



Kalamazoo**VALLEY**[™]
community college

Police Academy Application

Thank you for your interest in the Kalamazoo Valley Community College Police Academy.

Following is the application packet for the Police Academy. Please be advised that any false, misleading, or incomplete information will be grounds for termination from the application process or dismissal from the Academy. If you have questions about items that should or should not be disclosed, please contact our office.

Items that require your signature and the signature of a notary must be signed and notarized at the Kalamazoo Valley Law Enforcement Training Center office.

If you currently have a valid MCOLES Pre-Enrollment Physical Fitness Test please be advised that you will again be required to meet the MCOLES Pre-Enrollment Physical Fitness Test standards the first week of the Academy. These standards are printed in this packet.

Detailed instructions for completing this application packet are included. Failure to follow these instructions may result in a delay in submitting your application. All items required to complete Phase I of the Application Process must be submitted in its entirety – partial application packets will NOT be accepted. Incomplete or late packets may result in denial to the academy. If your responses require supporting documentation such as copies or reports, tickets or court records, please include them when you submit your application. Failure to include this supporting documentation may result in a delay in processing your application.

If you have questions regarding any part of this application process, please contact our office at 269.353.1260.

Sincerely,

Karen Rivard

Karen Rivard
Interim Director
Kalamazoo Valley Law Enforcement Training Center (KVLETC)

Application to the Police Academy is a competitive process. Only the most qualified applicants will receive enrollment authorization. In order to successfully complete the Basic Police Training Program you must be properly registered with the Michigan Commission on Law Enforcement Standards (MCOLES) and meet the requirements established by MCOLES. In addition, you must meet the requirements established by KVCC and approved by MCOLES.

Application Documents – Phase I

The following documents must be submitted in order to be considered for acceptance into the Police Academy. Additional information detail is attached for each item. Phase 1 must be completed before moving on to the next phase.

1. MCOLES Pre-Enrollment Test Results (Reading & Writing, Physical Fitness Test)
2. Official transcripts with degree posted
3. Non-degree applicants must provide Counselor Verification and official transcripts
4. Personal History Statement
5. Background Questionnaire
6. Medical History Statement
7. Copy of medical insurance card
8. Copy of current and valid Michigan Driver's License or government issued ID
9. Secretary of State driving record – order by phone at 517-322-1624 or obtain at a local Secretary of State office
10. Copy of auto insurance card
11. Copy of First Aid/CPR/AED Certification – must be valid upon entry and exit from Academy
12. MCOLES Affidavit in Support of Application to Enter Into Licensing Process
13. Two (2) letters of reference
14. Authorization to Release Information
15. Authority for Release of Information
16. ICHAT Report
17. Copy of Birth certificate

COMPLETE applications should be returned to the KVLETC by making an appointment with Kenyatta Herrion, ph. 269.353.1260 or 269.353.1280

Interview – Phase II

Arrangements for an interview will be made after Phase I documents have been received and reviewed for approval to Background Investigation and the background investigation has been completed with a satisfactory result.

MCOLES Medical Forms – Phase III

MCOLES medical forms are provided to candidates who have completed Phase I requirements and a Phase II interview, once approved to continue to Phase III.

- Physician's Statement of Applicant's Medical Condition
- A copy of candidates Medical History Statement from application
- Drug Screen Request

Medical Forms Review and Registration Authorization – Phase IV

Phase I Instructions

Submit all completed Phase I items listed below to begin the application process.

MCOLES Pre-Enrollment Test Results: Candidates must meet the Michigan Commission on Law Enforcement Standards (MCOLES) Pre-Enrollment testing requirements:

Reading and Writing Exam: You must take and pass the reading/writing exam prior to being admitted to the Academy. Registration and payment are made online at www.michigan.gov/mcoles. If you fail the reading/writing exam, we suggest that you see a counselor at your local community college for information regarding how to improve your reading and/or writing skills.

Physical Fitness Testing: You must take and pass the physical fitness test prior to being admitted into the Academy. The physical fitness test must be taken no more than 180 days prior to the beginning of the Academy. Candidates are required to pass all four events of the test. An original, signed "Physician's Health Screening Form" is required to take the Physical Fitness test. Information and testing dates for the Physical Fitness test may be obtained from the KVLETC office at 269.353.1260 or www.michigan.gov/mcoles.

Degree Requirement – An official transcript with your degree posted is to be mailed from your school to:

The Groves Center
ATTN: Interim Director Karen Rivard/Police
Academy P.O. Box 4070
Kalamazoo MI 49003-4070

Non-Degree Requirement – A KVCC counselor's verification AND an official transcript is to be mailed from your school to:

The Groves Center
ATTN: Karen Rivard/Police Academy
P.O. Box 4070
Kalamazoo MI 49003-4070

A non-degree candidate who will be using credit hours from prior college courses must first meet with the KVCC Academic Advising/Counseling Office for a transcript review to determine if they will meet the degree requirements. Verification from the KVCC counselor is to be sent to the KVLETC office, indicating that the candidate meets the academic requirements to enter the Academy.

KVCC will grant 34 credits upon successful completion of the entire academy block of instruction. Failure to successfully complete any phase of the academy will result in no credits being granted.

Personal History Statement: This MCOLES form covers employment, military service, financial, legal, motor vehicle operation and school history information. The applicant's personal history will be reviewed and additional information may be requested.

Background Questionnaire: The KVLETC Background Questionnaire serves as a supplemental document to the MCOLES Personal History Statement. The Background Questionnaire will be reviewed and additional information may be requested. **BACKGROUND QUESTIONNAIRE MUST BE SIGNED AND NOTARIZED AT THE KVLETC OFFICE.**

Medical History Statement: The applicant's medical history will be reviewed and returned for Phase III. A copy of this form is submitted to the examining physician at the time of the medical examination to assist in evaluating your medical fitness.

Copy of medical insurance card: A copy of your current and valid medical insurance card is required.

Copy of a valid Michigan Driver's License or government issued ID: A copy of your current and valid Michigan Driver's License or government issued ID is required.

Secretary of State Driving Record: You can purchase your own certified driving record for \$12.00 (payable by cash, check, money order, or Discover, Mastercard or Visa card) at any Secretary of State branch office. You are required to show your driver's license.

Local office locations are:

South Kalamazoo County
603 Romence Road
Portage MI 49024

1-888-767-6424

Kalamazoo County
3298 Stadium Dr.
Kalamazoo MI
49008

1-888-767-6424

Van Buren County
1037 East Michigan
Paw Paw MI
49079

1-888-767-6424

Copy of auto insurance coverage: A copy of your current and valid Michigan No-Fault auto insurance is required.

Copy of First Aid/CPR/AED Certification: A copy of your current and valid Red Cross or American Heart Association First Aid/CPR/AED certification is required. ***Other vendors must be approved by the Director of the Police Academy.***

References: Applicants must submit two (2) letters of reference including the name, address, and phone number of the reference. These references must have known the applicant for a minimum of two (2) years and cannot be family members. Preference will be given to references from within the law enforcement community.

MCOLES Affidavit in Support of Application to Enter Into Licensing Process: This form is used to verify your compliance with the minimum selection and employment standards for law enforcement training and employment. **Print in blue ink.** Read the Affidavit carefully. Respond accurately and completely to areas that apply. Attach further documentation as required. Leave the space blank if a paragraph does not apply to you. **AFFIDAVIT MUST BE SIGNED AND NOTARIZED AT THE KVLETC OFFICE.**

The following 2 Authorization forms must be signed and signature witnessed:
Authorization to Release Information: Allows us to release information to a third party (i.e. department background investigators, etc).

Authority for Release of Information: allows us to obtain information from a third party (i.e. employers, schools, etc.) for purposes of conducting a background investigation for consideration of entrance into the Academy.

ICHAT: You can obtain a copy of your ICHAT report from the following website with a \$10.00 charge <https://apps.michigan.gov/ichat/home.aspx>

Phase II – Interview

Upon completion of Phase I, an oral interview will be arranged with the Interview Board.

The interview will be conducted to determine if the candidate possesses good moral character and meets the Michigan Commission on Law Enforcement Standards requirements for a police officer candidate. Candidates should consider this interview the same as an employment interview and dress accordingly. You should present a neat, businesslike appearance for your interview. It is usually appropriate to dress as you would for an office job. You should arrive at least ten minutes prior to your scheduled interview time, and allow one hour total for the interview.

The impression you make during the interview will be largely determined by your conduct. Your courtesy, alertness and self-confidence are important. Try to speak in a self-assured tone of voice, smile occasionally, and look the interviewers in the eye as you listen and talk. Sit erect and be prepared to answer the questions that are likely to be asked of you. The Board members realize that it is normal for candidates to feel nervous in this situation and will discount a certain amount of nervousness. However, avoid doing obvious things such as drumming your fingers, twisting a handkerchief, or chewing gum.

The Interview Board will measure your potential and your qualification to be a cadet by exploring and evaluating your problem solving abilities, communication ability and motivation.

The interview follows a simple question and answer format. If your answers become confused or contradictory, you will not do well. The best way to avoid contradictory answers is to simply tell the truth. If you do not understand a question, ask the interviewer to repeat or rephrase the question.

Phase III – MCOLES Medical Forms & Livescan Fingerprint Background Check

The following forms will be provided to selected candidates when all Phase I and Phase II requirements have been completed. Being advanced to Phase III does NOT guarantee placement in the Academy.

- MCOLES Physician's Statement of Candidate's Medical Condition
- A copy of candidate's Medical History Statement
- Drug Screen Request
- Livescan Background Check

Specific appointment information will be provided during the application process. Candidates must be examined by the Academy physician who specializes in Occupational Medicine to determine his/her ability to meet the minimum employment standards as established by MCOLES. All pre-service basic law enforcement training academy applicants must be fingerprinted prior to enrollment. **There is a fee to the candidate for this physical and Livescan. Reference Cost and Fee Sheet on KVLETC web page.**

Physicals for the 97th Police Academy are valid within 180 days from the start of the Academy. The Commission requires the MCOLES Physician's Statement of Candidate's Medical Condition to be completed within 180 days from the start date of the Academy.

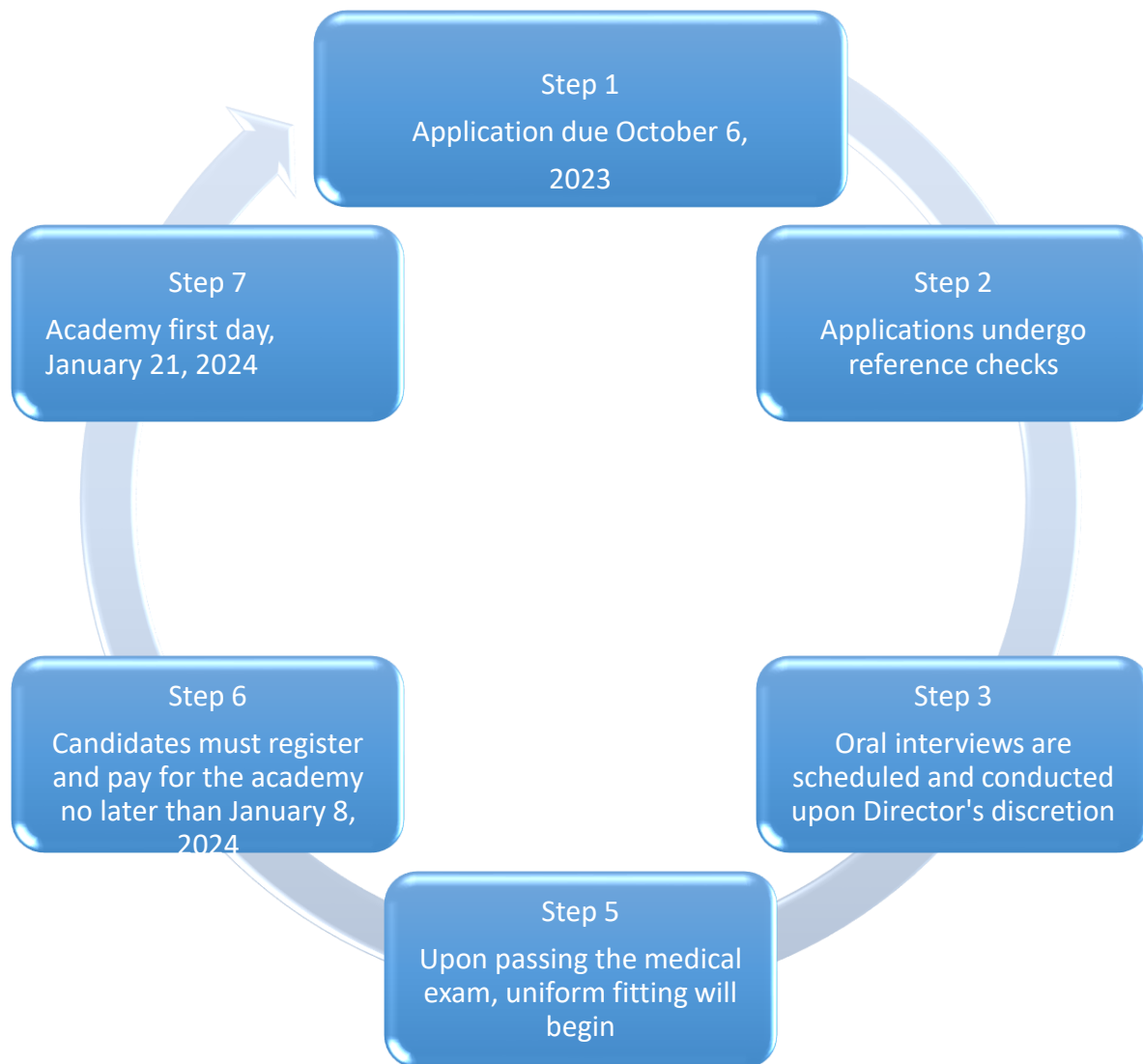
Phase IV – Medical Forms Review and Registration Authorization

Completed MCOLES medical forms will be reviewed by the KVLETC office, and registration authorization will be granted to selected candidates who meet all application requirements.

Completed applications will be considered for available positions in the Police Academy. When positions are filled, you will be notified or placed on a standby basis.

Please note: In-Service recruits may replace enrolled Pre-Service recruits, regardless of paid tuition.

Western Michigan University students must contact Susan Standish/WMU Program Advisor in the Criminal Justice Department, at 269-387-5286, for authorization to make application to the KVLETC Police Academy.



Follow this checklist and initial on the line when complete. Turn this page in with your completed application.

Name: _____
Last First

Primary Phone: _____ Email: _____

- _____ MCOLES Reading/Writing Test
- _____ MCOLES Physical Skills Test
- _____ Official transcript with degree posted
- OR**
- _____ KVCC transcript review form & official transcript
- _____ Military: DD214
- _____ Personal History Statement
- _____ Background Questionnaire
- _____ Medical History Statement
- _____ Copy of Driver's License or government issued ID
- _____ Copy of driving record
- _____ Letters of reference (2)
- _____ Authorization for Release of Information
- _____ Authority for Release of Information
- _____ Warning Letter
- _____ Copy of 1st Aid/CPR/AED Certification
- _____ Copy of birth certificate
- _____ MCOLES Affidavit in Support of Application to Enter Into Licensing Process
- _____ MCOLES Declaration of Accommodation(s) Form
- _____ Copy of auto insurance card
- _____ Copy of medical insurance card
- _____ ICHAT Report

Background Questionnaire

The Michigan Commission on Law Enforcement Standards (MCOLES), as authorized by Public Act 203 of 1965, requires a comprehensive background investigation for certification as a police officer in the State of Michigan.

Misrepresentation on your part to obtain certification could constitute fraud and is punishable as a felony under Section 750.218MCL.

This questionnaire provides the basis for the aforementioned investigation. Completion of this questionnaire is mandatory. False, misleading, or incomplete information will be grounds for termination from the application process or dismissal from the academy.

Applicants will be evaluated on penmanship, grammar, spelling and completeness of this questionnaire.

Instructions

1. Read every question carefully. Answer every question even if redundant. If the question does not pertain to you, write "N.A." within the appropriate space.
2. Type/write your answers in the appropriate boxes. Hand-write your autobiography in **blue ink**.
3. Answer each question completely. If space allotted for the question is insufficient, use the additional space provided at the end of this questionnaire. Be sure to include the number of the question and maintain the same question/answer format.
4. If you have questions, please call the KVCC Law Enforcement Training Center office at 269.353.1260, between 8:00 am and 5:00 pm weekdays.
5. **Completed applications should be returned to the KVLETC office by calling 269.353.1260 to make an appointment with Kenyatta Herrion.**

***** DO NOT HOLD YOUR APPLICATION UNTIL THE DEADLINE - MAKE THIS APPOINTMENT AS SOON AS APPLICATION IS COMPLETE*****

WARNING LETTER

Please read carefully prior to completing the Police Academy application. When you have read and understand the conditions stated herein, sign and date this statement form and return it with your completed application.

You are about to make application to a law enforcement training academy. This is not like signing up for college classes as you may have done in the past. Law enforcement is a very demanding and challenging career, both physically and mentally. The training requirements are equally demanding. This program is designed to identify individual strengths and weaknesses. It will reduce the individual's weaknesses and build on their strengths. It will require a cadet to achieve a fitness level beyond that of the average individual. The cadet will experience situations and conditions which seem harsh but are designed to develop the individual's ability to cope with adversity and to adapt, improvise and overcome situations they may encounter in the course of their career.

At Kalamazoo Valley Community College, we strive to prepare the law enforcement cadet to meet the challenges of a position in law enforcement. The training program replicates many of the demands you will face in the field. We attempt to create an employment oriented environment during the training process.

Cadets will be expected to process information independently, maintain a high degree of motivation and focus on achieving their goals. Cadets will be required to demonstrate the ability to work as a team and to function well with others toward common goals to the exclusion of self-focused activity. Cadets will not direct their own performance but will be continuously challenged to expand their potential by following directives and overcoming challenges presented to them. Cadets will be expected to maintain military courtesy with staff and others with whom they may come in contact.

Cadets may be required to attend training beyond the scheduled classes. Individual schedules may need to be altered to accommodate these unscheduled events. Law enforcement training should be viewed as the top priority for the cadet. If outside interests cannot be so prioritized, the applicant should reconsider whether or not they will be able to meet the program requirements.

Signature

Date

Witness Signature

Date

MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS

927 Centennial Way, Lansing, MI 48913

CANDIDATE'S PERSONAL HISTORY STATEMENT AND AFFIDAVIT

Instructions to the Applicant:

The Michigan Commission on Law Enforcement Standards (Commission) requires all candidates seeking law enforcement licensing, admittance to a basic law enforcement training academy, or admittance to the Recognition of Prior Basic Training and Experience (RPTE) program comply with the Commission's selection and employment standards. Candidates must maintain compliance with the selection and employment standards throughout the training period and at the time of initial licensing or reactivation of their law enforcement license.

The State of Michigan Administrative Code (Rule 28.14203(e)) requires that candidates "Possess good moral character as determined by a favorable comprehensive background investigation covering school and employment records, home environment, and personal traits and integrity. Consideration will be given to a history of, and circumstances pertaining to, having been a respondent to a restraining or personal protection order. Consideration shall also be given to all law violations, including traffic and conservation law convictions as indicating a lack of good moral character."

The information you provide in this personal history statement will be used to evaluate and determine your suitability for the position of law enforcement officer. The information you provide in this document will be discussed with you. If you are an academy recruit you will be required to sign and have this affidavit notarized in support of the provided information prior to the start of the academy.

Please read this questionnaire carefully and complete it accurately and thoroughly. Return the completed personal history statement with your application to a basic law enforcement training program, law enforcement agency, or the Commission as appropriate. **When completing this personal history statement, please keep in mind that:**

1. The completion of this form is mandatory,
2. All statements are subject to verification, and
3. In accordance with R 28.14601 through 28.14609, deliberately making false statements, committing fraud, or failing to disclose requested information are grounds for denying law enforcement licensure, enrollment into or dismissal from a basic law enforcement training program, and/or the RPTE program. Further sanctions by the Commission may be imposed including a two-year ineligibility period from applying for enrollment in any basic law enforcement training program, or permanently denying your application. Subsequent license revocation may also be imposed for making a materially false statement or committing fraud in the application process.

Failure to disclose relevant information from your background is a revocable offense, and will prevent you from proceeding in the selection, training, and licensing process.

Required Attachments

To complete your background the following documents are required to be attached to your questionnaire:

1. High school diploma, GED, transcripts, or other proof of high school education. Attainment of an associate or baccalaureate degree shall be evidence of having met this standard.
2. For pre-service regional and pre-service college recruits, official college or university transcripts showing a degree was conferred. Official transcripts must contain the name of the institution, confirmation the degree was awarded, and it must include the registrar’s signature. (Note: The Commission only accepts official transcripts for review.)

If a degree will be awarded following completion of the basic law enforcement training program, a letter from the college or university’s registrar’s office confirming that you will have completed all degree requirements may be sufficient, contact a Commission Field Representative for further guidance. An official copy of the transcript must be sent to the Commission upon conferral of the degree.

3. Copy of your military discharge (DD-214) if applicable. This shall be the long form DD-214, which is the unredacted, undeleted, unedited version. If you were the subject of any disciplinary action, administrative investigations, hearings, or poor performance evaluations while in the military, a copy of all related documentation is required.
4. Proof of U.S. citizenship (birth certificate, US passport, naturalization certificate, or certificate of citizenship). Photocopies or electronic copies are acceptable.
5. Any and all police reports or documents detailing your contacts with law enforcement.
6. Any Register of Actions for your court records.

It is to your advantage to respond openly. Any negative factor(s) in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job of a law enforcement officer.

Do not leave any question or response blank. If a question does not apply mark the space “Not Applicable” or “N/A.”

I, _____ have read and understand these instructions prior to completing the following Personal History Statement and Affidavit.

Signature _____ Date _____

AUTHORITY:	1965 PA 203; 2017 PA 128
COMPLIANCE:	Voluntary
PENALTY:	No License Activation/ Employment/ Academy Enrollment

02/2024

Michigan Commission on Law Enforcement Standards

927 Centennial Way, Lansing, MI 48913
Email: MSP-MCOLES@Michigan.Gov
Main Line: 517-636-7864

WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION

*Sections A & B to be completed by all applicants (non-licensed, currently licensed, and previously licensed law enforcement officers)
Section C to be completed by all current or previously licensed law enforcement officers.*

Section A – This form shall be completed electronically with your responses typed into the appropriate spaces.

Last Name:	First Name:	Middle Name:	Suffix (Jr, Sr, III):	
Other Name(s) Known By (Including Aliases, by Marriage, or Legal Name Change)				
Social Security No.*:	Date of Birth:	Phone No.:	Gender‡:	Race‡:
Residence Address (Street, City, State, Zip):			Highest Degree:	
Drivers License No.:	Issuing State:	E-Mail Address:		

Section B – Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish to the Michigan Commission on Law Enforcement Standards, the _____¹, their representatives and/or agents (including, but not limited to, academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic attendance and driving records; and medical records (includes medical/psychological, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards and the _____¹.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the Commission’s statutory and administrative objectives.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A completed and signed photocopy or electronic copy of this Authorization shall have the same force as the original.

Applicant Signature:	Today’s Date:
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¹ Type or print the name of the hiring law enforcement agency or the enrolling academy.

*****Section C to be completed by all current or previously licensed law enforcement officers only*****

Section C – Former Michigan employing law enforcement agency authorization:

I hereby authorize any and all of my former employing Michigan law enforcement agencies to provide the _____¹ with a copy of the record regarding the reason or reasons for, and circumstances surrounding, my separation of service created by any former employing law enforcement agency or agencies. **(Under 2017 PA 128, MCL 28.561, et seq. a hiring law enforcement agency shall not hire a law enforcement officer unless the hiring law enforcement agency receives the record regarding the reason or reasons for, and circumstances surrounding, a separation of service from each prior employing law enforcement agency.)**

Applicant Signature:

Today's Date:

¹ Type or print the name of the hiring law enforcement agency or the enrolling academy.

AUTHORITY: 1965 PA 203; 2017 PA 128
COMPLIANCE: Voluntary
PENALTY: No License Activation/ Employment/
Academy Enrollment

* This information is confidential.
Confidential information is protected
by the Federal Privacy Act.

† This information is for
the purposes of EEO
reporting only.

Michigan Commission on Law Enforcement Standards
927 Centennial Way, Lansing, MI 48913

CANDIDATE’S PERSONAL HISTORY STATEMENT AND AFFIDAVIT IN SUPPORT OF APPLICATION TO ENTER INTO THE TRAINING OR LICENSING PROCESS

PLEASE TYPE YOUR RESPONSES TO THIS QUESTIONNAIRE INTO THE APPROPRIATE FIELDS

PERSONAL INFORMATION			
Persons completing this form shall begin answering the questions below only after carefully reading the preceding instructions.			
Failure to disclose relevant information from your background is a revocable offense, and will prevent you from proceeding in the selection, training, and licensing process.			
LAST NAME		FIRST NAME	MIDDLE NAME
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER*	DRIVER’S LICENSE NO.	STATE
OTHER NAMES USED (Enter any name changed due to marriage or divorce, legal change to your name, or alias used. Provide explanation for any other names used. Documentation may be requested.)			
LAST NAME		FIRST NAME	MIDDLE NAME
EXPLANATION:			
EXPLANATION:			
ARE YOU A CITIZEN OF THE UNITED STATES? (Provide a copy of your birth certificate, US passport, naturalization certificate, or certificate of citizenship) Yes No			
HOME ADDRESS		CITY	STATE
SECOND ADDRESS (School, new address, etc.)		CITY	STATE
PHONE NO.	ADDITIONAL PHONE NO.	E-MAIL	BASIC TRAINING ATTENDED OR YOU ARE APPLYING TO ATTEND:

AUTHORITY: 1965 PA 203; 2017 PA 128 COMPLIANCE: Voluntary PENALTY: No License Activation/ Employment/ Academy Enrollment
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* This information is confidential. Confidential information is protected by the Federal Privacy Act.

PLACES YOU HAVE RESIDED		
<p>List all places you have lived beginning with your present residence and working back 10 years.</p> <p>Residences for the entire period must be accounted for without breaks. Indicate the actual physical place of residence (PO box is not acceptable). If you split your time between residences, you must list them all. A residence is any location you regularly inhabited.</p> <p>Failure to disclose relevant information from your background is a revocable offense, and will prevent you from proceeding in the selection, training, and licensing process.</p>		
DATES OF RESIDENCY (MM/DD/YYYY) FROM: TO:	OWNED BY YOU MILITARY HOUSING	RENTED OF LEASED BY YOU OTHER: _____
STREET ADDRESS	CITY AND STATE	ZIP CODE
PROVIDE THE NAME OF A NEIGHBOR, LANDLORD, OR OTHER PERSON WHO KNEW YOU AT THIS ADDRESS		
NAME	EMAIL	PHONE NO.
PROVIDE YOUR RELATIONSHIP TO THIS PERSON: (check all that apply) Neighbor Friend Landlord Business Associate Other _____		
DATES OF RESIDENCY (MM/DD/YYYY) FROM: TO:	OWNED BY YOU MILITARY HOUSING	RENTED OF LEASED BY YOU OTHER: _____
STREET ADDRESS	CITY AND STATE	ZIP CODE
PROVIDE THE NAME OF A NEIGHBOR, LANDLORD, OR OTHER PERSON WHO KNEW YOU AT THIS ADDRESS		
NAME	EMAIL	PHONE NO.
PROVIDE YOUR RELATIONSHIP TO THIS PERSON: (check all that apply) Neighbor Friend Landlord Business Associate Other _____		
DATES OF RESIDENCY (MM/DD/YYYY) FROM: TO:	OWNED BY YOU MILITARY HOUSING	RENTED OF LEASED BY YOU OTHER: _____
STREET ADDRESS	CITY AND STATE	ZIP CODE
PROVIDE THE NAME OF A NEIGHBOR, LANDLORD, OR OTHER PERSON WHO KNEW YOU AT THIS ADDRESS		
NAME	EMAIL	PHONE NO.
PROVIDE YOUR RELATIONSHIP TO THIS PERSON: (check all that apply) Neighbor Friend Landlord Business Associate Other _____		

If you need to add additional previous residences, click "Add Additional Previous Residences" and a page will be added to the end of the document.

EMPLOYMENT ACTIVITIES

List and account for all employment types and activities, including unemployment and self-employment, internships, and volunteer work, beginning with the present, and working backwards. Your entire work history starting at age 16 must be accounted for without breaks. Provide separate entries for employment activities with the same employer but at different location(s).

Account for all military service, including active duty, National Guard/Reserve, and contract work. Provide separate entries for different duty stations.

Explain in detail the reason(s) for leaving each employment activity (e.g., resignation in good standing; resignation prior to discipline or termination; termination for violation of rules/policies/law; promoted; reassigned; fired, etc.). Include life-time employment history (paid or volunteer) with any law enforcement agency or military service at any age.

Failure to disclose relevant information from your background is a revocable offense, and will prevent you from proceeding in the selection, training, and licensing process.

DATES OF EMPLOYMENT (MM/DD/YYYY)

FROM: TO:

SELECT YOUR EMPLOYMENT ACTIVITY

- | | | |
|----------------------------------|---------------------|------------------------|
| NON-GOVERNMENT EMPLOYMENT | GOVERNMENT | SELF-EMPLOYMENT |
| ACTIVE MILITARY DUTY | UNEMPLOYMENT | VOLUNTEER |
| NATIONAL GUARD/RESERVE | INTERNSHIP | OTHER |

EMPLOYER / ENTITY NAME	ADDRESS	
IMMEDIATE SUPERVISOR (Include rank if military)	SUPERVISOR EMAIL	SUPERVISOR PHONE NO.
POSITION HELD	REASON FOR LEAVING	

DATES OF EMPLOYMENT (MM/DD/YYYY)

FROM: TO:

SELECT YOUR EMPLOYMENT ACTIVITY

- | | | |
|----------------------------------|---------------------|------------------------|
| NON-GOVERNMENT EMPLOYMENT | GOVERNMENT | SELF-EMPLOYMENT |
| ACTIVE MILITARY DUTY | UNEMPLOYMENT | VOLUNTEER |
| NATIONAL GUARD/RESERVE | INTERNSHIP | OTHER |

EMPLOYER / ENTITY NAME	ADDRESS	
IMMEDIATE SUPERVISOR (Include rank if military)	SUPERVISOR EMAIL	SUPERVISOR PHONE NO.
POSITION HELD	REASON FOR LEAVING	

If you need to add additional previous employment, click "Add Additional Previous Employment" and a page will be added to the end of the document.

If you need additional space to fully explain your response to the below questions, check the box next to "Check this box to continue response on additional page" and a page will be added to the end of the document.

1. Have you ever been talked to, interviewed, or suspected of any crime? Yes No
If yes, fully explain in detail below, including dates, locations, and circumstances.

Check this box to continue response on additional page at the end of the document

2. Have you ever been talked to, interviewed, or suspected of any form of harassment (inappropriate sexual behavior, sexual harassment, ethnic harassment) or violence (threatening behavior or assaultive behavior)? Yes No
If yes, fully explain in detail below, including dates, locations, and circumstances.

Check this box to continue response on additional page at the end of the document

3. Have you ever been subject to discipline or proposed discipline for any reason, including: coaching, verbal reprimand or written reprimand, forfeiture of time, loss of pay, suspension of any type of employment or voluntary work? Yes No
If yes, fully explain in detail below, including dates, locations, and circumstances.

Check this box to continue response on additional page at the end of the document

4. Have you ever received a below-average performance rating or evaluation? Yes No
If yes, fully explain in detail below, including dates, locations, and circumstances.

Check this box to continue response on additional page at the end of the document

5. Have you ever been terminated from employment, asked to resign, afforded the opportunity to resign in lieu of termination, failed a probationary period, decided to resign during or to avoid an inquiry from any place of employment, or volunteer work? Yes No
If yes, fully explain in detail below, including dates, locations, and circumstances.

Check this box to continue response on additional page at the end of the document

6. Have you ever been an unsuccessful candidate for a law enforcement position (either volunteer or paid) or academy enrollment because you did not meet the qualifications? Yes No
If yes, fully explain in detail below, including position dates, locations, and circumstances.

Check this box to continue response on additional page at the end of the document

If you need additional space to fully explain your response to the below questions, check the box next to “Check this box to continue response on additional page” and a page will be added to the end of the document.

7. Have you ever gone on a ride-a-long with any law enforcement agency as an observer? Yes No
If yes, list the agency, officer you rode with, and date of ride-along.

Check this box to continue response on additional page at the end of the document

MILITARY SERVICE

Applicants with prior military service must submit a copy of their DD-214 Form with their application to the law enforcement agency, basic law enforcement training program, or to the Recognition of Prior Basic Training and Experience (RPTE) program. **The DD-214 submitted shall be the long form, which is the unredacted, undeleted, unedited version.**

Failure to disclose relevant information from your background is a revocable offense, and will prevent you from proceeding in the selection, training, and licensing process.

If you need additional space to fully explain your response to the below questions, check the box next to “Check this box to continue response on additional page” and a page will be added to the end of the document.

8. Have you ever served in the armed forces, National Guard, or military reserves? Yes No

9. If yes, describe your duty assignment(s) and Military Occupation Specialties (MOS):

Check this box to continue response on additional page at the end of the document

Dates of Service (MM/DD/YYYY)

From: To:

10. Fully describe the details of your service (include branch of service, when, where, and the circumstances):

Check this box to continue response on additional page at the end of the document

11. While on active duty, Reserves, or National Guard, were you the subject of any judicial, non-judicial, or administrative action or review, or were you the subject of an investigation, trial, or disciplinary action? Yes No

If yes, fully explain in detail below. Provide the allegations, dates, locations, and outcomes.

Check this box to continue response on additional page at the end of the document

12. Have you ever been demoted? Yes No
If yes, fully explain in detail below.

Check this box to continue response on additional page at the end of the document

13. Have you ever been reassigned subsequent to an inquiry or investigation? This includes reassignment while an inquiry or investigation is pending. Yes No
If yes, fully explain in detail below.

Check this box to continue response on additional page at the end of the document

14. Did you receive an honorable discharge? Yes No
If no, fully explain in detail below.

Check this box to continue response on additional page at the end of the document

MOTOR VEHICLE OPERATION

List all summonses, citations, tickets, verbal or written warnings received by you for any traffic law violation, violation that you received while in a motor vehicle, whether you were the driver or passenger. Include reduced, dismissed, held in abeyance, taken under advisement. Include handicap parking violations and unpaid tickets.

Failure to disclose relevant information from your background is a revocable offense, and will prevent you from proceeding in the selection, training, and licensing process.

DATE (MM/DD/YYYY)	NATURE OF VIOLATION (Initial Cause for Stop, Charge or Citation)	TICKETED Yes/No	JURISDICTION/AGENCY WHERE VIOLATION OCCURRED	DISPOSITION (Final Disposition - Fine, Points, Probation, Other)

If you need additional space to fully explain your response to the below questions, check the box next to "Check this box to continue response on additional page" and a page will be added to the end of the document.

15. Do you currently have active violation points on your driver's license? Yes No
If yes, how many points do you have? _____

16. Has your driving privileges ever been denied, suspended, revoked in this state or any other state, the District of Columbia, a possession or territory of the U.S., or Canada? Yes No
If yes, fully explain the details below (what, when, where, and why).

Check this box to continue response on additional page at the end of the document

17. Do you currently, or have you ever had any *restrictions* placed on your driver's license? Yes No
If yes, fully explain the nature of restriction and the reason for the restriction below.

Check this box to continue response on additional page at the end of the document

18. Have you ever been involved in a traffic crash where you were determined to be at fault or partially at fault? Yes No
If yes, fully explain the details below.

Check this box to continue response on additional page at the end of the document

19. Have you ever been issued a citation or otherwise charged under motor vehicle code or for a criminal offense? Yes No
If yes, fully complete the following table.

Check this box to continue response on additional page at the end of the document

DATE (MM/DD/YYYY)	LOCATION	CITATIONS OR CHARGES	INVESTIGATING POLICE AGENCY	DESCRIBE INJURIES

LEGAL HISTORY

Please provide the following information if you have ever:

- Been interviewed or questioned by a police agency as a suspect, complainant, or witness (either as a juvenile or an adult) about any criminal offense or civil infraction.
- Been arrested, issued a citation, taken to a police station, fingerprinted, or charged with any criminal offense or civil infractions.
- Received an adjudication of guilt (as defined in [MCL 26.602\(a\)](#)) or any criminal offense including expungements or conviction set asides (MCL 780.621), marijuana offense set asides (MCL 780.621e, 621f), automatic set asides (MCL 780.621g), Holmes Youthful Trainee Act dispositions (MCL 762.11), or drug court dispositions (MCL 333.7411). Criminal offenses and charges include, but are not limited to: conservation law violations, appearance tickets, or criminal traffic violations. **NOTE:** Include any diversion programs, delayed or deferred sentencing. List civil infractions not included in Motor Vehicle Operation section above.

Failure to disclose relevant information from your background is a revocable offense, and will prevent you from proceeding in the selection, training, and licensing process.

DATE (MM/DD/YYYY)	LAW ENFORCEMENT AGENCY OR COURT	INITIAL CHARGE, VIOLATION, OR REASON FOR CONTACT	FINAL DISPOSITION (Conviction, dismissal, fines, probation, jail, etc.)

If you need additional space to fully explain your response to the below questions, check the box next to “Check this box to continue response on additional page” and a page will be added to the end of the document.

20. Have you ever had a criminal conviction expunged or set aside? Yes No
If yes, fully explain in detail below (nature of crime, county where expunged or set aside, and when).

Check this box to continue response on additional page at the end of the document

21. Have you ever been placed on court probation, parole, or any form of supervision (including, but not limited to, informal probation)? Yes No
If yes, fully explain in detail below (when, where, why, etc.).

Check this box to continue response on additional page at the end of the document

22. Have you ever received a pardon or commutation for a criminal offense? Yes No
If yes, fully explain in detail below.

Check this box to continue response on additional page at the end of the document

23. Have you ever been released on bail, or released on personal recognizance, or other release conditions? Yes No
If yes, fully explain in detail below.

Check this box to continue response on additional page at the end of the document

24. Have you ever been required to appear before a juvenile or family court in connection with a status or delinquency offense? Yes No
If yes, fully explain in detail below (when, where, why, etc. and include the final disposition).

Check this box to continue response on additional page at the end of the document

25. Are you now or have you ever been a plaintiff or defendant in any civil court action? (e.g., torts, bankruptcy, small claims, financial, friend of the court, divorce, etc.) Yes No
If yes, fully explain in detail below. Include case numbers and the disposition.

Check this box to continue response on additional page at the end of the document

26. Have you ever been a respondent at any stage in a request for a restraining order, personal protection order, or similar order in this state, or any other jurisdiction? A respondent is the person enjoined or prohibited from certain behaviors or actions. Yes No
If yes, fully explain in detail below. Provide dates, court of jurisdiction, circumstances of the order, and final disposition.

Check this box to continue response on additional page at the end of the document

FINANCIAL HISTORY

The basic law enforcement training academy, law enforcement agency, or the Commission may require you to submit a current financial or credit history statement to verify the information provided below.

Failure to disclose relevant information from your background is a revocable offense, and will prevent you from proceeding in the selection, training, and licensing process.

27. Have you ever filed for or declared bankruptcy?	Yes	No
28. Have any of your bills ever been turned over to a collection agency?	Yes	No
29. Have you ever been evicted for non-payment of rent?	Yes	No
30. Have you ever had a credit card canceled or suspended by the company for unpaid balances?	Yes	No
31. Have you ever had purchased goods repossessed?	Yes	No
32. Have you ever been in arrears for court ordered child support?	Yes	No

If you need additional space to fully explain your response to the below questions, check the box next to “Check this box to continue response on additional page” and a page will be added to the end of the document.

33. If you answered yes to any of the above questions (27 through 32), fully explain in detail below:

Check this box to continue response on additional page at the end of the document

EDUCATION HISTORY

List your educational achievements here. A high school diploma or GED is required for enrollment into a Commission approved academy and for licensing. Official college transcripts are required for enrollment into the basic academy as a preservice recruit, and official transcripts confirming the award of a degree are required for license eligibility. Only recognized accredited colleges and universities are accepted. College degrees are evidence of meeting the high school requirement.

Failure to disclose relevant information from your background is a revocable offense, and will prevent you from proceeding in the selection, training, and licensing process.

HIGH SCHOOL	LOCATION	DIPLOMA OR GED?		DATE (MM/DD/YYYY)
		Yes	No	
COLLEGE	LOCATION	DEGREE	CREDIT HOURS	DATE (MM/DD/YYYY)
VOCATIONAL/TRADE SCHOOL/OTHER	LOCATION	DEGREE OR CERTIFICATE		DATE (MM/DD/YYYY)
ADDITIONAL/OTHER	LOCATION	DEGREE OR CERTIFICATE		DATE (MM/DD/YYYY)

If you need additional space to fully explain your response to the below questions, check the box next to “Check this box to continue response on additional page” and a page will be added to the end of the document.

34. Have you ever been suspended or expelled from any high school or post-secondary school? Yes No
 (Post-secondary schools include colleges, universities, graduate schools, business, and vocational schools.)
If yes, fully explain in detail below (include school, date, and circumstances).

Check this box to continue response on additional page at the end of the document

35. Have you ever been subject to formal discipline procedures, short of suspension or expulsion from school for unacceptable behavior at any high school or post-secondary school? Yes No
If yes, fully explain in detail below (include school, date, and circumstances).

Check this box to continue response on additional page at the end of the document

36. Have you ever been denied admission to, withdrew from, or dismissed from, a basic law enforcement training academy or criminal justice academic program? Yes No
If yes, fully explain in detail below (include school/academy, date, and circumstances).

Check this box to continue response on additional page at the end of the document

INTERNET PRESENCE

Failure to disclose relevant information from your background is a revocable offense, and will prevent you from proceeding in the selection, training, and licensing process.

If you need additional space to fully explain your response to the below questions, check the box next to "Check this box to continue response on additional page" and a page will be added to the end of the document.

37. List all social media platforms you belong to, follow, or utilize:

Check this box to continue response on additional page at the end of the document

38. Do you now, or have you ever associated with a social media group that advocates, or has advocated for the violent overthrow of the federal, state, or local government? Yes No
If yes, fully explain the details below.

Check this box to continue response on additional page at the end of the document

39. Have you ever used the internet or any online service (e.g., Dark Web, TOR Browser, etc.) to obscure or anonymize your identity or activity while using the internet or other networks/systems? Yes No
If yes, fully explain in detail below.

Check this box to continue response on additional page at the end of the document

40. Have you ever used the internet or any online service to commit a crime or to view, download, transfer, forward, or possess any illegal material or material that explains, informs, or demonstrates how to commit a crime or engage in illegal activities? Yes No
If yes, fully explain in detail below.

Check this box to continue response on additional page at the end of the document

MCOLES STANDARDS AND ELIGIBILITY

The basic law enforcement training academy, law enforcement agency, and the Commission must determine if you meet the Commission’s selection and employment standards and if you are able to perform the essential job functions of a law enforcement officer. Answer the following questions to the best of your ability.

Failure to disclose relevant information from your background is a revocable offense, and will prevent you from proceeding in the selection, training, and licensing process.

If you need additional space to fully explain your response to the below questions, check the box next to “Check this box to continue response on additional page” and a page will be added to the end of the document.

41. Have you read and do you fully understand the Commission’s current selection and employment standards to qualify for law enforcement licensing, and do you attest that you comply with these provisions? Yes No

The standards may be found at www.michigan.gov/mcoles

42. Have you ever failed to submit to, or tested positive on, a drug screen test for any type of employment or licensing? Yes No
If yes, fully explain in detail below (dates, locations, and which drugs).

Check this box to continue response on additional page at the end of the document

43. Have you ever sought and received a written determination from the Commission regarding any situation which may affect compliance with the minimum selection and employment standards? Yes No
If yes, fully explain in detail below (dates, locations, etc.).

Check this box to continue response on additional page at the end of the document

44. To your knowledge, have you ever been investigated for an alleged standards violation, or subject to additional review to determine whether you met the selection and employment standards? Yes No
If yes, fully explain in detail below and provide copies of previous written determinations.

Check this box to continue response on additional page at the end of the document

45. Have you ever been removed from, or withdrawn from, an employment application process for any position with a federal, state, territory, local, or tribal law enforcement agency? Yes No
If yes, fully explain in detail below (dates, locations, etc.).

Check this box to continue response on additional page at the end of the document

If you need additional space to fully explain your response to the below questions, check the box next to "Check this box to continue response on additional page" and a page will be added to the end of the document.

46. Have you ever been removed from, or withdrawn from, a federal, state, territory, local, or tribal law enforcement training academy? Yes No
If yes, fully explain in detail below (dates, locations, etc.).

Check this box to continue response on additional page at the end of the document

47. Have you ever had your law enforcement license or certification in Michigan, or any other state, territory or tribe, or federal license, denied, suspended, revoked, forfeited, or restricted by administrative action or stipulation? Yes No
If yes, fully explain in detail below (dates, locations, etc.).

Check this box to continue response on additional page at the end of the document

48. Have you ever been charged or convicted of a crime that is a misdemeanor under federal, state, or local law that has as an element of the use or attempted use of physical force, or the threatened use of a deadly weapon against a current or former spouse, parent, guardian or person with who you cohabitated or have cohabitated or with whom you have a child in common or against any person similarly situated to a spouse, parent or guardian (commonly known as domestic violence)? Yes No
If yes, fully explain in detail below (Note: federal law prohibits individuals convicted of qualifying domestic violence offenses from possessing a firearm).

Check this box to continue response on additional page at the end of the document

49. Have you ever advocated for, or supported in any way, the overthrow of the United States government by force or violence, or any state and local government by force or violence, or have you been a member of an organization that supports the overthrow of government by force or violence? Yes No
If yes, fully explain in detail below.

Check this box to continue response on additional page at the end of the document

50. Are you now, or have you ever been, a member or associate of a hate group, or any other group that advocates discrimination, genocide, or violence against individuals because of their religion, race, color, national origin, ethnic origin, age, sex, height, weight, familial status, marital status, political affiliation, sexual orientation, gender identity, gender expression, or disability?
If yes, fully explain in detail below.

Yes No

Check this box to continue response on additional page at the end of the document

51. Are you now, or have you ever, engaged in membership in a hate group, participated in hate group activity, or advocated for public expressions of hate?
If yes, fully explain in detail below.

Yes No

Check this box to continue response on additional page at the end of the document

52. Have you ever made postings, statements, or endorsements advocating discrimination, genocide, or violence against individuals because of their religion, race, color, national origin, ethnic origin, age, sex, height, weight, familial status, marital status, political affiliation, sexual orientation, gender identity, gender expression, or disability?
If yes, fully explain in detail below.

Yes No

Check this box to continue response on additional page at the end of the document

53. Have you ever expressed or exhibited bias against individuals because of their real or perceived religion, race, color, national origin, ethnic origin, age, sex, height, weight, familial status, marital status, political affiliation, sexual orientation, gender identity, gender expression, or disability?
If yes, fully explain in detail below.

Yes No

Check this box to continue response on additional page at the end of the document

54. Do you have, or have you ever had, restrictions on the purchase or possession of a firearm or ammunition pursuant to federal or state law?
If yes, fully explain in detail below (dates, locations, reason(s), etc.).

Yes No

Check this box to continue response on additional page at the end of the document

EMPLOYED RECRUITS AND RPTE CANDIDATES

Failure to disclose relevant information from your background is a revocable offense, and will prevent you from proceeding in the selection, training, and licensing process.

If you need additional space to fully explain your response to the below questions, check the box next to “Check this box to continue response on additional page” and a page will be added to the end of the document.

<p>55. Have you ever been employed by any law enforcement or public safety agency (police, corrections, fire, etc.), either in Michigan or elsewhere, that <u>was not</u> in accordance with the Federal Fair Labor Standards Act (e.g., you <u>were not</u> paid minimum wage for all hours worked). <i>If yes, fully explain in detail below (agency/employer, dates of employment, etc.).</i></p>	Yes	No
---	-----	----

Check this box to continue response on additional page at the end of the document

This section only applies to basic academy employed recruits and employed RPTE candidates.

As an employed recruit or employed RPTE candidate, I understand that to be in compliance with the Commission’s administrative rules 28.14102(a), (b), and (c), and for the purposes of this section R 28.14206, that on the first day of training, I meet all the Federal Fair Labor Standards Act requirements. This statement means: 1) I am receiving at least minimum wage from the employer I have identified on my application for all hours spent in the academy and any additional hours worked outside the academy; 2) I am not volunteering to work time for my employer.

Check each statement below to indicate you have read and understand each statement below:

I understand these requirements and am verifying that my employment meets these requirements at the time of entry into this training session. I also understand that I may be required to produce, to the training director, a copy of proof that wages are being paid to me by my employing agency during the enrolled training session.

I understand that if there is any change in my employment status during this training session, I must notify the training director and the Commission immediately.

I recognize that any misrepresentation on my part to obtain licensing or a state subsidy of tuition costs constitutes fraud and is punishable as a felony under MCL 750.218.

ADDITIONAL INFORMATION

The Commission has a statutory responsibility to ensure those entering the law enforcement profession in Michigan possess the appropriate character fitness (MCL 28.609(2)(i); R 28.14203e)). Accordingly, this page is provided to allow you the opportunity to fully explain in detail any additional relevant information that might not have been specifically asked for on this personal history statement but would be considered information the Commission may need to fully consider your application. You have an obligation to disclose all relevant information and, therefore, shall err on the side of disclosure.

Failure to disclose relevant information from your background is a revocable offense, and will prevent you from proceeding in the selection, training, and licensing process.

Check this box to continue response on additional page at the end of the document

PLEASE WAIT TO SIGN BELOW IN THE PRESENCE OF A NOTARY

NOTE: If you are an academy recruit this Personal History Statement and Affidavit must be completed and notarized prior to the beginning of the academy.

STATE OF MICHIGAN)
) ss.
COUNTY OF _____)

Applicant's Social Security Number: _____

Employing Law Enforcement Agency, Basic Law Enforcement Academy, or Recognition of Prior Basic Training and Experience (RPTE) Program: _____

Now comes _____ and being first duly sworn certifies as follows:
Print Candidate's Name

I affirm that the information I have provided above in this Personal History Statement is true, accurate and complete and this document constitutes an official statement within the purview of Michigan statutes and is subject to verification by any Commission approved basic law enforcement training program, employing law enforcement agency and/or the Commission, and I understand that a failure to fully disclose information required by this affidavit constitutes misrepresentation or fraud and shall constitute grounds for denial of entry into basic law enforcement training, denial of a law enforcement officer license, or revocation of license as a law enforcement officer in Michigan pursuant to MCL 28.609(12), MCL 28.609a(5), MCL 28.609b(12), MCL 28.609c(11), and MCL 28.609d(13).

Candidate's Name (print) _____

Candidate's Signature: _____ Date signed: _____

The foregoing affidavit was acknowledged before me the following date _____

(Name of Person) who is personally known to me or who has produced _____

(Type of identification) as identification and who did (did not) take an oath.

Signature of Notary _____

Commissioned in _____ County

Acting in _____ County

Commission Expires _____

(Notary's Stamp/Seal)

***KALAMAZOO VALLEY COMMUNITY COLLEGE
LAW ENFORCEMENT TRAINING CENTER***



BACKGROUND QUESTIONNAIRE

The Michigan Commission on Law Enforcement Standards (MCOLES), formerly Michigan Law Enforcement Officers Training Council (MLEOTC), as authorized by Rule R28.4102(E) to conduct an investigation, and Public Act 203 of 1965 which requires a comprehensive background investigation for certification as a police officer in the State of Michigan.

Misrepresentation on your part to obtain certification could constitute fraud and is punishable as a felony under Section 750.218MCL.

This questionnaire provides the basis for the aforementioned investigation. Completion of this questionnaire is mandatory. ***False, misleading, or incomplete information will be grounds for termination from the application process or dismissal from the Academy.***

Applicants will be evaluated on penmanship, grammar, spelling and completeness of this questionnaire.

Application Information

This section provides a quick reference source. Some questions may be repeated later.

1. Name: _____
Last First Middle

Other names (including nicknames) you have used or have been known by:

2. Current address: _____
Number Street Apt.

City County State ZIP

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

3. Current Operator License Number: _____

State: _____ Expiration date: _____

4. Social Security Number: _____

5. Date of birth: _____

6. Are you a citizen of the United States? Note: be prepared to submit evidence of citizenship

Yes_ No ___

7. In case of emergency, whom should we contact?

Name	Relationship	Phone
------	--------------	-------

8. Are you right or left-hand dominant? Right_____ Left _____

9. List all previous places of residency within the past seven years, in chronological order. If none, write N/A.

Address:		Date of Residency:
City:	State:	Zip:

Contact person still living at residency: _____

Address:		Date of Residency:
City:	State:	Zip:

Contact person still living at residency: _____

Address:		Date of Residency:
City:	State:	Zip:

Contact person still living at residency: _____

Address:		Date of Residency:
City:	State:	Zip:

Contact person still living at residency: _____

10. What special skills, second languages, licenses, or certificates do you possess that will assist you in a law enforcement position?

11. List below any honors or awards that you have received.

12. List below any sports, hobbies, or jobs which you currently engage in.

13. Explain in your own words why you have applied for a position in the KVLETC Police Academy.

14. List and explain any significant events that have occurred in your life that we should be aware of.

AUTOBIOGRAPHY

Provide us with a written history of your life. Follow the instructions carefully. No exceptions.

Instructions:

1. Print all information
2. **Use blue ballpoint pen** – no pencil
3. Sign and date your autobiography by using your normal signature

Controlled Substances

For purposes of these questions, "controlled substances" shall mean those substances governed under Michigan Public Health Code of 1978, including, but not limited to, the following substances and their many variations:

Amphetamines	Anabolic Steroids	Barbituates
Bath Salts	Cocaine	Crack Cocaine
GHB (Gamma Hydroxy Butyrate)	Hallucinogens (Mushrooms)	Hashish
Heroin	Marijuana	Methamphetamine
Morphine	Opium & Derivatives	PCP (Angel Dust)
Peyote	Quaaludes	Valium

15. Have you ever, in the past or currently, used a "controlled substance" without a valid medical prescription or in excess of the medically prescribed dosage?

No Yes If yes, explain:

16. Have you ever, in the past or currently, purchased, manufactured, produced, transported, shipped, transferred, or been involved in the sale, receiving, or trafficking of a "controlled substance"?

No Yes If yes, explain:

17. Have you ever furnished alcohol to a minor?

No Yes If yes, explain:

18. Have you ever consumed alcohol as a minor?
No Yes If yes, explain:

19. Have you ever operated a motor vehicle while impaired by alcohol or a
"controlled substance"?
No Yes If yes, explain:

20. Have you ever received counseling or treatment for the use of alcohol
or use of a "controlled substance"?
No Yes If yes, explain:

21. Do you frequently, or have you ever consumed alcoholic beverages until you
became intoxicated?
No Yes If yes, explain:

Health and Wellness

22. Are you currently, or have you ever suffered from or received treatment for an eating disorder?

No

Yes

If yes, explain:

23. Have you ever suffered from or received treatment for a heat related condition? (i.e. heat stroke, heat exhaustion)

No

Yes

If yes, explain:

24. Are you currently practicing a physical fitness program?

No

Yes

If yes, explain:

Employment History

25. Has there ever been a period of unemployment for more than thirty days in the past seven years?

No

Yes

If yes, explain:

26. If you were unemployed for more than thirty days, was there a source of income during the period of time?

No

Yes

If yes, explain:

27. Have you ever worked in law enforcement as a non-paid reserve, paid reserve, part-time or full-time?

No

Yes

If yes, explain:

28. List any awards or certificates you received in any colleges, post-secondary schools and/or high schools. Be sure to include school, dates, award/certificate and a brief explanation.

29. Language skills: do you speak, read or write any language other than English?

No Yes If yes, list each language and to what proficiency:

30. Have you ever been refused employment?

No Yes If yes, specify when, where and reason:

31. Have you ever failed a probationary period, been fired or dismissed, and/or asked to resign from any employment?

No Yes If yes, specify when, where and reason:

32. Are you currently or have you ever been investigated in a workplace for any alleged wrong doing of any kind?

No Yes If yes, specify when, where and reason:

33. Have you ever been subject to any disciplinary action including suspensions in connection with any employment or voluntary work?
No Yes If yes, specify when, where and reason:

34. Have you ever been subject to any verbal reprimands or written reprimands in connection with any employment or voluntary work?
No Yes
If yes, specify written or verbal reprimand, date of occurrence, where you were working and the reason:

35. Have you ever received a below-average performance rating or evaluation in conjunction with any employment?
No Yes

36. Have you ever participated in an internship (paid or unpaid) with a law enforcement agency?

No Yes If yes, please complete information below:

Supervisor Name:			Dates:	
			From:	To:
Agency Name:			Phone Number:	
Address:	City:	State:	Zip:	County:
Describe your assignment/duties for the above:				

37. Have you attended or applied to a Police Academy or program?

No Yes

If yes, complete the information below. If no, skip to question #40:

38. Where was it and did you pass?

No Yes If no, explain why:

Academy Name:			Dates:	
			From:	To:
Academy Director:			Phone Number:	
Address:	City:	State:	Zip:	County:

39. Was there any disciplinary action taken against you while in the academy program?

No Yes If yes, provide details:

40. List every law enforcement agency, law enforcement training program or academy you have ever applied to. For purposes of this document, "applied to" shall mean one or more of the following: submitted a resume, filled out an application, took or scheduled to take a test, etc. Include all full-time, part-time, paid and unpaid reserve positions. Indicate the agency/training program/academy name, application date, and the status of your application (tested, interviewed, background phase, withdrew application, etc). **OMIT NONE!**

41. List any Kalamazoo Valley Law Enforcement Training Center personnel that you may know personally.

42. Have you ever been the subject of a background investigation conducted by a law enforcement agency that was considering you for employment, by a training program or academy that was considering you for admission, or by an employer for security purposes (including military clearances)?
No Yes If yes, list date(s) of investigation:

43. Have you done a ride-along with a law enforcement agency as an observer?

No Yes

If yes, list the agency's name, officer ridden with and date of the ride-along:

44. Have you ever had any of your property, including but not limited to automobiles, repossessed?

No Yes If yes, provide details:

45. Have you ever been delinquent in paying any taxes or bills or have you been late within the past ninety days?

No Yes If yes, provide details:

46. Have you ever been refused credit?

No Yes If yes, provide details:

Legal History

47. Have you ever been issued an appearance ticket, arrested, or charged with a criminal offense as an adult or juvenile?

No Yes

If yes, indicate EVERY incident, INCLUDING EXPUNGEMENTS, as well as cases where charges were dismissed or dropped. Provide details, including date, type of charges, agencies involved, and circumstances. **OMIT NONE!**

48. Have you ever been questioned or detained by law enforcement personnel at any time for any reason, regardless if you were a suspect, victim, or witness as an adult or juvenile? Include any time that you were stopped or detained while a pedestrian, operator, or passenger of a motor vehicle.

No Yes

If yes, indicate EVERY incident, providing details, including date, agencies involved and circumstances. **OMIT NONE!** (You will need to provide a copy of any police report that was filed regarding any and all circumstances you were involved in):

49. Have you ever been questioned or investigated by the Department of Social Services, Child Protective Services, Family Independence Agency, or any other related agency regarding the care, neglect, or abuse of children or anyone?

No Yes If yes, provide full details on each incident:

50. Have you ever slapped, punched, or injured a spouse, romantic partner, or anyone who has resided with you? Furthermore, have the police ever been called to investigate a domestic dispute that you were involved in?
No Yes If yes, provide full details on each incident:

51. Has there ever been a civil or criminal warrant issued for your arrest?
No Yes

If yes, indicate EVERY incident, providing details, including date, charges, agencies involved and circumstances:

52. Are you currently, or have you ever been involved in a civil suit either as a plaintiff or a defendant?
No Yes If yes, provide details:

53. Have you ever taken money or anything of value that you did not have a legal right to possess?
No Yes If yes, provide details:

54. Are you currently involved in a criminal investigation either as a complainant, victim, witness, or suspect?

No

Yes

If yes, provide details:

55. Have you ever associated with known or convicted felons (friends, family, etc).

No

Yes

If yes, provide details:

Military Service

56. What is the location of your current duty assignment or, if discharged, your last duty assignment?

57. Name, address, and telephone number of your current commanding officer or, if discharged, your last commanding officer.

58. Were you ever the subject of any disciplinary action including judicial or non-judicial punishment in the military, or discharged earlier than assigned date(s)?

No Yes If yes, give details of circumstances and disposition:

59. List any awards or decorations you received while in the military.

60. List military specialties, duties and activities.

NOTE: Applicants that have been discharged from service are reminded to submit a copy of their latest DD-214 Long Form with their completed application (the Long Form includes boxes with specific separation information).

Motor Vehicle Operation

61. Do you currently have automobile insurance in your name?

No Yes If yes, complete the following:

Agency		Agent Name		
Address	City	State	Zip	Phone Number

62. Have you ever received a parking citation that you did not pay or that you paid late?

No Yes If yes, specify when, where and reason:

Signature Page

I affirm that all information provided by me to the Kalamazoo Valley Law Enforcement Training Center (KVLETC) and/or their agents or representatives, related to my suitability to become a cadet of the KVLETC Police Academy is complete, true, and accurate to the best of my knowledge and belief. Such information contains no omissions, misrepresentations, or concealment of fact.

I am aware that I am under obligation to inform the KVLETC of any changes in my criminal or traffic histories, employment, financial status, or other relevant areas of my life that occur after submission of this questionnaire. I realize that I am required to notify the Director of the KVLETC of the aforementioned information until I am notified by the KVLETC that I am no longer being considered for admission. Failure to do so will result in my immediate removal from the selection process.

I am aware that all information given and statements provided during the application process are subject to investigation. I have been advised that should an investigation or an oral interview disclose any misrepresentation, falsification, omission, or concealment of fact, I will be rejected from the selection process or if I have already been selected, I understand that I may be immediately dismissed.

Print Full Name: _____

Applicant Signature

Date

MUST BE SIGNED IN PRESENCE OF A NOTARY

The foregoing questionnaire was acknowledged before me this _____ (date).

_____ (name of person) by who is personally known to me

or who has produced _____ (type of identification)

Signature of Notary _____ (Notary Stamp/Seal)

Commission in _____ County

Acting in _____ County

Commission expires _____

Supplemental Answer Sheet

Supplemental Answer Sheet

Supplemental Answer Sheet

Supplemental Answer Sheet

MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS

927 Centennial Way, PO Box 30633, Lansing MI 48909
517-636-7864

MEDICAL HISTORY STATEMENT

NOTE: After the medical examination is completed, the Medical History Statement should be retained by the examining physician or the law enforcement agency. Do not forward this form to the Michigan Commission on Law Enforcement Standards unless requested by MCOLES.

The Michigan Administrative code of 1979, as amended, requires that law enforcement officer applicants be examined by a licensed physician to ensure that the applicant is free of any physical defect or medical condition which might adversely affect job performance or endanger the life of the officer or others. Rules 28.14206(1)(c), 28.14207(f) and 28.14312(3) require that a declaration of the applicant's medical history be made available to the examining physician.

The information you provide in this statement is extremely important. It will be used by the examining physician to evaluate your medical fitness for the position of entry-level law enforcement officer. Therefore, please fill out the questionnaire completely and accurately. Please keep in mind that: (a) all statements are subject to verification, and (b) deliberate inaccuracies or incomplete statements may bar or remove you from employment.

This statement was designed to explore those areas that bear directly upon the physical demands of the position for which you are applying. A thorough and accurate evaluation of this information will contribute to sound employment decisions benefiting both you and your potential employer.

This statement is confidential. If hired, the information you provide will be a part of your medical record.

When answering "Yes" or "No" questions, place an "X" in the appropriate space. If you are unable to answer a question for any reason you will need to discuss the issue with the examining physician.

Type or print only:

Name: Last:	First:	Middle:	Suffix (Jr, Sr, III):
Social Security No.*:	Date of Birth:	Primary Phone No.:	Alternate Phone No.:
Residence Address (Street, City, State, Zip):			

I, the undersigned, do hereby consent to undergo a medical examination, including blood specimens, x-rays, skin tests, immunizations, and other examinations which the examiners may consider necessary to complete the medical evaluation.

Signature:	Today's Date:
------------	---------------

AUTHORITY:	203 PA 1965
COMPLIANCE:	Voluntary
PENALTY:	No License Activation/ Academy Enrollment

* This information is confidential. Confidential information is protected by the Federal Privacy Act. If necessary, the Social Security Number will be used for identification purposes to ensure that proper records are obtained.

MEDICAL HISTORY STATEMENT

1. Have you been medically examined for employment with this agency before?	Yes	No
2. List all medications you regularly use, including vitamins, birth control pills, laxatives, aspirations, antihistamines, tranquilizers, and reducing aids.		
a. _____	b. _____	c. _____
d. _____	e. _____	f. _____
3. List any medications you have taken in the last 2 months (prescription and non-prescription).		
a. _____	b. _____	c. _____
d. _____	e. _____	f. _____
4. Name any drugs to which you may have ever had an allergic reaction.		
a. _____	b. _____	c. _____
5. List any other substances to which you are allergic, including food, insect stings, etc.		
a. _____	b. _____	c. _____
6. List your last 3 hospitalizations, beginning with the most recent (excluding routine childbirth).		
Reason:	Hospital/City:	Month/Year:
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
7. List any operations you may have had which are not listed above.		
Reason:	Hospital/City:	Month/Year:
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

MEDICAL HISTORY STATEMENT

8. Have you been rejected by the military for health reasons?	Yes	No
9. Were you ever in the Armed Services? If "YES", answer number 9a	Yes	No
9a. Did you receive a medical discharge?	Yes	No
10. Have you ever made a claim for an occupational disease?	Yes	No
11. Have you ever made a claim for an industrial accident?	Yes	No
12. Have you any claim now pending for any of the above?	Yes	No
13. Do you have an educational or learning disability?	Yes	No

If you have ever had or now have any of the following, check the appropriate box(es).					
14. Allergic / Rhinitis	Yes	No	31. Hypothyroidism	Yes	No
15. Anemia	Yes	No	32. Kidney disease	Yes	No
16. Asthma	Yes	No	33. Liver trouble or hepatitis	Yes	No
17. Bronchitis	Yes	No	34. Phlebitis	Yes	No
18. Cancer	Yes	No	35. Pneumonia	Yes	No
19. Diabetes (sugar disease)	Yes	No	36. Rheumatic / Fever	Yes	No
20. Duodenal or stomach ulcer	Yes	No	37. Rheumatism, arthritis	Yes	No
21. Emphysema	Yes	No	38. Scarlet fever	Yes	No
22. Encephalitis, meningitis	Yes	No	39. Sickle cell disease	Yes	No
23. Gall bladder trouble	Yes	No	40. Tuberculosis	Yes	No
24. Glaucoma	Yes	No	41. Typhoid fever	Yes	No
25. Hay fever	Yes	No	42. Valley fever (coccidioidomycosis)	Yes	No
26. Heart murmur, heart disease	Yes	No	43. Varicose veins	Yes	No
27. Hiatal or diaphragmatic	Yes	No	44. Venereal disease(s) (e.g. STDs, HIV, AIDS, etc.)	Yes	No
28. High blood pressure	Yes	No			
29. Histoplasmosis	Yes	No			
30. Hyperthyroidism	Yes	No			
45. Other (explain):					

46. Have you gained or lost more than 10 lbs. in the past 2 years without trying to do so?	Yes	No
47. Have you had any changes in your appetite in the past 6 months?	Yes	No
48. Have you noticed unusual fatigue or weakness recently?	Yes	No
49. Have you been told by a doctor that you had trouble with your thyroid gland?	Yes	No
50. Have you noticed changes in your hair or skin color or texture?	Yes	No
51. Have you had a change in size of a mole (dark growth) or wart in the past year?	Yes	No

MEDICAL HISTORY STATEMENT

52. Do you have a skin rash, burning, itching or other skin sensitivity?	Yes	No
53. Have you had any skin cancers removed?	Yes	No

54. Have you had bleeding gums in the past year?	Yes	No
55. Do you have frequent nosebleeds for no apparent reason?	Yes	No
56. Do you frequently have sinus trouble?	Yes	No
57. Do you have colds more than twice a year?	Yes	No
58. Have you ever coughed up blood?	Yes	No

59. Have you had a chest X-ray in the past 2 years?	Yes	No
60. Do you often cough up a large amount of mucus?	Yes	No
61. Have you ever had a positive TB (tuberculosis) skin test?	Yes	No
62. Do you have unusual shortness of breath?	Yes	No
63. Do your ankles or feet often swell?	Yes	No
64. Have you had a feeling of pressure or tightness in your chest in the past year?	Yes	No
65. Have you had pain in your chest in the past year?	Yes	No
66. Do you sometimes wake up at night short of breath?	Yes	No
67. Do you get pains or cramps in your legs while walking?	Yes	No
68. Do you get pains or cramps in your legs at night?	Yes	No
69. Do you smoke cigarettes? If "Yes", how many packs per day? _____ packs/day	Yes	No
70. Do you use any other forms of tobacco (e.g., cigars, pipe, snuff, etc.)? 70.a If "Yes", what form? _____	Yes	No
71. Do you sometimes have severe soaking sweats at night?	Yes	No
72. Have you had an electrocardiogram (ECG, EKG) in the past 2 years?	Yes	No

MEDICAL HISTORY STATEMENT

73. Do you suffer from indigestion?	Yes	No
74. Is swallowing painful or difficult for you?	Yes	No
75. Do you frequently have pain in your stomach or abdomen?	Yes	No
76. Do you frequently take antacid medications, such as Tums or Rolaids?	Yes	No
77. Have you vomited blood or coffee ground-like material?	Yes	No
78. Are your bowel movements ever black or bloody?	Yes	No
79. Are your bowel movements ever painful?	Yes	No
80. Have you ever had hemorrhoids?	Yes	No

81. Do you frequently get up at night to urinate?	Yes	No
82. Do you ever have difficulty stopping or starting urination?	Yes	No
83. Have you had pain or burning with urination?	Yes	No
84. Has your urine ever been red, brown, or bloody?	Yes	No
85. Have you ever been told by a doctor that you had sugar or puss in your urine?	Yes	No
86. Have you ever had a bladder or kidney infection?	Yes	No
87. Have you ever passed a kidney stone?	Yes	No
88. Have you ever had a hernia (rupture)?	Yes	No

89. Have you ever had a minor neck or back sprain? If "Yes", answer the following questions.	Yes	No
89.a How many times have you had an attack of this condition?	_____	
89.b How many days were you unable to work because of this condition?	_____	
90. Have you ever had a severe neck or back injury or an episode of severe neck or back pain? If "Yes", answer the following questions.	Yes	No
90.a How many times have you had an attack of this condition?	_____	
90.b How many days were you unable to work because of this condition?	_____	
91. Have you had problems with low back pain?	Yes	No

MEDICAL HISTORY STATEMENT

92. Have you ever experienced muscle injuries?	Yes	No
92.a How many times have you had a pulled muscle?	_____	
92.b How many times have you had a torn muscle?	_____	
93. Have you ever had a problem with any bones or joints, including fractures, dislocations, limitations or movements, stiffness, or pain? If "Yes", describe the problem below.	Yes	No

94. Have you had any fainting spells?	Yes	No
95. Have you had any seizures or epilepsy?	Yes	No
95.a If "Yes", how many times?	_____	
95.b When was the last incident?	_____	
96. Have you had a skull fracture or a head injury?	Yes	No
96.a If "Yes", did you experience a loss of consciousness?	_____	
97. Have you have experienced a concussion?	Yes	No
97.a If "Yes", how many times?	_____	
97.b When was the last incident?	_____	
98. Have you ever had an Electroencephalogram (EEG)?	Yes	No
99. Do you suffer from migraine headaches or other bad headaches?	Yes	No
100. When you have a headache is it relieved by aspirin?	Yes	No

101. Do you have earaches or ear infections often?	Yes	No
102. Do you have ringing or buzzing noises in your ears?	Yes	No
103. Do you sometimes have difficulty hearing what is said to you?	Yes	No
104. Have you ever been prescribed hearing aids?	Yes	No

MEDICAL HISTORY STATEMENT

105. Have you had any serious eye infections or injury?	Yes	No
106. Does your eyesight ever blur?	Yes	No
107. Have you had any sudden loss in your vision?	Yes	No
108. Have you ever been prescribed glasses or contact lenses?	Yes	No

109. Are you currently suffering from a mental or emotional problem? (e.g. depression, PTSD)	Yes	No
110. Have you ever had counseling for a mental or emotional problem?	Yes	No
111. Have you ever been diagnosed as having a mental or emotional disorder or illness?	Yes	No
112. Have you ever been hospitalized for treatment of a psychological condition?	Yes	No
113. Have you ever taken a prescription drug to treat a psychological condition?	Yes	No
114. Have you ever been treated or received counseling for an alcohol abuse problem?	Yes	No
115. Have you ever received treatment for the use of recreational drugs and/or the abuse of prescription drugs?	Yes	No
116. Have you ever taken steroids or human growth hormones?	Yes	No
117. If you answered "Yes" to any of the questions for numbers 109-116, please describe below.		

MEDICAL HISTORY STATEMENT

MEN ONLY

118. Have you ever been told by a doctor that you had prostate trouble?	Yes	No
119. Have you ever had an infection in your prostate gland?	Yes	No
120. Have you ever had a swelling or pain in your scrotum or testicles?	Yes	No

WOMEN ONLY

121. Do you have monthly menstrual periods?	Yes	No
121.a. What was the dates of your last period?	_____	
122. Are your menstrual periods painful?	Yes	No
122.a. What was the date of your last pap smear?	_____	
123. Have you ever noticed any unusual lumps in your breasts?	Yes	No
124. Have you ever noticed a discharge from your nipples when you were neither pregnant nor nursing?	Yes	No
125. How many times have you been pregnant?	_____	
126. Have you ever had complications during pregnancy or following the delivery of a child?	Yes	No
127. Are you pregnant now or believe you may be pregnant?	Yes	No

128. Describe anything else which you feel may be important in your medical history, including any conditions not specifically referred to in the preceding questions.

I hereby certify that all statements made in this Medical History Statement are *true and complete*, and I understand that any misstatements of material facts may subject me to dismissal from training, denial of licensing, or revocation of my law enforcement license.

Signature

Date Completed

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any individual, agency, or organization, including Kalamazoo Valley Community College, to furnish, the Michigan Commission on Law Enforcement Standards, it's representatives and/or agents, including, but not limited to, it's academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and certification as a law enforcement officer. I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards and it's agents including KVCC.

Furthermore, I hereby authorize the Michigan Commission on Law Enforcement Standards and Kalamazoo Valley Community College to release any and all records collected pursuant to this authorization to an individual, agency or organization for the legitimate purposes of fulfilling the Commission's statutory and administrative objectives. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those right with the understanding that the information furnished will be used by the Kalamazoo Law Enforcement Training Center in conjunction with my application to the Police Academy and for purposes of fulfilling the Michigan Commission on Law Enforcement Standards statutory and administrative objectives including but not limited to employment background investigations.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization for release of information, or any attempt to comply with it. This authorization shall continue in effect until revoked by me in writing.

Such information includes but is not limited to: Employment history, criminal history, military and personal history, medical records (medical/emotional including diagnosis and prognosis). The intent of this authorization is to give my consent for the full and complete disclosure of the records including but not limited to those of educational institutions, financial or credit institutions, including records of loans, deposits, withdrawals, balances of checking and savings accounts, the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; insurance companies; rental agents and landlords; employment and pre-employment records, including background reports, training records, efficiency ratings, complaints or grievances filed by or against me, and salary records; income, real and personal property tax statements and records, and other financial statements and records wherever filed. I also authorize the release of records of investigation, complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records, records of child protective agencies (Dept. of Social Services, Family Independence Agency, Child Protective Services, etc.) as well as records that have been sealed, expunged, set aside, or filed under the Holmes Youthful Trainee Act, including records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest. I also authorize the release of medical records concerning past or present medical or psychological conditions, treatments or prescriptions.

A photocopy of this Release form will be valid as an original, even though the said photocopy does not contain an original writing of my signature.

 PRINT NAME: Last First Middle Date of Birth

Driver's License: _____ *Social Security No: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Phone No.: _____

Signature: _____ Date: _____

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and Sworn to before me this _____ day of _____, 20_____.

Notary: _____

My commission expires: _____

AUTHORITY FOR RELEASE OF INFORMATION

PRINT NAME: Last First Middle

Social Security No.

MAIDEN OR OTHER NAME KNOWN BY:

Last First Middle

I, _____, with a Birth Date of _____, do hereby authorized a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agency of the Kalamazoo Law Enforcement Training Center whether the said records are of public, private, or confidential nature.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the Kalamazoo Law Enforcement Training Center in conjunction with employment procedures.

The intent of this authorization is to give my consent for the full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, deposits, withdrawals, balances of checking and savings accounts, the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; insurance companies; rental agents and landlords; employment and pre-employment records, including background reports, training records, efficiency ratings, complaints or grievances filed by or against me, and salary records; income, real and personal property tax statements and records, and other financial statements and records wherever filed. I also authorize the release of records of investigation, complain, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records, records of child protective agencies (Dept. of Social Services, Family Independence Agency, Child Protective Services, etc.) as well as records that have been sealed, expunged, set aside, or filed under the Holmes Youthful Trainee Act, including records of complaint of a civil nature mad by or against me, wheresoever located, and to include the records and recollections of attorney's at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Kalamazoo Law Enforcement Training Center to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Kalamazoo Law Enforcement Training Center. I understand that all materials and information pertaining to this background investigation become the property of the Kalamazoo Law Enforcement Training Center and will not be returned or disclosed to me. The information you release is for official use by the Kalamazoo Law Enforcement Training Center, however, I understand that they may at their discretion re-disclose the information to a third party if said party has a Release authorized by me or as provided by law.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. This authorization shall continue in effect until revoked by me in writing. You may contact me at the address listed on this form if you question the validity of this Release. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed. I further understand that in the event that if my application is approved or disapproved, all information including confidential information and confidential sources shall not be revealed to me.

A photocopy of this Release form will be valid as an original, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and Sworn to before me this _____ day of _____, 20__.

Notary: _____

My commission expires: _____

APPLICANT'S SIGNATURE: _____
CURRENT ADDRESS: _____ _____

MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS DECLARATION OF ACCOMMODATION(S) FORM

Candidate's Name: _____

Social Security Number: _____

Training Academy: _____

Training Dates: Start Date: _____ Finish Date: _____

VISION

In order to meet the Commission's minimum vision standards, I am required to wear/use corrected lenses.

HEARING

In order to meet the Commission's minimum hearing standards, I am required to wear/use:

Hearing aid in right ear

Hearing aid in left ear

Hearing aids in both ears

DISORDERS, DISEASES, PHYSICAL DEFECTS, ORGANIC OR FUNCTIONAL CONDITIONS

In order to meet the Commission's minimum medical standards, I am required to wear/use the following accommodation (includes medications):

<p><u>Description:</u></p>
--

I have been advised and acknowledge that I **shall** wear/use the above-declared accommodation(s) in all phases of training, and as a condition of meeting the Commission's minimum employment standards necessary for certification.

NONE

I declare I do not need any accommodation in order to meet the Commission's minimum medical standards, including medications.

I hereby certify that all statements made on this Declaration of Accommodation(s) Form are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal from the Commission basic training program.

Signature of Candidate	Date
Signature of Training Director	Date

Rev. 4/18