform the duties of a law enforcement officer? ____ If so, explain on a separate 8½ by 11 inch sheet of paper.

13. Does the examinee have any defects or injuries that would prohibit safe operation of a motor vehicle under adverse or stressful situations? ____ If so, please explain.

14. Does the examinee have any physical defects or injuries that would prohibit participation or represent a safety hazard while participating in firearms training? ____ If so, please explain.

15. Is the examinee capable of or able to perform the physical exercises listed on page iii at the levels that are indicated? ____ If **not**, please explain on a separate 8½ by 11 sheet of paper.

Physician's Affidavit

I, the undersigned, do hereby swear and affirm that on the date stated below I completed a physical examination of the applicant named in this Medical Examination Report. Further, it is my medical opinion that the examinee **is** physically able to successfully complete basic training and physically able to perform the duties of a law enforcement officer.

_____ _____

Print or Type the Name of the Attending Physician Date of Examination

_____

Signature of the Attending Physician

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Attach a copy of the applicant's NCIC Report, proof of successful completion High School education (e.g. - High School Diploma or GED) and First Aid / CPR Certification to the top left corner of this page.

SALARY INFORMATION

Any reimbursement of training expenses will be authorized only for those agencies and subdivisions of the state who are in compliance with all provisions of the Law Enforcement Officers Training Program (LEOTP) to include those policies and procedures established by the Board on Law Enforcement Officer Standards and Training pursuant to the LEOTP. The board staff shall review all the information available on each graduating class and determine the eligibility and amount of reimbursement to each agency.

> ***NOTE*: As of July 1, 2013 any officer (law enforcement trainee) who is not certified within one year from his or her date of hire is not authorized to be paid a salary. Accordingly, the Board will not reimburse any salaries paid under such circumstances. However, any person, who, due to illness or other events beyond his or her control, could not attend the required school or training as scheduled, may serve with full pay and benefits in such a capacity until he or she can attend the required school or training.**

Attach a copy of the applicant's payroll voucher in the blank space below <u>or</u> complete the following statement. The voucher must show the number of regular hours worked and the amount of pay for those hours.

The person named in this application will be paid a base (circle one) hourly, weekly, biweekly or monthly

salary in the amount of $_____ during his or her basic training.

Attach the applicant's payroll voucher below, if needed.

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***NOTE*: MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars ($10,000) and a jail sentence of up to five (5) years.**

LAW ENFORCEMENT AGENCY'S AFFIDAVIT

I, the undersigned, do hereby swear and affirm that on the date stated below I reviewed the results of this candidate's Medical Examination Report, to include all comments and/or abnormalities, the Application for Training and Personal Information Summary. I certify that to the best of my knowledge the applicant is physically qualified to perform the duties of a law enforcement officer and that he or she has passed a physical examination, that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, that all statements and answers are true and correct to the best of my knowledge and belief, that the fingerprints of the applicant are on file with the Department of Public Safety/Criminal Investigation Bureau and with the FBI. Further, I certify that the applicant is a law enforcement officer as defined in MCA § 45-6-3 (c) and that he or she has been recruited pursuant to Chapter 474, Sections 6 and 11 of the General Laws of the State of Mississippi and is approved, by me, for attendance at the _____ Academy and will be considered on active duty status, with my organization, during his or her training period.

_____
Print or Type the Signee's Name

_____ _____
Signature of the Agency Head or Authorized Signee Date

APPLICANT'S AFFIDAVIT & INJURY LIABILITY WAIVER

I, the undersigned, do hereby swear and affirm that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, and that all statements and answers are true and correct to the best of my knowledge and belief. I agree to obey the Academy regulations and understand that I am subject to dismissal from the Academy for any infraction. Should a question of my integrity or that of a fellow student arise because of some incident while attending the Academy, I will voluntarily submit to a polygraph examination upon request. I understand that any reported criminal violation will be turned over to the appropriate law enforcement agency for investigation. I understand that I will only be covered to the extent that I would be covered for any illness or injury incurred while on duty at my employing agency under personal or department medical insurance. Further, I certify that I am in good health, physically fit, and of good moral character. I hereby release the Board on Law Enforcement Officer Standards and Training (BLEOST) and any department officially associated or connected with the academy of attendance from liability in case of illness or accident.

I also understand that by gaining entrance into _____ Academy, this facility has become my academy of record. If I withdraw voluntarily, or am dismissed by the academy staff, I cannot attend any other academy unless I am released to do so by the academy director. Any previous attempts to complete the Law Enforcement Officers Training Program must be disclosed to the academy staff before admittance.

_____ _____
Signature of Applicant (sign in ink) Date Signed

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APPLICATION FOR TRAINING AND PERSONAL INFORMATION SUMMARY

Agency or Department _____

Dept.'s Address _____ Dept.'s Phone Number _____
Street or Post Office Box City Zip

Name of Applicant _____ Social Security Number _____
Last, First Middle

Date of full-time Employment _____ Place of Birth _____ Date of Birth _____

Home Address _____ Home Phone Number _____
Street or Post Office Box City Zip

Total criminal justice experience (years) ____ . Criminal justice training completed ____ /hrs.

Does the applicant have current (check if yes): Intoxilyzer Certification? ___ First Aid Card? ___

High School Graduate ___ or G. E. D. ___ _____
Name of School City State

College Attended _____

Degrees held or College Units (credit hours) earned _____

Military Experience _____
# of Years Rank Branch of Service

Spouse's Name _____ Child's Name(s) _____

Special Skills _____

Languages _____ Hobbies _____

Family Doctor _____ Known Allergies _____

Emergency Contact & Phone Number _____ Alternate Contact & Phone Number _____

Attach the applicant's photograph below. Trim the photograph to fit.

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