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 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,

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

The Full-Time Basic Law Enforcement Academy runs for approximately 5½ 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?”
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:

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Attend an orientation Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>CJBAT</td>
<td>Submit passing Criminal Justice Basic Abilities Test (CJBAT) score</td>
</tr>
<tr>
<td>Application</td>
<td>Submit Personal History Questionnaire (PHQ), FBAT, and Application Fee</td>
</tr>
<tr>
<td>Physical Exam</td>
<td>Complete Physical Examination</td>
</tr>
<tr>
<td>PAT</td>
<td>Complete Physical Abilities Data Sheet and Test</td>
</tr>
<tr>
<td>Background Check (Must turn in application first)</td>
<td>Complete Background Fingerprinting, Background and Criminal History Check with Interstate Background Research</td>
</tr>
<tr>
<td>CVSA (Must turn in application first)</td>
<td>Complete Computerized Voice Stress Analysis (CVSA)</td>
</tr>
<tr>
<td>PSYCH (Must turn in application first)</td>
<td>Complete Psychological Assessment (Examination and Interview)</td>
</tr>
<tr>
<td>Administrative Interview</td>
<td>Complete an interview with School of Justice Administration</td>
</tr>
<tr>
<td>Administrative Review</td>
<td>Complete the Administrative Review by School of Justice Administration</td>
</tr>
<tr>
<td>Final Review</td>
<td>Complete final review by School of Justice Administration</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>APPLICATION PROCESS</th>
<th>FEE</th>
</tr>
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<tbody>
<tr>
<td>BLE Application Fee</td>
<td>$40.00</td>
</tr>
<tr>
<td>Application Photo Fee*</td>
<td>$13.00</td>
</tr>
<tr>
<td>FBAT</td>
<td>$39.00</td>
</tr>
<tr>
<td>Physical Ability Test/+Practice Test</td>
<td>$30.00/$45.00</td>
</tr>
<tr>
<td>Fingerprint Fee (IBR)</td>
<td>$60.00</td>
</tr>
<tr>
<td>Physical Exam:</td>
<td>$225.00* (Price varies with Physician)</td>
</tr>
<tr>
<td>Computerized Voice Stress Analysis Test</td>
<td>$100.00</td>
</tr>
<tr>
<td>Psychological Exam</td>
<td>$250.00</td>
</tr>
<tr>
<td><strong>SUBTOTAL</strong></td>
<td><strong>$757.00 - $772.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACADEMY PROGRAM **</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Books:</td>
<td>$5,775.72</td>
</tr>
<tr>
<td>Uniforms and Equipment:</td>
<td>$750.00</td>
</tr>
<tr>
<td>Health Insurance:</td>
<td>$0.00 - $200.00***</td>
</tr>
<tr>
<td><strong>SUBTOTAL</strong></td>
<td><strong>$6,525.72 - $6,725.72</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ESTIMATED TOTAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>$7,282.72 - $7,427.72</strong></td>
</tr>
</tbody>
</table>

*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/](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.
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.
2. Signed Acknowledgement Form w/valid BLE orientation stamp
4. Official High School Transcript (Refer to pg. 8)*
5. Copy of Birth Certificate.*
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. Copies can be obtained in Miami-Dade Courthouse at 1351 NW 12 St., Miami, FL 33125 or in Broward County Courthouse at 201 SE 6TH Street, Ft. Lauderdale, FL 33301. If applicant is not a Florida resident for the past 7 years driving record is required from previous state. ***Note the driving record must contain the courthouse seal.***
11. Credit History and Score for the past twelve (12) months – for a credit history report, visit [www.annualcreditreport.com](http://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](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.*
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
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
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.
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 Special Layout with Dimensions.
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.
FORMS
**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 ($40.00)

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

<table>
<thead>
<tr>
<th>QUAL</th>
<th>OPERATING UNIT</th>
<th>FUND CODE</th>
<th>ICS</th>
<th>DEPT ID</th>
<th>CAMPUS CENTER</th>
<th>GL CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N31201</td>
<td>DI15</td>
<td>301</td>
<td>4A22001</td>
<td>350090</td>
<td>1000</td>
<td>40920</td>
</tr>
</tbody>
</table>

Payment Receipt #: ________________________________  Cashier: ________________________________

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

REVISED: JUNE 2017
Instructions

• Turn completed form into the BURSAR’S OFFICE.
  o Location: North Campus, Building 1, Room 1154
  o Telephone: (305) 237-1287
  o 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/yyy)

Last Four Digits of SSN: __________________

Practice Test + Physical Ability Test ($45)

Payment Type: 

Physical Ability Test Only ($30)

Duplicate Test Results ($5.00)

(Please Check One)

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.
• All fees are non-refundable and non-transferable.
• Receipts are valid for thirty (30) days from payment date.

Candidate Signature: ______________________________________________________

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

<table>
<thead>
<tr>
<th>QUAL</th>
<th>OPERATING UNIT</th>
<th>FUND CODE</th>
<th>ICS</th>
<th>DEPT ID</th>
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<td>350090</td>
<td>1000</td>
<td>40920</td>
</tr>
</tbody>
</table>

Payment Receipt #: ________________________________  Cashier: _____________________________

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

REVISED: JUNE 2017
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
B. 220 yard run
C. Obstacle course
   (40 inch Police barricade,
   Hurdles 24/12/18 inches,
   Pylon zig-zag, low crawl)
D. Dummy drag (150 lbs.) 100 ft.
E. Obstacle course (repeat)
F. 220 yard run (repeat)
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
JOB RELATED PHYSICAL ABILITY TEST
TESTING DATA SHEET

☐ Law Enforcement
☐ Corrections

Test Date: _________________

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
1. Applicant's Name: 

<table>
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<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
</table>

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 

6. Student Participation in Basic Recruit Training Program. A student enrolled in a basic recruit training program (BRTP) 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 BRTP 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

7. Medical Conditions Regarding OC/CS Contamination. A BRTP student should be aware of the following personal considerations that may restrict participation in the chemical agent contamination of the BRTP 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, pemicous anemia (severe reduction in red blood cells), diabetes (any form), pneumomediastinum gap (air in the sac surrounding lungs), history of skin allergies, or any condition for which the student is presently taking medication.

8. BRTP 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: 

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 of 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: 

15. Printed Name: 

16. Examination Date: 

<table>
<thead>
<tr>
<th>Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant’s License Number</th>
<th>Licensing State</th>
</tr>
</thead>
</table>

| Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant’s Professional Address |

Form Effective Date: 7/2017

Commission-Approved Revisions: 8/4/16
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 (BRTP), is required if the applicant is entering a BRTP and must be completed prior to entrance into a BRTP. The completed form must be maintained in the BRTP 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 BRTP. 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 BRTP 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 BRTP 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.
1. Applicant’s Name: ____________________________  
   Last First MI

2. Applicant’s Address: ____________________________  
   Street, Apt. or Post Office Box Number ____________________  
   City ____________________ State ______ Zip Code ______

3. Last Four Digits of Social Security Number: __________  
   Phone: ____________________ Date of Birth: __________  
   (In accordance with the Federal Privacy Act of 1974, disclosure is voluntary)

4. Hiring Agency: ____________________  
5. Position Applied For: ____________________

**TO BE COMPLETED BY THE EXAMINING PHYSICIAN**

Please note the presence of eyeglasses, contact lenses, hearing aids, or devices such as braces, supports, canes, crutches, or prostheses.


5. Resting Pulse: _______ (please note any irregularity) 6. Oral Temperature: _______


9. Physical Examination. Please check Normal or Abnormal after each entry and make comments at the bottom of the form.

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color Perception</td>
<td></td>
<td></td>
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<tr>
<td>Estimated Field of Vision</td>
<td></td>
<td></td>
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<tr>
<td>Estimated Auditory Acuity</td>
<td></td>
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<tr>
<td>Head, Eyes, Ears, Nose, Throat, Neck, and Thyroid Gland</td>
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<tr>
<td>Thorax and Lungs</td>
<td></td>
<td></td>
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<tr>
<td>Heart</td>
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<td>Abdomen</td>
<td></td>
<td></td>
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<td>Skin</td>
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<tr>
<td>Neurologic</td>
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<td>Spine</td>
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<tr>
<td>Extremities</td>
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<tr>
<td>Mental Status</td>
<td></td>
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<tr>
<td>Electrocardiogram</td>
<td></td>
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<tr>
<td>Urinalysis</td>
<td></td>
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<tr>
<td>Complete Blood Count</td>
<td></td>
<td></td>
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<tr>
<td>Blood Chemistry Panel</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Comments: ________________________________________________________________

11. Results of tuberculosis skin test: ____________________________

12. Sections 112.18 and 943.13, F.S. requires agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment. Accordingly, please respond to the following: In my professional opinion, this examination:

   A. Did [ ] or did not [ ] reveal evidence of tuberculosis.
   B. Did [ ] or did not [ ] reveal evidence of heart disease.
   C. Did [ ] or did not [ ] reveal evidence of hypertension.

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 devises 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.
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.

______________________________________  Orientation Date:________________
Print Full Name

______________________________________
Signature
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 (AREA CODE)

4. SOCIAL SECURITY NUMBER
5. DRIVER’S LICENSE NUMBER
   STATE

6. DATE OF BIRTH (Month-Day-Year)

7. □ MALE □ FEMALE

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

   CITY
   COUNTY
   STATE

<table>
<thead>
<tr>
<th>U.S. CITIZEN:</th>
<th>NATIVE</th>
<th>Naturalized Certificate No.</th>
<th>If derived, Parent Certificate No.</th>
<th>Date, Place and Court</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>YES</td>
<td></td>
<td></td>
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<tr>
<td>NO</td>
<td>NO</td>
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</tbody>
</table>

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)

    __________________________

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

13. EMERGENCY CONTACT

    Name _______________________________ Relationship ___________________

    Address ___________________________________________________________
Phone: (Home) ______________________________ (Work) ______________________________

14. Marital Status: □ SINGLE □ MARRIED □ ENGAGED □ SEPARATED □ DIVORCED

15. Information concerning marriages: (List all marriages)

<table>
<thead>
<tr>
<th>Date Married</th>
<th>Where Performed</th>
<th>Spouse’s name (Wife’s maiden name)</th>
<th>Date of Birth</th>
<th>Social Security Numbers</th>
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<tbody>
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</table>

16. Name and address of spouse(s) if divorced or separated

<table>
<thead>
<tr>
<th>Name</th>
<th>Address (Street, City, State)</th>
<th>Phone No. (Area Code)</th>
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17. If ever separated, annulled, or divorced, indicate below the following information:

<table>
<thead>
<tr>
<th>Separated, annulled or decreed by law</th>
<th>Date of order or decree</th>
<th>Phone No. (Area Code)</th>
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</table>

18. Are you now supporting all children born to you, adopted by you and stepchildren?

□ Yes □ No If not, gives details: ____________________________________________________________

19. FAMILY:

a. List in the order given, showing relationship, parents, guardians, stepparents, parents-in-law, brothers and sisters, even that deceased. Include any others you have resided with or with whom a close relationship existed or exists:

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>NAME</th>
<th>PRESENT ADDRESS (If living)</th>
<th>PHONE</th>
<th>BIRTH DATE</th>
<th>OCCUPATION</th>
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</table>

a. List all residences for the past TEN years, beginning with your present address. List the name, address and phone number present and prior landlords, if applicable.

MONTH/ YEAR

From: ____________________ To: ____________________ Own: _________ Rent: _________
Street Address: _____________________________________________
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.)

<table>
<thead>
<tr>
<th>NAME AND LOCATION OF COLLEGE OR UNIVERSITY</th>
<th>DATES ATTENDED</th>
<th>CREDIT HOURS</th>
<th>DEGREE RECEIVED</th>
<th>YEAR RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FROM</td>
<td>TO</td>
<td>SEMESTER</td>
<td>QUARTER</td>
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Major and minor college courses:

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<tr>
<th>DATES</th>
<th>NAME OF SCHOOL AND LOCATION</th>
<th>COURSES STUDIED</th>
<th>CERTIFIED</th>
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<tbody>
<tr>
<td>FROM</td>
<td>TO</td>
<td></td>
<td>YES</td>
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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.

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<tr>
<th>DATES</th>
<th>NAME OF SCHOOL AND LOCATION</th>
<th>COURSES STUDIED</th>
<th>CERTIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM</td>
<td>TO</td>
<td></td>
<td>YES</td>
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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: ________________________________

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

<table>
<thead>
<tr>
<th>LANGUAGES</th>
<th>READING</th>
<th>SPEAKING</th>
<th>UNDERSTANDING</th>
<th>WRITING</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>EXC.</td>
<td>GOOD</td>
<td>FAIR</td>
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<td></td>
<td></td>
<td>EXC.</td>
<td>GOOD</td>
<td>FAIR</td>
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<td>EXC.</td>
<td>GOOD</td>
<td>FAIR</td>
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<td></td>
<td></td>
<td>EXC.</td>
<td>GOOD</td>
<td>FAIR</td>
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</tbody>
</table>

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).

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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:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

MDC School of Justice/ R012412  Page 6

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

<table>
<thead>
<tr>
<th>TYPE OF ASSISTANCE</th>
<th>LOCAL OFFICE</th>
<th>ADDRESS</th>
<th>FOR HOW LONG?</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>


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.

<table>
<thead>
<tr>
<th>FROM</th>
<th>NAME OF EMPLOYER</th>
<th>PART-TIME FULL TIME</th>
<th>JOB TITLE</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>TO DATE</th>
<th>STREET ADDRESS</th>
<th>PHONE NO. (Area Code)</th>
<th>DESCRIPTION OF DUTIES</th>
</tr>
</thead>
</table>

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<thead>
<tr>
<th>SALARY BEGIN</th>
<th>CITY, STATE, ZIP CODE</th>
<th>NAME OF SUPERVISOR</th>
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<tr>
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<th>WHY DID YOU LEAVE?</th>
<th>NAME OF CO-WORKER</th>
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<th>PART-TIME FULL TIME</th>
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<th>STREET ADDRESS</th>
<th>PHONE NO. (Area Code)</th>
<th>DESCRIPTION OF DUTIES</th>
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<td>NAME OF CO-WORKER</td>
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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 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.) ____________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   _____________________________ Police Investigation? ☐ Yes ☐ No
   Location ____________________________________________________________________________
   Cause of Accident (for example ran red light, careless driving, etc.) ____________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

MDC School of Justice/ R012412
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.

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>APPROX. DATE</th>
<th>NATURE OF VIOLATION</th>
<th>PENALTY OR DISPOSITION</th>
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</table>

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: _______________________________________________________

MDC School of Justice/ R012412  Page 10
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.

<table>
<thead>
<tr>
<th>NAME OF CHARACTER REFERENCE</th>
<th>YEARS KNOWN</th>
<th>ADDRESS (Street, City, State, Zip Code)</th>
<th>PHONE NUMBER</th>
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<td>Business</td>
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30. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATION:

<table>
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<tr>
<th>NAME, ADDRESS AND PHONE NO.</th>
<th>TYPE (Social, Fraternal, Unions, Professional, Academic, Etc.….)</th>
<th>OFFICE OR POSITION HELD</th>
<th>MEMBERSHIP From</th>
<th>MEMBERSHIP To</th>
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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

MDC School of Justice/ R012412
34. The following is to be executed PRIOR to submission:

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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:

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Signature                              Date

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Print Your Name

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