



FOR OFFICE USE ONLY	
<input type="checkbox"/>	Full-Time LEO _____
<input type="checkbox"/>	Part-Time LEO _____
<input type="checkbox"/>	Firefighter LEO _____
<input type="checkbox"/>	XO:CO to LEO _____

Printed Name of Applicant _____ Date of Application Submission _____

APPLICATION

PERSONAL HISTORY: Print all responses clearly and legibly.

Last Name		First Name		Middle Name		Maiden Name	
Street Address				Apt. or Lot #		Name of Complex	
City		County		State		Zip Code	
(Area Code) Cell Phone		(Area Code) Business Phone		Email Address			
Date of Birth		Social Security Number		Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
City of Birth		County of Birth		State of Birth		Country of Birth	
Height		Weight		Hair Color		Eye Color	
List all names (real and nicknames) you have used _____							
Emergency Contact Full Name			Relationship		(Area Code) Business Phone		(Area Code) Home Phone

List - (8) personal references you have known for at least one (1) year. They must be neighbors who live in the area in which you reside. Do NOT list current or former employers or any relatives.

Personal Reference #1 (Acquaintance) <input type="checkbox"/>	Street Address	City/State/Zip Code	(Area Code) Phone
Personal Reference #2 (Acquaintance) <input type="checkbox"/>	Street Address	City/State/Zip Code	(Area Code) Phone

List All Social Media Accounts:

1. _____
2. _____
3. _____
4. _____
5. _____

Additional Comments you wish to have considered regarding your application: _____

REQUIRED DOCUMENTS:

The applicant must submit the following original documents:

1. Birth Certificate or Naturalization Certificate G-641
2. Social Security Card
3. Valid Driver's License
4. Sealed High School/Equivalent Credit Hours College Transcript
5. Military Discharge Certificate DD-214 Long Form (if applicable)
6. Marriage License (if legal name change occurred)
7. Adoption/Legal Name Change Court Documentation (if applicable)
8. Lifetime Driving History Transcript
9. CJBAT Score/Results

Photocopies made by you will not be accepted. - Note: foreign, non-public, and/or unaccredited high school diplomas require the Registrar's review and approval prior to Academy admittance and may require submission of sealed transcripts for evaluation. This review is not a substitute for education verification conducted by an agency for employment and certification purposes.

NOTE:
It is the applicant's responsibility to provide all requested documentation prior to applying to the Criminal Justice Academy of Osceola at OTECH. Applications cannot be accepted until all documentation is submitted.

EMPLOYMENT HISTORY:

Chronologically list below each and every place you've been employed in the past ten (10) years starting with the most recent. OMIT NONE. Include any periods of unemployment. Give complete information and if there is insufficient space, use additional paper. Supply Month/Year for each employment Start and End Date.

Employer #1	Position Held	Start Date	End Date	Reason for Leaving
Complete Street Address	City	State	Zip Code	(Area Code) Phone Number
=====				

Employer #2	Position Held	Start Date	End Date	Reason for Leaving
Complete Street Address	City	State	Zip Code	(Area Code) Phone Number
=====				

Employer #3	Position Held	Start Date	End Date	Reason for Leaving
Complete Street Address	City	State	Zip Code	(Area Code) Phone Number
=====				

Employer #4	Position Held	Start Date	End Date	Reason for Leaving
Complete Street Address	City	State	Zip Code	(Area Code) Phone Number
=====				

Employer #5	Position Held	Start Date	End Date	Reason for Leaving
Complete Street Address	City	State	Zip Code	(Area Code) Phone Number
=====				

Employer #6	Position Held	Start Date	End Date	Reason for Leaving
Complete Street Address	City	State	Zip Code	(Area Code) Phone Number
=====				

Employer #7	Position Held	Start Date	End Date	Reason for Leaving
Complete Street Address	City	State	Zip Code	(Area Code) Phone Number
=====				

Employer #8	Position Held	Start Date	End Date	Reason for Leaving
Complete Street Address	City	State	Zip Code	(Area Code) Phone Number
=====				

Employer #9	Position Held	Start Date	End Date	Reason for Leaving
Complete Street Address	City	State	Zip Code	(Area Code) Phone Number
=====				

Employer #10	Position Held	Start Date	End Date	Reason for Leaving
Complete Street Address	City	State	Zip Code	(Area Code) Phone Number
=====				

Employer #11	Position Held	Start Date	End Date	Reason for Leaving
Complete Street Address	City	State	Zip Code	(Area Code) Phone Number
=====				

1. Yes No Do you have any objections to our contacting your current employer?
2. Yes No Were you ever discharged, terminated, fired or asked to resign from employment?
3. Yes No Were you ever subjected to disciplinary action in connection with any employment?
4. Yes No Have you ever submitted an application to any law enforcement agency or law enforcement academy (City, County, State, or Federal)?
5. Yes No Were you ever rejected or terminated by any law enforcement training school or academy (including Criminal Justice Academy of Osceola)?
 Explain **Yes** responses to questions #1-5 here: _____

EDUCATION:

List the name and complete address of the school where you received your High School Diploma or GED Certificate.

Name of High School	Street Address	City	State	Year Grad.
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List Post-Secondary Institutions Attended for College Credit

List All Degrees and Certifications

MILITARY SERVICE: Applicants who have never served in any branch of the armed forces will be required to sign a Non-Military Service Declaration

6. Yes No Have you ever served in any branch of the Armed Forces of the United States? What Branch? _____
7. Yes No Are you now in the Reserve Forces or National Guard? Rank _____ Service Branch _____
8. List dates of active military service:
 FROM _____ TO _____ Rank _____ Service Branch _____
 FROM _____ TO _____ Rank _____ Service Branch _____
 FROM _____ TO _____ Rank _____ Service Branch _____
9. List ALL separations or discharges from the military (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) _____
10. Yes No Were you ever court-martialed, tried on charges, or given non-judicial punishment under Article 15?
11. Yes No Were you ever Medically Discharged or Other than Honorably Discharged?
 Explain **Yes** responses to questions #10-11 here: _____

FINANCIAL HISTORY:

Employing Agencies will validate information shared via a formal credit report.

12. Yes No Are you now or have you ever been the subject of a small claims or civil court action?
13. Yes No Have you ever filed for bankruptcy?
14. Yes No Have you ever had credit cards or charge accounts cancelled by a creditor due to inability to pay debt?
15. Yes No Are you delinquent in making any payments to creditors at this time? This includes student loans, house foreclosures, personal loans, child support payments, and credit/charge cards.
 Explain **Yes** responses to questions #12-15 here. List the names of outstanding debtors as well as what arrangements have been made with credit provider(s) to pay outstanding balances in full.

CRIMINAL HISTORY:

READ CAREFULLY! If you answer YES to any questions numbered #16-23, you must attach a FULL EXPLANATION in your own words on a separate sheet of paper and it must be signed and dated before your application will be considered. A meeting with the Academy Director may be required.

- 16. Yes No Have you ever received a Notice to Appear, been arrested, charged, convicted, pled nolo contendere, or pled guilty to any violation (including as a juvenile) whether the record was sealed or expunged?
- 17. Yes No Have you ever been **arrested** or **charged** with **any** felony and/or misdemeanor?
- 18. Yes No Have you ever been arrested or charged specifically with **Domestic Violence** even if the charges were dropped?
- 19. Yes No Have you ever been **convicted** of any felony and/or misdemeanor?
- 20. Yes No Have you ever been convicted of a misdemeanor involving moral turpitude, false statements, perjury, or domestic violence?
- 21. Yes No Are you now or have you ever been a member of a gang or any association that engages in criminal activity?
- 22. Yes No Have you ever been given a polygraph examination by a law enforcement agency for any reason?
- 23. Yes No Have you ever taken anything from an employer without proper permission?
Explain **Yes** responses to questions #16-23 here. **NOTE: If arrested for any crime, a copy of the Final Disposition of the Court Case and a copy of the arrest report from the agency that conducted the arrest must be provided to determine eligibility for academy admission.**

Indicate below if you have ever TRIED, USED, or EXPERIMENTED with any of the following drugs.

DRUG USE HISTORY:

		Total Times	Date Last Used			Total Times	Date Last Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	Marijuana	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	MDMA (Ecstasy)	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hashish	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rohypnol (Ruffies)	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cocaine	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ketamine (Special K)	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Crack Cocaine	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	GHB	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Opium	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Methamphetamine	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Heroin	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	PCP	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Barbiturates	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mescaline	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Downers	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inhalants (Poppers)	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Amphetamines	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Glue Sniffing/Huffing	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	LSD	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Steroids	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mushrooms	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other _____	_____	_____

- 24. When was the last time you were around someone using illegal drugs? _____
- 25. Yes No Have you ever purchased any illegal drugs?
- 26. Yes No Have you ever sold any illegal drugs (including marijuana) or acted as a middle man in a drug deal?
- 27. Yes No Have you ever carried, transported, or distributed any illegal drugs?
- 28. Yes No Do you have any additional information or knowledge, in addition to that specifically asked in the preceding questions, which may be relevant directly or indirectly to conducting the background investigation to determine your eligibility for certification as a law enforcement officer?
Explain **Yes** responses to questions #24-28 here _____

DRIVING HISTORY:

All applicants must supply a lifetime Transcript of Driver Record from each state in which a driver's license has been held.

- 29. Yes No Do you currently have a valid driver license?
List Issuing State _____ Expiration Date _____ Driver License Number _____
- 30. Yes No Have you ever had a driver license issued from another state/country? If yes, list Issuing State _____ Year _____
- 31. Yes No Has your driver license ever been suspended or revoked? If Yes, explain _____
- 32. Yes No Have you ever been involved in a traffic accident? If Yes, how many? _____ How many were your fault? _____
- 33. Yes No Have you received 3 or more moving traffic violations in the past 3 years?
- 34. Yes No Have you received any traffic citations in the last 5 years? (List below—do not leave blank if you have received citations during this time)

List ALL moving traffic violations in the last 5 years. If there is insufficient space, use additional paper.

Date Violation Occurred	List Violation	County and State	Court Disposition (see below*)
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
#3 _____	_____	_____	_____
#4 _____	_____	_____	_____
#5 _____	_____	_____	_____
#6 _____	_____	_____	_____
#7 _____	_____	_____	_____
#8 _____	_____	_____	_____
#9 _____	_____	_____	_____

*Paid Fine/Dismissed in Court/Attended Traffic School

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Do NOT Write Below This Line // Return to Academy for Notarization

Staff Notes: Date _____ Staff Initials _____

- Personal History _____
- Required Documents _____
- Employment History _____
- Education _____
- Military Service _____
- Financial History _____
- Criminal History _____
- Drug Use History _____
- Driving History _____

Application Rejection/Disqualification Letter Sent