



Jefferson College Law Enforcement Academy



APPLICATION DIRECTIONS

Phone: (636) 481-3425

Website: www.jeffco.edu/jclea

Please complete the following steps prior to submitting the academy application:

- Submit a FREE [online application](#).
- To be considered for any type of financial aid or scholarships, complete the **Free Application for Federal Student Aid (FAFSA)** online at <https://studentaid.gov/>.
 - The Jefferson College school code is 002468.
 - For questions about financial aid, call 636-481-3212 or email finaid@jeffco.edu.
- Send an **official** high school transcript or GED/HiSET certificate and any **official** college transcripts (May be sent electronically) to the Office of Admissions at Jefferson College, 1000 Viking Drive, Hillsboro, MO 63050 or send to admissions@jeffco.edu.
 - Please request official transcripts from each institution be sent to the Office of Admissions. Be sure to include transcripts from institutions you may have earned high school dual credit. For high school AP or CLEP credit, please request official tests scores be sent from [The College Board](#).
- Non-Missouri Residents - Please note:** Upon successful completion of the Jefferson College Law Enforcement Academy program, you are eligible to take the State of Missouri POST (Peace Officer Standards and Training) licensing exam. Passing the POST exam grants you the necessary certification to work as a law enforcement officer within the state of Missouri. It is a significant milestone in your law enforcement career and ensures that you meet the high standards required to serve and protect your community.
- Meet with an Advising Specialist.
 - [To make an appointment](#) to speak with your Advising Specialist, please [use the Advisor Scheduling App](#) on the Student tab in your MyJeffCo portal. You can select the program or pathway you are interested in, and you will be able to schedule with the appropriate specialist. For help making your appointment, contact 636-481-3209 for the Hillsboro location or 636-481-3597 for the Arnold location.
- Complete the **Placement Tests** at the [Jefferson College Testing Center](#) or submit **official ACT results** for the purpose of course placement. If accommodations for a disability are needed, please contact Accessibility Resource Office at 636-481-3158 prior to taking the placement test. TTY users dial 711.
 - Hillsboro Testing Center: 636-481-3147 / Arnold Testing Center: 636-481-3592

For help getting started at Jefferson College, please contact the Office of Admissions at 636-481-3235 or email admissions@jeffco.edu.



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3. Academy Admissions

Academy recruits must be a minimum of 20 years of age to enter any of the academy programs and must turn 21 years of age by the graduation date.

4. Complete and submit the academy application

The completed Jefferson College Law Enforcement Academy application [that follows] should include copies of items 1-6 and originals of items 7-10. (Copies for items 1-6 can be made at the academy)

Copies Required:

- A. Birth Certificate, Naturalization Papers or Passport
- B. Social Security Card
- C. High School diploma or GED certification
- D. College transcript(s), verifying degree status, if applicable
- E. Valid driver's license for your state of residence
- F. Military DD 214 form, if applicable

Original Documents Required:

- G. Physical examination from a health care professional – the attached form can be used. Any form used requires a doctor's signature with name printed or stamped on the form. (*Obtained no more than 30 days prior to application deadline*)
- H. College Placement scores
- I. P.O.S.T. Legal Questionnaire.

All "Yes" responses must provide copies of police reports, court dispositions and narratives [the applicant's account of what happened for each incident].

Narratives must be signed and dated by the applicant.

5. Physical Assessment

All academy applicants must complete a Physical Fitness Assessment test. The assessment requirements are included at the end of these APPLICATION DIRECTIONS. Failure to meet minimum standards at the start of your academy education will **not** automatically eliminate you from being accepted to the program, but it will be part of the consideration process. You have been given this information to better prepare for the assessment test. *You must have your physical examination completed prior to the Physical Fitness Assessment test.*



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6. Interview

Each applicant is interviewed by Academy personnel.

Applicants will be contacted to schedule his/her interview date and time. Please inform the academy staff at (636) 481-3425 as soon as possible if you are unable to make your scheduled interview time.

7. Acceptance Packets

If accepted, applicants will be given an acceptance packet of the mandatory class orientation date and time.

If accepted, before class orientation, you will be required to have your fingerprints taken by a vendor selected by P.O.S.T. In your acceptance packet, you will be notified where you must have the fingerprints taken as well as the cost.

Any adverse information obtained as a result of an arrest record check and/or as a result of the fingerprint check is sent directly to P.O.S.T. This information may be the basis for denying acceptance to the academy. This facility will be actively involved in the P.O.S.T. Commission certification process for trainees. Adverse criminal history information could be cause for denying peace officer certification. Criminal histories will also be checked in any other state of prior residence.*

8. Orientation

At Orientation, uniform requirements and classroom materials will be explained. New uniforms can be purchased by recruits at various businesses. All uniform pieces must meet academy standards. All recruits will purchase the updated Missouri Criminal Code Handbook. Cost is \$25.00. You will complete your academy course registration form at Orientation

9. Tuition Costs (*Follow the link below to the Tuition/Fees page on the Jefferson College website*)

Tuition costs will vary depending on residency status: **In-District** (Jefferson County resident), **Out-of-District** (Missouri resident), or **Out-of-State** resident.

<https://www.jeffco.edu/future-students/tuitionfees>

Tuition fees do not include the cost of books, uniforms, and fees. The JCLEA programs (Day class, Night class and POST class) are eligible for financial aid if you qualify. Contact the Financial Aid Department if you want to apply for financial aid.

If you have any questions concerning this application or experience a delay in securing the documents listed in item #4, please call the Academy at (636) 481-3425.

**The Academy may grant provisional acceptance pending submission of supporting documents.*



Jefferson College Law Enforcement Academy



APPLICATION DIRECTIONS - page 4

Physical Agility Assessment

All Jefferson College Law Enforcement Academy recruits are required to take a physical agility assessment examination. The recommended performance standards are listed below. Recruits are required to pass the physical agility examination at as a condition of attendance and graduation.

The following course must be completed in full in the amount of time allocated to be considered a successful completion. Participants will complete the course in the prescribed progression. The timed components will be tracked by the evaluator who will inform the participant of when it is time to move to the next portion of the evaluation.

- Two minutes of walking an incline/decline wearing a 25lb weighted vest. Stopping results in a warning the first two times, the third time constitutes a failed test.
- 1.5 mile run in 16 minutes
- 30 push-ups
- 30 sit-ups
- Kneel with a simulated rifle/shotgun for two minutes
 - Put down rifle/pick up simulated pistol
 - Go from kneeling to standing while maintaining pistol at extension and walk specified distance
 - Halfway, kneel on both knees before standing and continuing on
 - Extension must be maintained for duration
- Weighted body drag for 40 feet
- Mount and vault an obstacle
- Two minutes of walking an incline/decline wearing a 25lb weighted vest. Stopping results in a warning the first two times, the third time constitutes a failed test.

❖ **35 minutes are allocated for the course. If unable to complete the course in its entirety in that time, the attempt will constitute a failure.**

Recruits who fail to meet minimum standards are required to show measurable improvement as individually assigned following the initial assessment.

Recruits are encouraged to take advantage of facilities and courses available on campus.



Jefferson College Law Enforcement Academy



Disclosures

Non-discrimination policy:

It is the policy of Jefferson College that no person shall, on the basis of age, ancestry, color, creed, disability, genetic information, marital status, national origin, race, religion, sex, gender identity or expression, sexual orientation, or veteran status, be subject to discrimination in employment or in admission to any educational program or activity of the College.

Clery Statement:

Jefferson College's Annual Security and Fire Safety Report is now available. This report is required by federal law and contains policy statements and crime statistics for Jefferson College. The policy statements address Jefferson College's policies, procedures, and programs concerning safety and security, for example, policies for responding to emergency situations and sexual offenses.

Additionally, this report contains information regarding campus security and personal safety, including topics such as: crime prevention, fire safety, Jefferson College Campus Police Department enforcement authority, crime reporting policies, disciplinary procedures, and other matters of importance related to security and safety on campus. Also included are crime statistics for three previous calendar years which were reported to have occurred on campus, in or on off-campus buildings or property owned or controlled by the school, and on public property within or immediately adjacent to the campus.

This report is available online at: <https://www.jeffco.edu/sites/default/files/PR/Web/Consumer-Info/2021/jc.annual.security.fire.safety.report.pdf>.

You may also request a paper copy from the Jefferson College Police Department by phone at 636-481-3500 or at Jefferson College Hillsboro-802 Mel Carnahan Drive, Apartment 214, Hillsboro, MO 63050; Jefferson College Arnold-1687 Missouri State Road, Arnold, MO 63010; or Jefferson College Imperial-4400 Jeffco Boulevard, Arnold, MO 63010.

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Jefferson College Law Enforcement Academy



APPLICATION

Applicant Name: _____

Social Security Number: _____

Check which class you are applying for:

1000 Hour DAY Class _____

1000 Hour NIGHT Class _____

ACADEMY OPTIONS:

JCLEA - Day Class

The JCLEA Day class includes required P.O.S.T. curriculum. Specialized certifications are earned.

Classes meet Monday-Friday, 8:00 a.m. to 4:30 p.m.

Upon successful completion of the program, recruits earn 1000 hours of law enforcement training 41 college credits and the opportunity to test for a Class "A" P.O.S.T. License.

JCLEA - Night Class

The JCLEA Night class includes required P.O.S.T. curriculum and Specialized certifications are earned.

Classes meet Monday-Thursday, 6:00 p.m. to 10:00 p.m. and every Saturday for the duration of the program.

Upon successful completion of the program, recruits earn 1000 hours of law enforcement training, 41 college credits and the opportunity to test for a Class "A" P.O.S.T. License.



Jefferson College Law Enforcement Academy



APPLICATION

CERTIFICATION OF APPLICATION AUTHORIZATION FOR RELEASE OF INFORMATION *(Read Carefully Before Signing)*

I, (PRINT FULL NAME HERE) _____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omission of material facts will cause forfeiture on my part of all rights to admission as a recruit in the Academy

I hereby authorize all law enforcement agencies, the veterans administration, all military agencies, all federal, state, or local government agencies, state and federal tax bureaus, credit bureaus, medical agencies, schools and universities, to furnish the holder of this release with all and any available information regarding me to determine my suitability for police work.

I authorize the holder of this release to make inquiry of my present and past employers regarding my character, integrity and reputation, and work performance.

I authorize the release of any and all information regarding my employment, credit, arrest, conviction record, or any other information, whether personal or otherwise, that may or may not be on their records, and release said company, person and Academy from all liability for any damage, whatsoever that may issue from furnishing such information to the holder of this release.

I authorize this application to be released to any law enforcement agency.

I authorize the Jefferson College Law Enforcement Academy to obtain arrest information from records that may be confidential or closed.

A Photostat copy of this authorization will be considered as effective and valid as the original.

Applicant's Signature: _____ Date: _____

Applicant's SSN: _____ Date of Birth: _____

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

I am commissioned as a notary public within the county of _____, state of _____ and my commission expires on _____, 20_____.

NOTARY PUBLIC



Jefferson College Law Enforcement Academy



APPLICATION

INSTRUCTIONS FOR COMPLETING APPLICATION

READ and **FOLLOW** the information in the **APPLICATION DIRECTIONS** at the beginning of this document.

Read every question carefully and answer each question as accurately, completely and neatly as possible. **ALL ENTRIES IN THIS APPLICATION**, except signatures, **MUST BE PRINTED legibly BY THE APPLICANT.**

If a question does not apply to you, write N/A in that space.

The information requested on this application will be used for reference by those who will be considering your application for acceptance to the JCLEA. A background investigation will be conducted into your personal and/or criminal history.

Please confirm that you have read and understand the above by signing below.

Signature: _____

Date: _____

Social Security No.: _____

Email Address: _____



Jefferson College Law Enforcement Academy



APPLICATION

If additional space is needed for any Section, use Page 12 to complete.

PERSONAL DATA (SECTION I)

| | | | | | | | |
|--|--------|--|-----------------------|--|------------------|------------------|--|
| Last Name | | First Name | | | Middle Name | | |
| Street Address | | | City | | State & Zip Code | | |
| Home Telephone Number | | | Cell Telephone Number | | Email Address | | |
| Age | Height | Weight | Hair Color | Eye Color | Date of Birth | Place of Birth | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latin American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other _____ | | | | | |
| Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Were you naturalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| List ANY names/aliases you have <u>ever</u> used: | | | | | | | |
| List all Social Media ID(s) you currently have: | | | | | | | |
| Starting with your present address, list all addresses where you have lived for the past ten (10) years, including military addresses: | | | | | | | |
| Dates From To | | Street Address | City | | | State & Zip Code | |
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FAMILY & EMERGENCY INFORMATION (SECTION II)

| | | | | | |
|---|--------------|---------|-----------|------------|---------------|
| Check one: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | | | |
| Beginning with your spouse, list the full names of your immediate family (father, mother & her maiden name, brothers, sisters): | | | | | |
| Name | Relationship | Address | Telephone | Occupation | Date of Birth |
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| List the full names of your spouse's immediate family include, father, mother, brothers and sisters: | | | | | |
|---|-------------------------|-------------------------------|-----------------------------------|-----------------------|-------------------|
| Name | Relationship | Address | Telephone | Occupation | Date of Birth |
| | | | | | |
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| Marriage Information (list all marriages) | | | | | |
| Date Married | City/State | | Spouse's Full Name | | |
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| If divorced or separated, list current name and address of former spouse(s) if known: | | | | | |
| Name | Address | | Telephone | | |
| | | | | | |
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| | | | | | |
| Separated, Annulled or Divorced | Date of Order or Decree | Where Issued (Court of State) | Offending Party as Decreed by Law | Reason | |
| | | | | | |
| | | | | | |
| | | | | | |
| List all children and dependents, include step-children and adopted children | | | | | |
| Name | Date of Birth | Place of Birth | Address | Resides with whom | Supported by whom |
| | | | | | |
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| If you claim income tax exemptions for support of dependents other than spouse and children, provide the following: | | | | | |
| Name | Address | | Relationship | % of Support Provided | |
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What does your spouse or significant other think of you becoming a police officer?

RECREATION & REFERENCES (SECTION III)

List your principal recreation and social activities:

List four (4) character references---responsible adults who have known you well for three (3) years or more.
DO NOT list relatives or in-laws.

| Name | Known how long? | Address | Telephone | Occupation |
|------|-----------------|---------|-----------|------------|
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DRIVING HISTORY (SECTION IV)

List all driver's licenses you now hold or have previously held. Indicate if you have ever had your license revoked or suspended.

| State | Type of License | Expiration | License Number | Revoked or Suspended? |
|-------|-----------------|------------|----------------|-----------------------|
| | | | | |
| | | | | |

Have you ever been sentenced to a driver improvement school? Yes No

| | | |
|---------|-------|--------|
| If Yes: | When? | Where? |
|---------|-------|--------|

List all driving citations or summons you have received, starting with the most recent:

| Month/Year | Charge | Issuing Agency/City/State | Disposition |
|------------|--------|---------------------------|-------------|
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List all traffic accidents in which you have been involved in the past five (5) years:

| Date | Location |
|------|----------|
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| | | |
|--|---------|-----------|
| Name and address of your current automobile insurance company: | | |
| Name | Address | Telephone |
| | | |

Have you ever been denied automobile insurance or had your insurance cancelled? Yes No

If Yes, explain:

List all vehicles which you own, lease or have access to for personal use:

| Year | Make | Model | License Number | State |
|------|------|-------|----------------|-------|
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FINANCIAL & CREDIT STATUS (SECTION V)

List all sources of income at the present time:

| Type of Income | Amount | Source |
|---------------------|--------|--------|
| Salary | \$ | |
| Support from others | \$ | |
| Dividends/Interest | \$ | |
| Pension | \$ | |
| Other (Itemize) | \$ | |

For the following questions (a-i), itemize details for any "Yes" answers on Page 12

| | | |
|---|------------------------------|-----------------------------|
| a) Have you ever been delinquent in any of your financial obligations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Have you ever been refused credit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Have you ever had a garnishment or wage assessment placed against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Have you ever had any of your property repossessed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Have you ever filed bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Have you ever been evicted from any dwelling or apartment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) Have you ever had any gambling debts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) Have you ever used an employer's money to gamble with? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i) Have you ever worked for a gambling operation or booked any bets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

List two (2) credit references:

| Name | Address | Telephone | Date Established |
|------|---------|-----------|------------------|
| | | | |
| | | | |



Jefferson College Law Enforcement Academy



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CRIMINAL HISTORY (SECTION VI)

Have you ever been arrested, charged, questioned, accused, warned or detained for any offense, or alleged violation for any statute, ordinance, law, or regulation by any civil or military authority, either in this country or any other country?

Yes No

| Date | Charge | City/State/Country | Arresting Agency | Disposition |
|------|--------|--------------------|------------------|-------------|
| | | | | |
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Have you ever been convicted of any crime other than a traffic offense? Yes No If Yes, explain in detail:

Have you ever committed or been a participant in an undetected crime? Yes No If Yes, explain in detail:

Have you ever been served with a criminal or civil subpoena or summons (other than traffic)? Yes No

If Yes, explain:

Have you ever applied to any other law enforcement academy? Yes No

| Date | Name of Academy | What was the outcome? |
|------|-----------------|-----------------------|
| | | |
| | | |

Are you acquainted with any law enforcement officers? Yes No

If Yes, list names and the agencies they work for:

| Officer's name | Agency |
|----------------|--------|
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If the necessity arose for you to legally and justifiably shoot a human being in the course of your duties as a police officer, would you have any reluctance to do so?



Jefferson College Law Enforcement Academy



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MILITARY STATUS (SECTION VII)

Have you ever served in the active or reserve forces of the Army, Navy, Marine Corps, Air Force, Coast Guard or the National Guard of any state? Yes No List all service and time periods for each:

| Month/Year Entered | Branch or Organization | Discharge Date | Type of Discharge | Rank |
|--------------------|------------------------|----------------|-------------------|------|
| | | | | |
| | | | | |
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Have you ever served in a military or naval organization with any foreign government? Yes No

If Yes, explain in detail:

List all military service numbers:

Were you ever reduced in rank in the military? Yes No

If Yes, explain in detail:

Were you ever court-martialed, tried on charges, subject to a summary court, or non-judicial proceedings? Yes No

If Yes, explain in detail:

EDUCATION (SECTION VIII) *(Use page 12 if additional space is needed)*

| | Date Earned | Name of School/Location |
|--|-------------|-------------------------|
| <input type="checkbox"/> GED certificate | | |
| <input type="checkbox"/> High School Diploma | | |
| <input type="checkbox"/> College Degree | | |
| <input type="checkbox"/> Other Schooling | | |

If you are currently attending school, list the following information:

| Name of Institution | Address | Number of Courses Enrolled In |
|---------------------|---------|-------------------------------|
| | | |

How many college credit hours have been earned to date?

Have you ever been suspended, expelled or asked to leave any school for disciplinary reasons? Yes No

If Yes, explain detail:



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List all extracurricular activities from high school and/or college (clubs, varsity sports, offices held, honors, etc.)

EMPLOYMENT HISTORY (SECTION IX)

List all the places you have worked starting with your current or most recent employer. Also include periods of school attendance, military service, and unemployment, along with all full time, part time, temporary, seasonal and/or contractual employment. List everything for the past ten (10) years. OMIT NOTHING.

| | | | |
|--------------------------|----------|---------------------------------------|--------------------|
| DATES: From To | EMPLOYER | EMPLOYER ADDRESS TELEPHONE | DUTIES |
| SUPERVISOR | | JOB TITLE | REASON FOR LEAVING |
| DATES: From To | EMPLOYER | EMPLOYER ADDRESS TELEPHONE | DUTIES |
| SUPERVISOR | | JOB TITLE | REASON FOR LEAVING |
| DATES: From To | EMPLOYER | EMPLOYER ADDRESS TELEPHONE | DUTIES |
| SUPERVISOR | | JOB TITLE | REASON FOR LEAVING |
| DATES: From To | EMPLOYER | EMPLOYER ADDRESS TELEPHONE | DUTIES |
| SUPERVISOR | | JOB TITLE | REASON FOR LEAVING |
| DATES: From To | EMPLOYER | EMPLOYER ADDRESS TELEPHONE | DUTIES |
| SUPERVISOR | | JOB TITLE | REASON FOR LEAVING |



Missouri Peace Officer License Legal Questionnaire



New Licensure Applicants

Last Revised 10.21.2022

Instructions:

- All basic training applicants shall complete this questionnaire prior to being admitted into a basic training course.
- If the applicant indicates “yes” to the question listed below, submit the questionnaire to the POST Program for review **prior** to admitting the individual into a basic training course.
- Maintain a copy of the completed questionnaire and submit it along with the individual’s Peace Officer License Application.

Licensed Basic Training Center: Jefferson College Law Enforcement Academy

Applicant’s Name: _____ DOB: _____

Social Security Number: _____ Daytime Telephone Number: _____

Home Mailing Address _____

Have you ever been arrested for, charged with, or committed any criminal offense? (§ 590.080.1(2), RSMo)

YES * NO

*If yes, describe the offense(s) below. If needed, you may attach additional pages.

| Date | Charge/Offense | City/County/State | Misd/Felony/Ordinance | Disposition | Arresting Agency |
|------|----------------|-------------------|-----------------------|-------------|------------------|
| | | | | | |
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Before signing and submitting the notarized questionnaire, please feel free to discuss any questions you might have with a representative of the POST Program by calling (573)751-3409.

I am aware that causing a material fact to be misrepresented for the purpose of obtaining a peace officer license issued pursuant to Chapter 590 RSMo, is a Class B Misdemeanor.

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____. I am commissioned as a notary public within the county of _____, state of _____, and my commission expires on _____, 20____.

NOTARY PUBLIC

POST USE ONLY

Based on the information provided, the above listed applicant is eligible for licensure.

POST Program Representative: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Rev. 10.21.2022

I, _____ hereby authorize any individual, organization, court, or law enforcement agency to release any and all records related to my prior law enforcement training and certification or licensure; any and all records related to any criminal or internal investigation conducted on me; and any and all pre-employment application or employment records pertaining to me, to the Missouri Department of Public Safety's Peace Officer Standards and Training Program for the purpose of obtaining or retaining a peace officer license.

A copy of this authorization will be considered as effective and valid as the original and shall not expire.

Signature of Applicant or Licensee

Date

Subscribed and sworn to before me this _____ day of _____, 20___. I am commissioned as a notary public within the county of _____, state of _____, and my commission expires on _____, 20__.

NOTARY PUBLIC

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Jefferson College Law Enforcement Academy

Physical Examination Form - Page 2

MEDICAL

✓
Normal Abnormal findings:

| | | |
|--|--|--|
| Head, Face, Neck, Scalp | | |
| Eyes: R/20 corrected to L/20 corrected to | | |
| Ears, general | | |
| Nose, Sinuses | | |
| Mouth, Throat | | |
| Lymph nodes | | |
| Heart | | |
| Murmurs | | |
| Lungs, Chest | | |
| Genitalia | | |
| Abdomen | | |
| Skin | | |

Applicant is _____ pounds overweight. Please indicate the number of pounds per month this applicant can lose without jeopardizing his/her health. (_____ pounds per month)

Comments:

Health Care Professional Signature

Date signed

PRINT NAME of Health Care Professional / Office Address or Stamp