



North Campus

SCHOOL OF JUSTICE
BASIC LAW ENFORCEMENT TRAINING PROGRAM

Basic Law Enforcement Orientation Packet



All law enforcement or corrections training programs applicants must attend an orientation session.

Please contact The Assessment Center for more information:
(305) 237-1476
nac@mdc.edu

Miami Dade College, North Campus – Building 8000, #8324



THE ASSESSMENT CENTER
Miami Dade College
School of Justice

2020



**SCHOOL OF JUSTICE
BASIC LAW ENFORCEMENT TRAINING PROGRAM**

“The purpose of life is not to be happy. It is to be useful, to be honorable, to be compassionate, to have it make some difference that you have lived and lived well.”

- *Ralph Waldo Emerson*

Those who consider a career in public service are special people. More so, are those who dedicate their lives to preserving the safety of communities and helping others who are less fortunate and often times incapable of helping themselves. That you are reading this passage in preparation of entry into basic law enforcement or corrections training program suggests you are a special person too.

On behalf of the more than 300,000 law enforcement professionals nationwide and the 6,600 police and correctional officers in Miami Dade County alone we encourage you to forge forward. Contained within this packet is information on how to apply for acceptance into a basic training program, estimated expenses associated with attending an academy class and the various required tests you must complete in order to be considered.

The Miami Dade College School of Justice, now in its 42nd year has earned the reputation as a premier provider of training and education for criminal justice practitioners in the Southeastern United States. On average more than 300 students graduate annually from our basic police and corrections training programs and an equal number from our career development courses. Our staff, eminently qualified is seasoned and talented with the unique ability to turn training concepts into performance outcomes.

Today symbolizes the start of your journey; from applicant to recruit to police or correctional professional and we assure you of our commitment to your success.

Sincerely,

A handwritten signature in blue ink that reads 'Raimundo J Socorro, PhD'.

Dr. Raimundo J Socorro, Dean
Miami Dade College School of Justice, Public Safety and Law Studies



SCHOOL OF JUSTICE
BASIC LAW ENFORCEMENT TRAINING PROGRAM

TABLE OF CONTENTS

GENERAL INFORMATION 3

THE APPLICATION PROCESS 4

PAYMENT SCHEDULE AND FINANCIAL ASSISTANCE 5

DOCUMENTATION FOR APPLICATION 6

HOW TO APPLY TO MIAMI DADE COLLEGE 7

HIGH SCHOOL TRANSCRIPT REQUEST WEBSITES..... 7

Federal & State Compliance Office..... 8

The FDLE Basic Abilities Test Exam 9

 Policies 9

 Registration..... 9

 Rescheduling and Cancellations..... 9

 Retake Requirements..... 9

PHYSICAL ABILITIES TEST INFORMATION..... 10

 PHYSICAL ABILITIES TEST COURSE LAYOUT..... 11

PHYSICAL EXAM PROCESS..... 12

FORMS..... 13

 SIGNED ACKNOWLEDGEMENT..... 15



**SCHOOL OF JUSTICE
BASIC LAW ENFORCEMENT TRAINING PROGRAM**

GENERAL INFORMATION

The Full-Time Basic Law Enforcement Academy runs for approximately 5 ½ months, Monday - Friday, 6:00 AM to 5:00 PM. Class hours do change during the training to achieve certain objectives.

The School of Justice conducts a Part-Time Basic Law Enforcement Academy, Tuesday – Wednesday – Thursday nights from 6:30 PM to 10:30 PM, and Saturday from 8:00 AM to 5:00 PM. The cost and requirements for this program are the same as the Full-Time Academy.

Times, dates, schedules and fees are subject to change at the discretion of Miami Dade College

BASIC LAW ENFORCEMENT ACADEMY MINIMUM REQUIREMENTS

- ✓ Submit a completed Personal History Questionnaire, (available via the School of Justice website: <http://www.mdc.edu/north/justice/>) Application Fee and Photo
- ✓ Be at least 19 years of age and a United States citizen
- ✓ Have a high school diploma or equivalent (Official Sealed Transcript Must Be Submitted)
- ✓ Be of good moral character as defined by 11B-27.0011 of the Florida Administrative Code.
- ✓ Have not been convicted of any felony including a “withholding of adjudication” nor convicted of a misdemeanor involving perjury or false statement. Any and all arrests will be reviewed by the School of Justice
- ✓ Have a valid State of Florida Driver’s License and no more than 4 moving violations within the past 36 months; No Driver’s License suspensions within the past 5 years; No conviction of D.U.I. including a “No Contest Plea” within the past 10 years; and No convictions for reckless driving, fleeing, or leaving the scene of an accident
- ✓ Submit to a Computer Voice Stress Analyzer (CVSA); i.e. “lie detector”
- ✓ Submit to a Physical Abilities Test
- ✓ Submit to a Psychological Battery Assessment
- ✓ Submit to a Drug Test Examination, including screening for illegal substances by a licensed physician (Refer to page 14)
- ✓ Submit to a criminal history verification. The criminal history verification may include records checked by the F.B.I.
- ✓ Submit a credit history with credit score for the previous six (6) month period
- ✓ Submit a two (2) page type document answering the question “Why do you wish a pursue a career in public safety?”



**SCHOOL OF JUSTICE
BASIC LAW ENFORCEMENT TRAINING PROGRAM**

THE APPLICATION PROCESS

The application process is designed to identify individuals best suited for a career in law enforcement. Miami Dade College as an institution of higher learning and vocational training is guided in the administration of its programs by the Southern Association of Colleges and Schools and Florida Department of Education. The School of Justice must adhere to these standards as well as those of the Florida Department of Law Enforcement, Criminal Justice Standards and Training Commission and Miami Dade Association of Chiefs of Police.

Prior to submitting the required information and documents, each applicant must take the following tests, and must be completed 45 to 60 days prior the first day of class:



NOTE: Applicants are scheduled for training at the discretion of the School of Justice staff



**SCHOOL OF JUSTICE
BASIC LAW ENFORCEMENT TRAINING PROGRAM**

PAYMENT SCHEDULE AND FINANCIAL ASSISTANCE

Applicants are responsible for paying all fees relative to the application process. Financial Aid, Student Loans, G.I. Bill, and Pre-paid College Programs pay tuition costs only.

The following represents costs associated with the application process and basic training program:

<u>APPLICATION PROCESS</u>	<u>FEE</u>
BLE Application Fee	\$45.00
Application Photo Fee*	\$13.00
FBAT	\$39.00
Physical Ability Test/+Practice Test:	\$30.00/\$45.00
Fingerprint Fee (IBR)	\$60.00
Physical Exam:	\$225.00* (Price varies with Physician)
Computerized Voice Stress Analysis Test	\$150.00
Psychological Exam	\$265.00
SUBTOTAL	\$827.00 - \$842.00
<u>ACADEMY PROGRAM **</u>	<u>FEE</u>
Tuition and Books:	\$5,770.50
Uniforms and Equipment:	\$750.00
Health Insurance:	\$0.00 - \$200.00***
SUBTOTAL	\$6,520.00 - \$6,720.00
ESTIMATED TOTAL	\$7,347.00 - \$7,562.00

*Passport picture may be done at your local Walgreens or CVS.

**Academy Fees are subject to change without notice due to inflation in the market condition

***Dependent on age and status of current insurance

Financial Aid

Financial Aid is available to those who qualify. If you are planning to apply for financial aid or a student loan, it is your responsibility to have this completed by the date your class begins. Financial aid can only be used to offset tuition costs and all other costs are the responsibility of the applicant and must be paid as necessary.

For more information about financial aid or student loans, contact this phone #: (305) 237-1058 or visit their website: <http://www.mdc.edu/main/financialaid/>. Visit the Financial Aid Office in Building #1, 1119.

NOTE: The course code for basic law enforcement training is **57022**.



**SCHOOL OF JUSTICE
BASIC LAW ENFORCEMENT TRAINING PROGRAM**

DOCUMENTATION FOR APPLICATION

Legible copies of the following documents are required with your completed Personal History Questionnaire (PHQ). Presenting falsified or fraudulent documents will result in denial of admission to the School of Justice and possible criminal prosecution.

Required Documents

1. Receipt of paid BLE application fee (\$45).
2. Signed Acknowledgement Form w/valid BLE orientation stamp
3. PHQ (available via the School of Justice website:
<http://www.mdc.edu/justice/documents/ble-orientation-packet.pdf>)
4. Official High School Transcript (must remain sealed)
5. Copy of Birth Certificate. (must be translated & notarized if not in English)
6. Proof of Citizenship (US Naturalization Certificate or Passport)
7. Copy of Social Security Card
8. Copy of Valid State of Florida Driver's License
9. Valid DD-214 (Long Form) for honorable military discharge (if applicable)
10. **Official** Driving record for the past 7 years, and/or any out of state driving records if not a full-time Florida resident for the past 7 continuous years. Obtain at the DMV.
11. Credit History and Score for the past twelve (12) months – for a credit history report, visit www.annualcreditreport.com or call 1-877-322-8228. If applicant has not established credit/score report is still required.
12. CJ-BAT (Law Enforcement) results- <https://home.pearsonvue.com/fdle/bat>
13. Physical Abilities Test results
14. Proof of current and valid health/ medical insurance coverage.
15. FDLE Physical Exam Forms (CJSTC-75 & 75A)
16. 7- Panel Drug Test Results (Refer to pg. 12)
17. Please provide a 2 page personal statement indicating your goals in pursuing a certificate in Public Safety. This statement must be attached to the application at the time of submission. It needs to be completed in type written, size 12 font and double spaced format.

Optional Documents

1. College transcripts and/or Degrees
2. Letters of recommendation

NOTE: *Foreign documents (e.g. Birth Certificate, Transcripts, and Diplomas) require certified translation.



SCHOOL OF JUSTICE
BASIC LAW ENFORCEMENT TRAINING PROGRAM

HOW TO APPLY TO MIAMI DADE COLLEGE

Please follow the following steps:

1. **WWW.MDC.EDU**
2. Click “Apply Now” (in a red box)
3. Click “Apply online now” (top page blue box)
4. Select “Online Credit Application” (top page)
5. Complete the application, pay \$30.00 application fee, and submit.

Please see notes below before completing application:

NOTES

1. The private sector training falls under “**Career and Technical Education(PSAV) Certificate**”
2. When you get to the Program/Degree at MDC section check the box next to “**Select a program and degree of study**”
3. On next page select check box “**Career Technical Certificate**” then at the bottom select “**BLE LAW ENFORCEMENT 570224**.”
4. Once you submitted please print final page for confirmation and follow the stepson that page to complete your application.

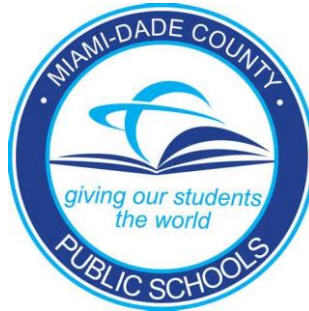
Other codes if needed:

Program Code for Corrections is 57021

HIGH SCHOOL TRANSCRIPT REQUEST WEBSITES



SCHOOL OF JUSTICE
BASIC LAW ENFORCEMENT TRAINING PROGRAM



Federal & State Compliance Office

Federal and State Compliance Office
Foreign Records/ Student Visa Department
489 East Drive
Miami Springs, FL 33166
(305) 883-5651

DOCUMENT EVALUATION

<http://attendanceservices.dadeschools.net/pdfs12/FM-7291.pdf>



School of Continuing Education & Professional Development

GED REGISTRATION WEB SITE

To register for the General Education Development Test. Please see below web site.

www.gedtestingservice.com/ged-testing-service



**SCHOOL OF JUSTICE
BASIC LAW ENFORCEMENT TRAINING PROGRAM**

The FDLE Basic Abilities Test Exam

The CJBAT, developed by Industrial/Organizational Solutions (IOS), Inc., measures the defined “minimum competencies” in three separately-timed sections as follows: Section I - behavioral attributes; Section II - memorization; and Section III – written comprehension, written expression, deductive reasoning, and inductive reasoning. In total, there are 97 questions on the CJBAT. You will have 1 ½ hours (90 minutes) to complete the exam.

Policies

Registration

- **Please VERIFY that you have created your web account with your LEGAL name as it appears on your government-issued ID and that your personal information is CORRECT.**
- Contact Pearson VUE immediately to correct the spelling of your name or update your personal information if you notice any errors. It is very important that this information is correct, as it will appear as it was entered on the documentation provided to you after you have completed the exam.
- Candidates will need to create a Pearson VUE account before being able to register for an exam. The unique client candidate ID will be a nine alpha-numeric field. The prefix will be BAT followed by 6 numeric digits.
- All payments for exam fees are handled through Pearson VUE.
- Candidates need to request accommodations from Pearson VUE, as noted in the "Accommodations" section. The Pearson VUE Accommodations Team will schedule the appointments and make the necessary arrangements.
- All FDLE (BAT) exams should be scheduled at least 24 hours in advance.

Rescheduling and Cancellations

FDLE (BAT) candidates must reschedule and cancel exam appointments at least 24 hours before the appointment through the candidate website or the call center. Appointments must be rescheduled within the authorized exam delivery period. All registrations with accommodations must be rescheduled or canceled through the call center.

Retake Requirements

Candidates can retake an exam only three times per year. They need to wait until the following year for another retake if they have retaken the exam three times already within the year.



**SCHOOL OF JUSTICE
BASIC LAW ENFORCEMENT TRAINING PROGRAM**

PHYSICAL ABILITIES TEST INFORMATION

The Physical Ability Test (PAT) requires maximum effort. The time it takes to complete the test will be recorded as your test time. Pacing yourself will be important for successful completing of the test. Remember to drink plenty of water before and after completing the test.

Schedule

- The PAT is administered on a walk-in basis on the following days:
 - Every Thursday: 9:00 A.M.
 - Every 2nd and 4th Friday: 9:00 A.M.
- The *Practice* PAT is administered every Wednesday from 9:00 A.M.—Noon
- Report 10 minutes before the scheduled time in front of Building 9.

Reporting Information

When reporting for the PAT, you **MUST** bring the following items:

- Completed Physician's Medical Consent Form (must be signed by a Physician)
- Physical Ability Test Data Sheet
- Government Issued Picture ID (i.e. Driver's License)
- Receipt of payment from the Bursar's Office.
 - Location: North Campus, Building 1, Room 1154
 - Bursar's Office Telephone Number: (305) 237-1287
 - Bursar's Office Hours: Mon—Thurs 8:00 A.M.—7:00 P.M.; Fri 8:00 A.M.—4:30 P.M.

Candidates will *not* be allowed to participate in the Practice PAT or PAT examination without the aforementioned items.

No Exceptions.

Fees

All Physical Ability Test Fees are non-refundable and non-transferable.

- \$30—Physical Abilities Test
- \$45—Physical Abilities Test **and** Practice PAT

Test results are on a pass/fail basis. Self-sponsored candidates will receive their test score sheet immediately following the test. The test results for agency-sponsored candidates will be sent directly to the agency.

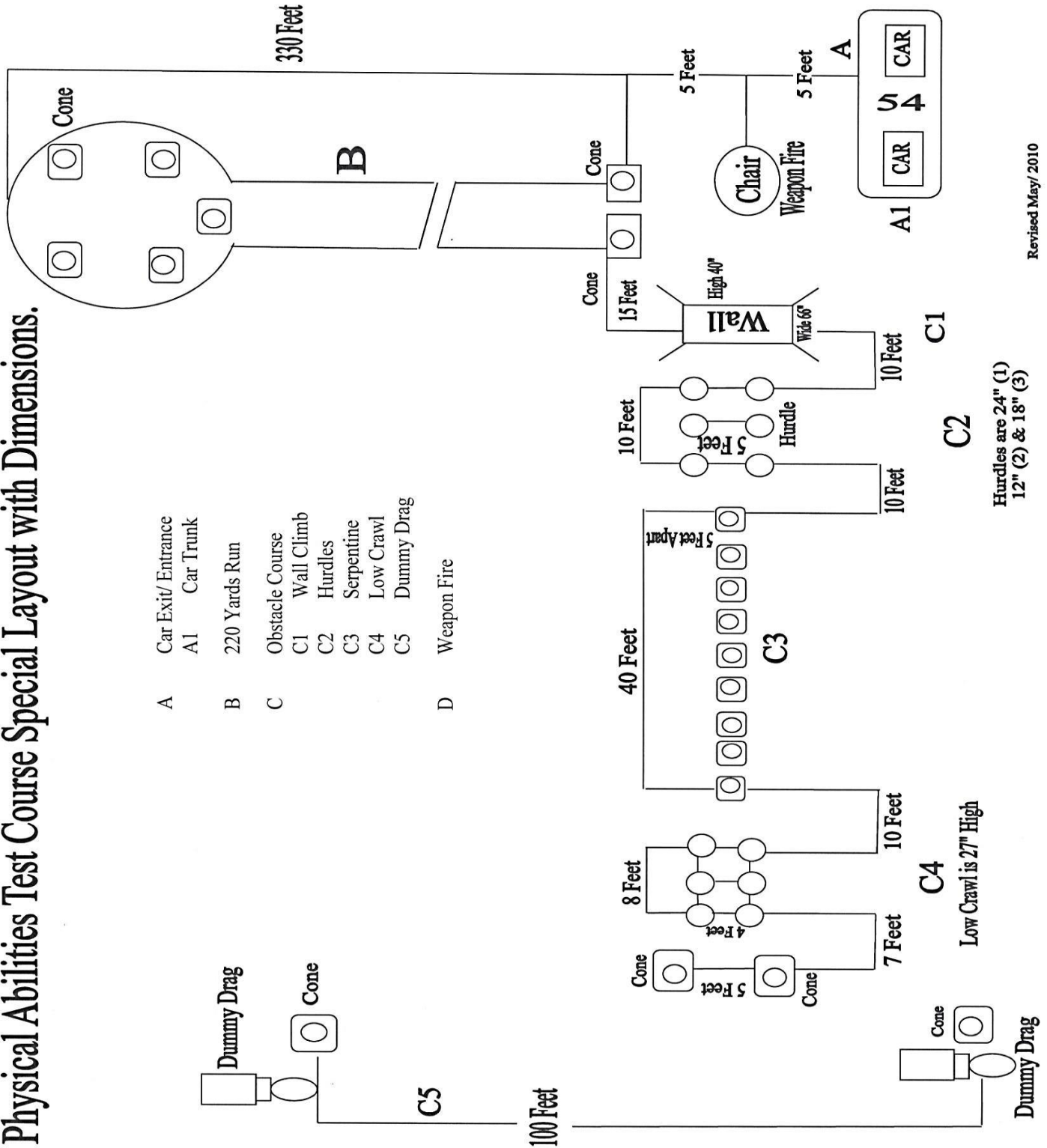
For more information on Physical Abilities Testing, please contact
The Assessment Center: (305) 237-1476 • nac@mdc.edu



PHYSICAL ABILITIES TEST COURSE LAYOUT

Physical Abilities Test Course Special Layout with Dimensions.

- A Car Exit/ Entrance
- A1 Car Trunk
- B 220 Yards Run
- C Obstacle Course
- C1 Wall Climb
- C2 Hurdles
- C3 Serpentine
- C4 Low Crawl
- C5 Dummy Drag
- D Weapon Fire



Hurdles are 24" (1)
12" (2) & 18" (3)

Revised May/ 2010



SCHOOL OF JUSTICE
BASIC LAW ENFORCEMENT TRAINING PROGRAM

PHYSICAL EXAM PROCESS



The physical examination can be completed by a Doctor of your choice, which must include a 7 panel narcotics screen in compliance with 11B-27.00225.

11B-27.00225 shall include the analysis of a urine sample furnished by the applicant for the presence of controlled substances or metabolites, which shall be consistent with the procedures for drug testing pursuant to Section 112.0455m, F.S. and Rule Chapter 59A-24, F.A.C., which have been adopted by the Agency for Health Care Administration.

- a) The procedures for collection sites and specimen collection comply with the requirements of Rule 59A-24.005, F.A.C.
- b) Each applicant gave written consent prior to giving the sample for collection, analysis for evidence of controlled substances, and disclosure of the analysis results to the employing agency and to the Commission.
- c) The procedures for analyzing and reporting the urine sample were consistent with Rule 59A-24.006, F.A.C.
- d) **Seven Substances:**
 1. Amphetamines (amphetamine and methamphetamine)
 2. Cannabis or Cannabinoids
 3. Cocaine or Cocaine Metabolite
 4. Phencyclidine
 5. Opiates (codeine and morphine)
 6. Barbiturates
 7. Benzodiazepines

NOTE: You are responsible for payment as well as returning forms to the Assessment Center School of Justice prior to participation in the Physical Abilities Test or start of your academy session.



SCHOOL OF JUSTICE
BASIC LAW ENFORCEMENT TRAINING PROGRAM

FORMS



SIGNED ACKNOWLEDGEMENT

I, _____ acknowledge and agree to the following:

- I have received the Basic Law Enforcement Orientation Packet and the Personnel History Questionnaire (PHQ) and understand the contents of both.
- I understand that the screening process for academy admission involves a battery of tests that are proprietary to the Miami Dade College School of Justice.
- I understand that I will not be afforded the opportunity to obtain or view any of the admission tests that are part of the screening process. School of Justice staff are not authorized to discuss any items associated with academy testing and admission testing.
- I understand that admission into the Miami Dade College School of Justice Basic Law Training Program does not guarantee employment with *any* public safety agency. Selection and Employment policies and procedures are up to the discretion of the hiring agency.
- I understand that the application packet and corresponding documents submitted as a part of the application process for enrollment in the Miami Dade College School of Justice Basic Law Enforcement Training Program shall become the property of the Miami Dade College School of Justice. Duplication of the application packet and corresponding documents are strictly prohibited.

Thank you for taking the time to participate in the orientation program and familiarize yourself with the requirements of the Miami Dade College School of Justice Basic Law Enforcement Training Program.

Print Full Name

Orientation Date: _____

Signature

SCHOOL OF JUSTICE
VERIFICATION STAMP

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75A

Please type or print in black or blue ink and use capital and small letters to write names and addresses.

GENERAL INSTRUCTIONS

This form or an equivalent form is to be provided to the examining physician, certified advanced registered nurse practitioner, or physician assistant to use when conducting a physical examination and shall be used in conjunction with the Physician's Assessment form CJSTC-75 or an equivalent form.

Upon completion of the physical, a completed copy shall be provided to the applicant or employing agency.

Employing Agencies Instructions for Completing Form CJSTC-75A

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Applicant's Address:** Enter the applicant's home address.
3. **Social Security Number (optional):** Enter the last four digits of the applicant's social security as in this example: 000-00-0000.
4. **Hiring Agency:** Enter the hiring agency's name.
5. **Position Applied For:** Enter one of the following disciplines: Law enforcement, correctional, or correctional probation.

Physician's Instructions for Completing Form CJSTC-75A

Note: Indicate the presence of supportive devices by specifying on the provided lines.

1. **Gender:** Enter the sex of the applicant.
2. **Height:** Enter the height of the applicant in inches.
3. **Weight:** Enter the weight of the applicant in pounds
4. **Blood Pressure:** Enter the applicant's systolic and diastolic blood pressure rate.
5. **Resting Pulse:** Enter the applicant's resting pulse rate. Note any irregularities.
6. **Oral Temperature:** Enter the applicant's oral temperature.
7. **Resting Respiratory Rate:** Enter the applicant's resting respiratory rate.
8. **Corrected Visual Acuity** Enter the applicant's corrected visual acuity of the right and left eye.
9. **Physical Examination.** Enter NORMAL or ABNORMAL in the boxes that details the tests and physical examination of the applicant.
10. **Comments:** Enter any additional comments.
11. **Results of the Tuberculosis Skin Test:** Enter the applicant's results of the Tuberculosis Skin Test.
12. Sections 112.18 and 943.13, Florida Statutes, require agency knowledge of the following three pre-existing conditions for potential future disability claims. These outcomes are not disqualifying for employment.
 - A. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of tuberculosis.
 - B. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of heart disease.
 - C. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of hypertension.

PHYSICIAN'S ASSESSMENTIncorporated by Reference in Rules
11B-27.002(1)(d) and 11B-35.001(10)(d)14., F.A.C.**CJSTC**
75

1. Applicant's Name: _____
Last First MI
2. Last Four Digits of the Applicant's Social Security Number: _____
3. Hiring Agency: _____
4. Training School: _____
5. The Applicant Is Requesting Employment and/or Admission Into a Basic Recruit Training Program in One of the Following Disciplines:
Law Enforcement Correctional Correctional Probation

Note: For employment, a position description that describes the job duties the applicant will perform must be provided.
For training, the physical fitness conditioning program developed by the training center must be provided.

6. Student Participation in Basic Recruit Training Program. A student enrolled in a basic recruit training program (B RTP) is required to participate in the following activities:
- A. Defensive tactics and firearms high-liability training is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission. Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
- B. Physical Fitness Conditioning and Physical Fitness Testing: A B RTP student shall participate in physical fitness conditioning and a fitness test and includes the following measures:
• Vertical Jump • One Minute Sit Ups • 300 Meter Run • Maximum Push Ups • 1.5 Mile Run/Walk
- C. The training center director has attached the training school's physical fitness conditioning program: Yes No

*****TO BE COMPLETED BY THE STUDENT*****

7. Medical Conditions Regarding OC/CS Contamination. A B RTP student should be aware of the following personal considerations that may restrict participation in the chemical agent contamination of the B RTP and could possibly be aggravated to a severe degree during the contamination: Recent eye surgery, heart problems, panic disorder or stress, respiratory disorder, emphysema (loss of elasticity/thinning of lung tissues), bronchial asthma, x-ray evidence of pneumoconiosis (black lung), evidence of reduced pulmonary (lung) function, chronic obstructive pulmonary disease, coronary (heart) artery disease, cerebral (brain) blood vessel disease, severe or progressive hypertension (high blood pressure), epilepsy, generalized seizures, pernicious anemia (severe reduction in red blood cells), diabetes (any form), pnueumomediastinum gap (air in the sac surrounding lungs), history of skin allergies, or any condition for which the student is presently taking medication.
8. B RTP Student Certification. I certify that I have reviewed the above information and I do or do not have any medical restrictions that would prevent me from participating in the basic recruit training program activities outlined in item numbers 6A and 6B above.
9. Student's Printed Name: _____
10. Student's Signature: _____ Date _____
11. To the Examining Physician:

The examination of this applicant is for employment or training as an officer, and shall include a complete physical examination at a level of specificity sufficient to determine whether there is any medical or physiological reason that would prevent the applicant from performing the essential functions for employment or training as an officer for the discipline indicated in number 5 above. Disabilities, impairment, or limitations identified by the examination, which would prevent the applicant from performing the essential functions for the officer position, should be reported to the employing agency.

12. Physician's Attestation:
 I hereby attest that I have examined the above named applicant and find him/her **CAPABLE** of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.
 I hereby attest that I have examined the above named applicant and find him/her **NOT CAPABLE** of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.
13. Pre-existing Conditions: Sections 112.18 and 943.13, F.S., require agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment.
Please respond to the following "in my professional opinion, this examination":
- 13a. Did or did not reveal evidence of tuberculosis.
- 13b. Did or did not reveal evidence of heart disease.
- 13c. Did or did not reveal evidence of hypertension.

14. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature Printed Name Examination Date
15. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State
16. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75

Use this form to document and verify the applicant's compliance with the employment requirements of Section 943.13, F.S., and Rule 11B-27.002(1)(d), F.A.C., and/or with the Basic Recruit Training Program entrance requirements of Rule 11B-35.001(14)(b), F.A.C.

GENERAL INSTRUCTIONS

- The physical examination must be performed by a physician licensed under Chapters 458 or 459, F.S., a certified advanced registered nurse practitioner, or a physician assistant.
- This form or an equivalent form, indicating that the officer is capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment, **is required** for each new employment or appointment of an officer and may ~~shall~~ be used in conjunction with the Patient Information form CJSTC-75A or an equivalent form, to assist the physician, certified advanced registered nurse practitioner, or physician assistant, by providing testing guidelines to examine the applicant. The physical examination shall not be completed more than one year prior to the officer's date of employment or appointment and a CJSTC-75 form completed for one employing agency may not be used by any other employing agency. If the examination is for employment only, sections 6 – 10 are not required.
- This form, indicating that an applicant is capable of participating in a Basic Recruit Training Program (B RTP), **is required if the applicant is entering a B RTP** and must be completed prior to entrance into a B RTP. The completed form must be maintained in the B RTP course file.
- If an applicant is entering a Basic Recruit Training Program and gaining employment with a criminal justice agency at the same time, a single CJSTC-75 form may be completed for the employing agency and for the training center. The original CJSTC-75 form should reside at the employing agency with a copy being provided to the training center.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Last Four Digits of the Social Security Number:** Enter the last four digits of the applicant's social security number.
3. **Hiring Agency:** Enter the hiring agency's name (if applicable).
4. **Training Center:** Enter the training center's name (if applicable).
5. **Request for Employment and/or Training as an officer:** Place a check mark in the box for the discipline in which the applicant is being employed or completing training.
6. **Student Participation in Basic Recruit Training Program Activities. Defensive Tactics (includes chemical agent contamination), Firearms, and Physical Fitness Conditioning and Physical Fitness Testing:** High-liability training in defensive tactics, firearms, and chemical agent contamination is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission and participation in the activities is a requirement for successfully completing a B RTP. **There is no pass or fail at this time.** The test results for each of the five required tests will be recorded on the Academy Physical Fitness Standards Report, form CJSTC-67A as "I" if the student did not perform the test component or "D" if the student was dismissed from the basic recruit training program.
 - A. **Defensive Tactics and Firearms Training.** Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
 - B. **Physical Fitness Conditioning and Physical Fitness Testing.** The Physical Fitness Test includes the following measures and are defined as follows:
 - **Vertical Jump.** This measures leg power by measuring how high a person jumps.
 - **One Minute Sit Ups.** This measures abdominal, or trunk, muscular endurance. While lying on his or her back, the student will be given one minute to do as many bent-leg sit ups as possible.
 - **300 Meter Run.** This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
 - **Maximum Push Ups.** This measures the muscular endurance of the upper body. This component consists of doing as many push-ups as possible until muscular failure. Males are required to perform the standard push-up and females have the option to perform the standard or modified push-up.
 - **1.5 Mile Run/Walk.** This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component, the student runs or walks a distance of 1.5 miles as fast as possible.
 - C. **A physical fitness conditioning program developed by the training school shall be attached to form CJSTC-75 prior to the student's examination by a physician, certified advanced registered nurse practitioner, or the physician assistant.**
7. **Medical Conditions Regarding Chemical Agent Contamination.** The student shall review the listed medical conditions and list other conditions that may restrict him or her from participating in Chemical Agent Contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
8. **Basic Recruit Training Program Activities Certification.** The student shall check the appropriate box to indicate if he or she **does or does not** have a medical condition that would restrict participation in the B RTP activities indicated in item numbers 6A and 6B of this form.

9. **Student's Printed Name.** The student shall print his or her first name, last name, and middle initial.
10. **Student's Signature and Date.** The student shall provide a signature and date to verify the information provided by the student is true and correct.
11. **Examining Physician:** The examining physician shall examine the applicant for any medical or physiological reasons that would prevent the applicant from entry into a B RTP or as an officer for employment purposes, pursuant to the attached job duties and/or physical conditioning program.
12. **Physician's Attestation:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box attesting that the applicant is capable or not capable of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer discipline for which the officer/applicant is seeking training and/or employment.
13. **Pre-existing Conditions:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box for each pre-existing condition attesting that the examination of the applicant **Did or Did Not** reveal evidence of the pre-existing conditions listed. These outcomes are not disqualifying for employment.
14. **Signature:** The physician, certified advanced registered nurse, or physician assistant shall sign and print his or her name and enter the examination date.
15. **License Number:** Enter the physician, certified advanced registered nurse practitioner, or physician assistant's license number and licensing state.
16. **Professional Address:** Enter the physician, certified advanced registered nurse, or physician assistant's professional address.



THE ASSESSMENT CENTER
 Miami Dade College
 School of Justice
 (305) 237-1476
 nac@mdc.edu

PAYMENT FORM BLE APPLICATION

Instructions

- Turn completed form into the BURSAR'S OFFICE.
 - Location: North Campus, Building 1, Room 1154
 - Telephone: (305) 237-1287
 - Hours: Mon—Thurs 8:00 A.M.—7:00 P.M.; Fri 8:00 A.M.—4:30 P.M.

Name: _____

Date: _____ (mm/dd/yyyy)

**Last Four Digits of
 SSN:** _____

Payment Type: _____ BLE Application (\$45.00)

I, _____, understand the following:

- The BLE Application fee **must** be paid prior to the submission of the completed Personal History Questionnaire (PHQ) and subsequent documents.
- Payment receipt must be attached to PHQ at time of application submission.
- Payment may be made in cash, credit card or money order.
- All fees are **non-refundable and non-transferable.**

Candidate Signature: _____

Bursar's Authorization to Collect Test Fee for
 BLE APPLICATION

ASSESSMENT CENTER						
QUAL	OPERATING UNIT	FUND CODE	ICS	DEPT ID	CAMPUS CENTER	GL CODE
N31201	DI15	301	4A22001	350090	1000	40920

Payment Receipt #: _____ Cashier: _____

For questions, contact
 The Assessment Center
 305-237-1476
 nac@mdc.edu



THE ASSESSMENT CENTER
 Miami Dade College
 School of Justice
 (305) 237-1476
 nac@mdc.edu

PAYMENT FORM FBAT DUPLICATE

COPY

Instructions

- Turn completed form into the BURSAR'S OFFICE.
 - Location: North Campus, Building 1, Room 1154
 - Telephone: (305) 237-1287
 - Hours: Mon—Thurs 8:00 A.M.—7:00 P.M.; Fri 8:00 A.M.—4:30 P.M.

Name: _____

Date: _____ (mm/dd/yyyy)

Last Four Digits of SSN: _____

Phone Number: _____

Email - Address: _____

Payment Type: _____ Duplicate Test Results (\$10.00)
 (Please check all that apply) _____ Duplicate Test Results (Electronic) \$15.00

I, _____, understand the following:

- Payment may be made in cash, credit card or money order payable to **Miami Dade College**.
- All fees are ***non-refundable and non-transferable***.
- FBAT results are valid for four (4) years.
- Receipts are valid for thirty (30) days (Duplicate Test Results only).

Candidate Signature: _____

Bursar's Authorization to Collect Test Fee for

FBAT

ASSESSMENT CENTER						
QUAL	OPERATING UNIT	FUND CODE	ICS	DEPT ID	CAMPUS CENTER	GL CODE
N31201	DI15	301	4A22001	350090	1000	40920

Payment Receipt #: _____ Cashier: _____

For questions, contact
 The Assessment Center 305-237-1476 or nac@mdc.edu



THE ASSESSMENT CENTER
 Miami Dade College
 School of Justice
 (305) 237-1476
 nac@mdc.edu

PAYMENT FORM

PHYSICAL ABILITIES TEST

Instructions

- Turn completed form into the BURSAR'S OFFICE.
 - Location: North Campus, Building 1, Room 1154
 - Telephone: (305) 237-1287
 - Hours: Mon—Thurs 8:00 A.M.—7:00 P.M.; Fri 8:00 A.M.—4:30 P.M.
 - **Please note: The Bursar's office is closed on Saturdays.**
- *Bring a copy of the receipt of payment to your scheduled practice test and/or test.*

Name: _____

Date: _____ (mm/dd/yyyy)

Last Four Digits of SSN: _____

_____ Practice Test + Physical Ability Test (\$45)

Payment Type: _____ Physical Ability Test Only (\$30)
(Please Check One)

_____ Duplicate Test Results (\$5.00)

_____ Duplicate Test Results (Electronic) \$10.00

I, _____, understand the following:

- The Physical Abilities Test fee **must** be paid prior to arriving at the testing site.
- Payment may be made in cash, credit card or money order payable to **Miami Dade College**.
- All fees are **non-refundable and non-transferable**.
- Receipts are valid for **thirty (30) days** from payment date.

***** ***It will take up to 48 hrs. to receive your PAT Results*** *****

Candidate Signature: _____

Bursar's Authorization to Collect Test Fee for
 Physical Abilities Test

ASSESSMENT CENTER						
QUAL	OPERATING UNIT	FUND CODE	ICS	DEPT ID	CAMPUS CENTER	GL CODE
N31201	DI15	301	4A22001	350090	1000	40920

Payment Receipt #: _____ Cashier: _____

For questions, contact
 The Assessment Center (305) 237-1476 or nac@mdc.edu

**PHYSICIAN'S MEDICAL CONSENT FORM
TO PARTICIPATE IN BASIC PHYSICAL ABILITY TEST**

Dear Physician:

RE:

Last Name: _____ First Name: _____ Mi.: _____

Social Security: # _____ Agency: _____

This letter is to inform you of the above named applicant's intention to participate in the Pre-Academy Physical Ability Test. The primary goal of this test is to determine if the applicant is capable of performing MINIMUM standards appropriate for Law Enforcement/ Corrections.

The test will consist of a series of job-related physical performance tests that are designed to measure balance, flexibility, muscular endurance and strength, anaerobic capacity, and fine motor skills. These tests will require MAXIMUM effort and will include the following activities:

- | | |
|---|--|
| A. Exit vehicle | distance |
| B. 220 yard run | E. Obstacle course (repeat) |
| C. Obstacle course
(40 inch Police barricade,
Hurdles 24/12/18 inches,
Pylon zig-zag, low crawl) | F. 220 yard run (repeat) |
| D. Dummy drag (150 lbs.) 100 ft. | G. Revolver trigger pull (6 each hand) |
| | H. Re-enter vehicle |

PHYSICIAN PLEASE COMPLETE THE FOLLOWING SECTION

I have examined the above named applicant and evaluated his/her medical history. On the basis of my evaluation, I recommend that:

_____ Subject can participate without restrictions.

_____ Participation is not advisable at this time.

Signature of Physician: _____ Date: _____

Office Address: _____ Telephone #: _____

If you have any further questions please contact me at (305) 237- 8292
Training Advisor Lloyd Mitchell
Physical Fitness Coordinator
Room # 8202-6

LOCAL PHYSICIAN INFORMATION

Criminal Justice Testing Center for Law Enforcement & Correctional Officers

Notice to Applications: If you do not have your own physician – Medical Doctor (M.D.), or Doctor of Osteopathy (D.O.), licensed in the State of Florida, you may choose to contact one of the physicians listed on this page.

1. Call physician's office for an appointment. The customary charge is \$15 - \$25.
2. When making an appointment, inform the physician that you are an applicant from Miami Dade College, Criminal Justice Testing Center.
3. Request Physician to complete and sign the "PHYSICIAN'S STATEMENT FORM" on the reverse side of this page.

Juan A Enriquez MD
Clinic Center
3800 West 12th Avenue
Hialeah, FL 33012
305-557-7777

Mon-Tues-Thurs 9:00 a.m. – 5:00 p.m.
Friday 9:00 a.m. – 3:00 p.m.

Family Medical Clinic (FMC)

9000 SW 137 Avenue
Miami, Florida 33186
305-603-7824

Mon-Thurs: 9 a.m.- 7p.m
Friday: 9:00 a.m. – 4:00 p.m.
Saturday: 9:00 a.m. – 3:00 p.m.

Urgent Family Care

5673 SW 137th Ave
Miami, FL 33183
(305) 385-3949

Dates: Monday-Friday
Hours: 8:00 a.m.-8:00 p.m.

JOB RELATED PHYSICAL ABILITY TEST
TESTING DATA SHEET

Law Enforcement

Test Date: _____

Corrections

Agency: _____ Independent: _____

Name: _____ Social Security #: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Age: _____ Height: _____ Weight: _____

Race: _____ Male Female

NOTE: PHOTO I.D. MUST BE PRESENTED UPON REQUEST

I, _____, in consideration of being allowed to take the job related test, do hereby agree and a vow that I shall not hold liable the school of Justice should I incur any injuries or disabilities. I have been orientated to the course, given the opportunity to view a video tape of the course, and have had any questions satisfactorily answered regarding the test.

Date

Signature

Retest

Test

Test Score: _____ / _____ Evaluation: Pass/ Fail

Test administrator's Initials: (1) _____ (2) _____

Comments and Observations: _____

Training Advisor Lloyd Mitchell
Physical Fitness Coordinator

INTRODUCTION

The Physical Ability test you are about to take requires a maximum effort. The time it takes to complete the test be recorded as your test effort. Pacing yourself will be important for the successful completion of the test.

FLUIDS:

Consume plenty of fluids 2-3 days prior to testing. Consume a light meal 2-3 hours prior to testing.

YOUR BEST EFFORT IS ENCOURAGED!

PACE YOURSELF AND GOOD LUCK!

The Physical Abilities Test (PAT) is held every other Friday at 9 AM. On MDC North Campus grounds. The cost is \$30 and must be PRE-PAID at the Bursar's Office before the test

The PAT measures specific physical abilities through participation in a series of tasks which are listed as follows:

1. Exit vehicle
2. 220 yard run
3. Obstacle course:
 - a. 40 inch barricade climb
 - b. 24 inch, 12 inch, and 18 inch hurdles
 - c. Serpentine (9 cones)
 - d. Low crawl
4. Dummy drag (150 lbs.) for 100 yards
5. Repeat obstacle course
6. Repeat 220 yard run
7. Open trunk
8. Trigger Pull using "Dry-fire- Safe gun" (6 finger pulls with each hand)
9. Enter trunk and replace the "Dry-fire- Safe gun" and a police radio / re-enter vehicle

The test is conducted in a continuous manner resulting in a total composite score.

EVALUATION:

Above course must be completed in a time of 6 minutes 4 seconds or less.

PASS or **FAIL**



THE ASSESSMENT CENTER
 Miami Dade College
 School of Justice
 (305) 237-8012
 nac@mdc.edu

PAYMENT FORM CVSA

Instructions

- Turn completed form into the BURSAR'S OFFICE.
 - Location: North Campus, Building 1, Room 1154
 - Telephone: (305) 237-1287
 - Hours: Mon—Thurs 8:00 A.M.—7:00 P.M.; Fri 8:00 A.M.—4:30 P.M.
- *Bring a copy of the receipt of payment to your scheduled CVSA appointment.*

Name: _____

Date: _____ (mm/dd/yyyy)

**Last Four Digits of
SSN:** _____

Payment Type: _____ CVSA (\$150.00)
(Please check one) _____ Missed Appointment Fee (\$50.00)

I, _____, understand the following:

- Appointments must be canceled at least 24 hours *prior* to the scheduled interview to avoid \$50.00 missed interview fee.
- Payment may be made in cash, credit card or money order.
- All fees are **non-refundable and non-transferable.**
- CVSA results are valid for six (6) months.
- Receipt is valid for sixty (60) days from payment date.

Candidate Signature: _____

Bursar's Authorization to Collect Test Fee for
CVSA

ASSESSMENT CENTER						
QUAL	OPERATING UNIT	FUND CODE	ICS	DEPT ID	CAMPUS CENTER	GL CODE
N31201	DI15	301	4A22001	350090	1000	40920

Payment Receipt #: _____ Cashier: _____

For questions, contact
 The Assessment Center 305-237-1476, nac@mdc.edu



THE ASSESSMENT CENTER
 Miami Dade College
 School of Justice
 (305) 237-8012
 nac@mdc.edu

PAYMENT FORM PSYCHOLOGICAL TEST

Instructions

- Turn completed form into the BURSAR'S OFFICE.
 - Location: North Campus, Building 1, Room 1154
 - Telephone: (305) 237-1287
 - Hours: Mon—Thurs 8:00 A.M.—7:00 P.M.; Fri 8:00 A.M.—4:30 P.M.
- *Bring a copy of the receipt of payment to your scheduled psychological appointment.*

Name: _____

Date: _____ (mm/dd/yyyy)

**Last Four Digits of
 SSN:** _____

Payment Type: _____ Psychological Test/Interview (\$265.00)
(Please check one) _____ Missed Test/Interview Fee (\$50.00)

I, _____, understand the following:

- **Appointments must be canceled at least 24 hours prior to the scheduled interview to avoid \$50.00 missed interview fee.**
- Arrive on time for the scheduled test/interview to avoid \$50.00 missed test/ interview fee.
- Payment may be made in cash, credit card or money order payable to **Miami Dade College**.
- All fees are **non-refundable and non-transferable**.
- PSYCH results are valid for twelve (12) months.
- Receipt is valid for sixty (60) days from payment date.

Candidate Signature: _____

Bursar's Authorization to Collect Test Fee for
 PSYCH

ASSESSMENT CENTER						
QUAL	OPERATING UNIT	FUND CODE	ICS	DEPT ID	CAMPUS CENTER	GL CODE
N31201	DI15	301	4A22001	350090	1000	48901

Payment Receipt #: _____ Cashier: _____

For questions, contact
 The Assessment Center 305-237-1476 or nac@mdc.edu

Personal History Questionnaire

Applicant must complete this questionnaire accurately, truthfully and legibly to ensure consideration. Incomplete applications will cause a delay in processing.

It is the applicant's responsibility to provide copies of documentation where noted. The School of Justice is unable to make copies.



PHOTO

Applicant Name: _____

Submission Date: _____

1. _____
LAST NAME FIRST NAME MIDDLE NAME

2. _____
STREET ADDRESS APARTMENT NO.

CITY COUNTY STATE ZIP CODE

3. _____
RESIDENCE TELEPHONE (AREA CODE) BUSINESS TELEPHONE (ARE CODE)

4. _____ 5. _____
SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER STATE

6. _____ 7. MALE FEMALE
DATE OF BIRTH (Month-Day-Year)

8. **PLACE OF BIRTH: (INCLUDE PHOTOSTATIC COPY OF BIRTH CERTIFICATE)**

CITY COUNTY STATE

U.S. CITIZEN:	NATIVE	Naturalized Certificate No.	If derived, Parent Certificate No.	Date, Place and Court
YES NO	YES NO			

9.

(Include a copy of Naturalization Certificate)

10. **Race/ Ethnicity:** Check appropriate box.

White (Non-Hispanic) White (Hispanic) Asian or Pacific Islander Haitian
 Black (Non-Hispanic) Black (Hispanic) Native American Indian Other _____

11. **Alias(es), Nickname, Maiden Name,** or other changes in name (include official document(s) concerning any changes in name)

Height	Weight	Color of Eyes	Color of Hair	Scars, tattoos, and/ or distinguishing marks

12.

13. **EMERGENCY CONTACT**

Name _____ Relationship _____
Address _____

City: _____ County: _____ State: _____ Zip: _____

Landlord's Name: _____

Landlord's Address: _____ Phone: _____

City: _____ County: _____ State: _____ Zip: _____

MONTH/ YEAR

MONTH/ YEAR

From: _____ To: _____ Own: _____ Rent: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Landlord's Name: _____

Landlord's Address: _____ Phone: _____

City: _____ County: _____ State: _____ Zip: _____

MONTH/ YEAR

MONTH/ YEAR

From: _____ To: _____ Own: _____ Rent: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Landlord's Name: _____

Landlord's Address: _____ Phone: _____

City: _____ County: _____ State: _____ Zip: _____

MONTH/ YEAR

MONTH/ YEAR

From: _____ To: _____ Own: _____ Rent: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Landlord's Name: _____

Landlord's Address: _____ Phone: _____

City: _____ County: _____ State: _____ Zip: _____

MONTH/ YEAR

MONTH/ YEAR

From: _____ To: _____ Own: _____ Rent: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Landlord's Name: _____

Landlord's Address: _____ Phone: _____

City: _____ County: _____ State: _____ Zip: _____

20. EDUCATION:

- a. List all elementary junior high, and high schools attended: (INCLUDE COPIES OF HIGH SCHOOL OR GED DIPLOMA)

NAME	LOCATION	DATES ATTENDED		Years Completed	GRADUATION	
		From	To		Yes	No
b. GED (if applicable)						

c. Higher education. List information below for all colleges or universities attended. (Include official transcript from last institution higher education attended or all transcripts if not consolidated on last one.)

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED		CREDIT HOURS		DEGREE RECEIVED	YEAR RECEIVED
	FROM	TO	SEMESTER	QUARTER		

Major and minor college courses:

d. Other schools or training (trade, vocational, business or military). Give for each, the name and location of school, dates after subjects studied, certificate, and any other pertinent data.

DATES		NAME OF SCHOOL AND LOCATION	COURSES STUDIED	CERTIFIED	
FROM	TO			YES	NO

e. Were you ever expelled or suspended from ANY SCHOOL or were you ever disciplined by any school official?

Yes No if yes, give particulars below: _____

21. FOREIGN LANGUAGE: Enter foreign language and indicate your knowledge of each by placing an "X" in proper column.

LANGUAGES	READING			SPEAKING			UNDERSTANDING			WRITING		
	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR

22. SPECIAL QUALIFICATIONS AND SKILLS:

Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, at date current license expires. (Except vehicle operator's license). _____

23. MILITARY

a. Have you ever served in the United States military or Coast Guard, including R.O.T.C.?

Yes No if yes, **INCLUDE A PHOTO STATIC COPY OF DD-214**)

b. Branch of Service _____ Unit or Ship _____

c. What is your service number? _____

d. Highest rank held: _____

e. How many periods of active military service have you had? _____

f. List all medals and decorations awarded to you as a member of the armed forces: _____

g. What is the type of your discharge? Be exact:

Honorable Dishonorable General Honorable Conditions Other: _____

h. Give period or periods of active military service:

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

i. Are you now or were you ever on active or inactive duty of any branch of the United States Reserve Forces? Yes No

State which: Active Inactive Branch of Service _____

j. Are you now or were you ever a member of the National Guard? Yes No

State _____ Regiment _____ Unit _____ Rank _____

From _____ To _____ Type of Discharge _____

k. What is your present draft classification? _____

Date of classification? _____ Selective Service Number: _____

Draft board number and location _____

l. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action including Article 15's while a member of the armed forces? Yes No

If yes, explain below:

m. List any disciplinary action taken against you in the National Guard or other reserve unit:

n. List any other information pertaining to military not requested above.

24. EMPLOYMENT:

a. What is your occupation? _____

b. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?

Yes No if yes, give details:

c. Were you ever discharged, terminated, fired or forced to resign (except military)?
 Yes No if yes, explain, giving name and address of employer, approximate date, and reasons in each case:

d. Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason?
 Yes No if yes, explain, giving name and address of employer, approximate date, and reasons in each case:

e. Have your employers always treated you fairly? Yes No if not, explain:

f. Have you ever received unemployment insurance or other Federal, State or local benefits or assistance? Yes No

TYPE OF ASSISTANCE	LOCAL OFFICE	ADDRESS	FOR HOW LONG?

g. List all jobs you have held in the last TEN years, Place your present or most recent job FIRST. If you need more space, you may include additional sheets. Include military service in proper time sequence and also all periods of unemployment. List all self-employment, part-time, temporary, seasonal and voluntary jobs.

FROM	NAME OF EMPLOYER	PART-TIME FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER

FROM	NAME OF EMPLOYER	PART-TIME FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER

FROM	NAME OF EMPLOYER	PART-TIME FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER

FROM	NAME OF EMPLOYER	PART-TIME FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER

FROM	NAME OF EMPLOYER	PART-TIME FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER

FROM	NAME OF EMPLOYER	PART-TIME FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER

FROM	NAME OF EMPLOYER	PART-TIME FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE NO. (Area Code)	DESCRIPTION OF DUTIES
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	WHY DID YOU LEAVE?		NAME OF CO-WORKER

25. VEHICLE OPERATOR'S LICENSE: (Driver's, Chauffeur's etc. ATTACH PHOTO STATIC COPY OF DRIVER'S LICENSE)

- a.** Can you operate a motor vehicle? Yes No
Do you now or did you ever possess a valid driver's license from the State of Florida?
 Yes No Driver's License # _____
Date issued _____ Restrictions _____
- b.** Did you ever possess a driver's license issued by any state other than Florida?
 Yes No If yes, provide the following information _____
Driver's License # _____ State _____ Date issued _____
Restrictions _____
- c.** Was your license ever suspended or revoked? Yes No If yes, give reasons, date and length of suspension.

- d.** Was your license ever restored? Yes No If yes, give details:

- e.** Were you ever been refused a driver's license by any state? Yes No If yes, give details:

- f.** Has your driver's license ever been restricted due to traffic offense convictions or placed on negligent operator's probation? Yes No If yes, give details:

- g.** Have you been involved in a motor vehicle accident? Yes No
If the answer is yes, give complete details for each accident whether collision, non-collision or hit and run.
Date _____ Police Investigation? Yes No
Location _____
Cause of Accident (for example ran red light, careless driving, etc.) _____

Who was charged with accident and court disposition? _____

Date _____ Police Investigation? Yes No
Location _____
Cause of Accident (for example ran red light, careless driving, etc.) _____

Who was charged with accident and court disposition? _____

Date _____ Police Investigation? Yes No

Location _____

Cause of Accident (for example ran red light, careless driving, etc.) _____

Who was charged with accident and court disposition? _____

h. List below all traffic citations you have received.

LOCATION (Street, City, State)	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

i. Do you have any unpaid summonses outstanding against you for parking violations? Yes No
If yes, how many and when? _____

26. MOTOR VEHICLE INSURANCE:

a. Do you presently have automobile liability insurance? Yes No

List the dates of coverage's: From _____ To _____

If no, give details: _____

b. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? Yes No If yes, give details: _____

27. ARREST, DETENTION, AND LITIGATION: (Show all arrests including juvenile and traffic arrests)

a. Have you ever been arrested or detained by ANY law enforcement agency? Provide police and court disposition record (Include any arrest in which the records were expunged or sealed in accordance with F.S.S. 943.058)

CRIME CHARGED _____ POLICE AGENCY _____

Date _____ Disposition of Case _____

b. Have you ever been placed on probation? Yes No If yes, give details: _____

c. Have you ever been required to pay a fine? Yes No If yes, give details: _____

- d. Have you ever been reported as a missing person or as a runaway? Yes No
If the answer is yes, give complete details, including police jurisdiction, date and outcome.

- e. If you have been fingerprinted by law enforcement agency for any reason, give details below. Your answers will be checked by the F.B.I. and other agencies.

Agency _____ Date _____ Purpose _____

Agency _____ Date _____ Purpose _____

Agency _____ Date _____ Purpose _____

- f. Have you ever been advised of your Miranda rights? If yes, give complete details:

- g. Have you ever been the subject of a police investigation? If yes, give complete details including police department and date:

- h. Have you ever had a polygraph examination? If yes, list date, examiners name, location and purpose for each examination:

- i. Have you ever been a victim of a crime? Yes No If yes, give particulars below:

- j. Have you or your spouse ever sued anyone (civil court plaintiff)? Yes No

If yes, give details below and provide copies: _____

- k. Have you been or your spouse ever sued by anyone (civil court defendant)? Yes No

If yes, give details below and provide copies: _____

28. CONTROLLED SUBSTANCE USE:

- a. Have you **ever** possessed, smoked or ingested by any means, marijuana without legal authorization?

Yes No If yes, How many times and when was the last time you used marijuana (explain the circumstances)?

- b. Have you **ever** possessed injected, inhaled, swallowed or ingested by any other means, any illegal drugs without legal authorization? Yes No If yes, How many times and when was the last time you used any drugs (explain circumstances)?

29. CHARACTER REFERENCES:

(Do not include relatives, former employers, supervisors or persons living outside the United State of Territories). List only character references who have definite knowledge of your qualifications for the position for which you are apply. List 4 character references.

NAME OF CHARACTER REFERENCE	YEARS KNOWN	ADDRESS (Street, City, State, Zip Code)	PHONE NUMBER	
			Business	Residence

30. PAST AND/ OR PRESENT MEMBERSHIP IN ORGANIZATION:

NAME, ADDRESS AND PHONE NO.	TYPE (Social, Fraternal, Unions, Professional, Academic, Etc....)	OFFICE OR POSITION HELD	MEMBERSHIP	
			From	To

31. Are there any incidents in your life not mentioned herein which may reflect upon your suitability to enter a criminal justice training program which require further explanation?

Yes No If yes, State reasons why?

32. REMARKS: (Any comments you think are important)

Applicant Name

Applicant Signature

Date

33. The following is to be executed PRIOR to submission:

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answer to the questions. I am aware that should investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from present processing for selection to the Basic Recruit Academy at the School of Justice or if during my acceptance for training, subsequent investigation should disclose misrepresentation, falsifications or omissions, it will be cause for immediate dismissal from the training academy.

Date _____
Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20_____

By _____
(Name of Affiant)

State of _____
Signature of Notary Public

County of _____
Notary Public, Print Name

NOTARY PUBLIC SEAL OF OFFICE:

Personally Known to me or Produced Identification

Type of identification produced _____

My commission expires: _____

_____ **DID** take an oath or **DID NOT** take an oath

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I hereby authorize the Director of the School of Justice or his staff to solicit information from any person or organization relative to my qualification for enrollment in the Basic Recruit Academy.

I also authorize the Director of the School of Justice or their staff to release to any criminal justice agency investigating me as an applicant, all information and testing regarding my academic, professional, and social history while enrolled at this school.

Signature

Date

Print Your Name

Submit completed application to:

Applicant Processing
Miami Dade College, North Campus
School of Justice
11380 NW 27th Avenue
Miami, Florida 33167-3495
(305) 237-1400



34. The following is to be executed PRIOR to submission:

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answer to the questions. I am aware that should investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from present processing for selection to the Basic Recruit Academy at the School of Justice or if during my acceptance for training, subsequent investigation should disclose misrepresentation, falsifications or omissions, it will be cause for immediate dismissal from the training academy.

Date _____
Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20_____

By _____
(Name of Affiant)

State of _____
Signature of Notary Public

County of _____
Notary Public, Print Name

NOTARY PUBLIC SEAL OF OFFICE:

Personally known to me or Produced Identification

Type of identification produced _____

My commission expires: _____

_____ **DID** take an oath or **DID NOT** take an oath

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I hereby authorize the Director of the School of Justice or his staff to solicit information from any person or organization relative to my qualification for enrollment in the Basic Recruit Academy.

I also authorize the Director of the School of Justice or their staff to release to any criminal justice agency investigating me as an applicant, all information and testing regarding my academic, professional, and social history while enrolled at this school.

Signature

Date

Print Your Name

Submit completed application to:

Applicant Processing
Miami Dade College, North Campus
School of Justice
11380 NW 27th Avenue
Miami, Florida 33167-3495
(305) 237-1400

