



PART-TIME (RESERVE) LAW ENFORCEMENT CLASS

Tuition:

Tuition is reimbursed directly to the Academy, from the Mississippi Board on Law Enforcement Officer Standards and Training (BLEOST) for all graduating students of the Part-Time Academy. Agencies will not be invoiced for tuition on students that graduate the training.

If a student attends, but does not complete the Part-Time Academy course, agencies will be invoiced a pro-rate cost of tuition

Application deadline is 30 days prior to start of class.

All correspondence should be sent to:

Harrison County Law Enforcement Training Academy
Attn: Reserve Academy
P.O. Box 1480
Gulfport, MS 39502

All application packets should include:

- ☐ **ORIGINAL** application and one copy
- ☐ Recent photograph of officer, Front facing photo. MUST BE ORIGINAL PHOTO, NO photo copies
- ☐ Proof of medical insurance (worker's comp and major medical)
- ☐ Copy of High School Education (Diploma/GED) or College Diploma
- ☐ Copy of Criminal History/NCIC printout

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

Harrison County Law Enforcement Training Academy

Part-Time (Reserve) Law Enforcement Training Class

General Information

- 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.
- Please note that part-time officers must meet the same physical fitness standards as full time officers.

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

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

Non-Credit Registration

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



"Making a positive difference..."

Course Name: _____ Course Date: _____

Scheduled Location (check one) ☐ Advanced Manufacturing & Technology Center ☐ George County Center ☐ Jackson County Campus ☐ Jefferson Davis Campus ☐ Keesler Center ☐ Perkinston Campus ☐ Online classes ☐ West Harrison Center ☐ Other _____

Name: _____
Last Name First Name Middle Initial Previous Last Name (optional)

Social Security Number: _____ Date of Birth: _____
Month Day Year

Street Address: _____

City: _____ State: _____ Zip code: _____

County of residence: _____ E-mail address: _____

Home phone: _____ Work phone: _____

In case of emergency, please call: _____ Phone: _____

Race (Only check one):

- ☐ Asian
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Hawaiian Native or other Pacific Islander
- ☐ White

Ethnicity: Would you describe yourself as a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture, regardless of race?

- ☐ Yes
- ☐ No

Gender:

- ☐ Male
- ☐ Female

Employment Status (Check one):

- ☐ Employed
- ☐ Unemployed
- ☐ Employed, but received Termination of Employment Notice
- ☐ Not in Labor Force
- ☐ Not Reported

Educational Level: Please indicate which of the following best describes your level of education (Check one):

- ☐ Attained secondary school diploma
- ☐ Attained a secondary school equivalency
- ☐ The participant with a disability receives a certificate of attendance/completion as a result of successfully completing an Individualized Education Program (IEP)
- ☐ Completed one or more years of postsecondary education
- ☐ Attained a postsecondary technical or vocational certificate (non-degree)
- ☐ Attained an Associate's degree
- ☐ Attained a Bachelor's degree
- ☐ Attained a degree beyond a Bachelor's degree
- ☐ No Educational Level Completed

Employment Type: Please tell us if your current or most recent employment is/was (Check one):

- ☐ Part Time
- ☐ Full Time
- ☐ Temporary
- ☐ Seasonal
- ☐ Not Reported

Name of Employer: _____

Signature: _____ Date: _____
Month Day Year

The Family Educational Rights and Privacy Act provides for the publication or disclosure of certain directory information on students. Check below if you do not want your name, photograph or other directory information included in these publications.

- ☐ Directory Information
- ☐ News articles for publication in media
- ☐ Other, specify _____

Mississippi Gulf Coast Community College is an Equal Opportunity Employer and welcomes students and employees without regard to race, religion, color, national origin, sex, age or qualified disability in its programs and activities. For further information, contact the Equal Employment Opportunity Officer at a Mississippi Gulf Coast Community College Campus, Center or the District Office. Compliance is coordinated by the Associate Vice President of Administration, P.O. Box 609, Perkinston, Mississippi 39573, telephone number 601-928-6672, email address compliance@mgccc.edu.



MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

Full-Time Basic/ Part Time Basic/ Refresher Training Packet

Dear 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.

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

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

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

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.

The BLEOST will require all board-approved training academies to administer an entry physical fitness test for those students reporting to the training program. The test 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 test 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 and is administered to all Full-time, Part-time, and Refresher trainees. It is the same test administered at the end of the program for Full-time and Part-time trainees (Refresher trainees are not required to take the final test) with one exception: The entry test requires 50% to pass while the final test requires 70%. This requirement does not relieve students from participating in P.T. training once they pass the entry requirement. Full time and Part-time 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.

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

Doctor's Name

Applicant's Department/Agency

Name of Office or Clinic

Department's Address

Clinic's Address

Telephone Number

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			
4 Lameness				27 Cancer, malignancy			
5 Rheumatism, arthritis				28 Tumor, growth, cyst			
6 Trick/locked knee, knee injury				29 Complications from childhood diseases			
7 Foot trouble				30 Polio			
8 Eye injury, surgery, disease				31 Rheumatic fever			
9 Wear or have worn glasses/contacts				32 Heart trouble, circulatory trouble			
10 Hard of hearing, hearing problems				33 High, low blood pressure			
11 Wear or have worn a hearing aid				34 Varicose veins			
12 Headaches				35 Pernicious anemia, leukemia, other blood disorders or ailments			
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							

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.

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: _____

1. **Visual Acuity** If applicant wears glasses, test and record with and without glasses.)

With Glasses right 20/____ left 20/____ both 20/____ Field of Vision right ____ left ____
Depth ____ Color ____
Without Glasses right 20/____ left 20/____ both 20/____ Perception ____ 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 _____

Teeth and jaw _____

Note any abnormalities or comments: _____

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

5. **Cardiovascular System**

<u>Action</u>	<u>blood pressure</u>	<u>pulse</u>	<u>sounds</u>	<u>rhythm</u>
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: _____

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 Attending Physician _____

Date of Examination _____

Signature of Attending Physician _____

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 (within two years for Part-time certification) 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 or 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

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

Date Signed

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 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.