



MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

Full-Time Basic/ Part Time Basic/ Refresher Training Packet

16

Dear Law Enforcement Administrator and Examining Physician:

This training packet contains a medical evaluation, a reimbursement supplement and an application for enrollment to the academy. Please complete all forms in accordance with the instructions below. Submit the completed packet (pages 1 - 8) to the academy at least two weeks prior to attending a training course (forms that have been completed six months or more prior to training cannot be accepted). With an increased awareness of the importance of physical fitness in the law enforcement profession, as well as in the overall maintenance of quality of life, the Board on Law Enforcement Officer Standards and Training (BLEOST) has enhanced fitness standards for law enforcement candidates. Students will be participating in vigorous physical fitness training and defensive tactics, as well as stress-related training (physical and mental), in such areas as driving, firearms and officer survival. Driving and firing events incorporate seasonal inclement weather with day and night sessions to further enhance stress-related training.

This medical examination report should provide an adequate evaluation of the physical condition of a law enforcement candidate and identify potential problem areas in each candidate's ability to successfully complete training. Agencies are urged to consider carefully any decision to enroll a student in training who has a potential problem. Students with weight problems, who have not been active in a physical fitness program or who have some medical difficulty, will have a greater probability of not completing the course. If at all possible, fitness levels should be at or above the minimum levels established in this packet prior to attending the basic course. **The procedures for completing these forms are as follows:**

<u>Title/Page Number</u>	<u>Usage</u>	<u>Disposition</u>
Memorandum page i	Provide information to the trainee's agency & to the examining physician	To be read and used by the agency and the attending physician, then discarded
Law Enforcement Officer's Duties & Working Conditions page ii	Provide information to the attending physician and to the applicant	To be read by the physician and the applicant, then discarded
Physical Fitness Requirements page iii	Provide information to the physician and to the applicant	To be read by the physician and the applicant, then discarded
Medical Examination Report Health Questionnaire pages 1 & 2	Provide the physician with the trainee's current health information	To be completed by the trainee and agency then given to the physician prior to the trainee's examination
Medical Examination Report Physical Fitness Examination pages 3, 4 & 5	To determine the applicant's ability to participate in the physical fitness program	To be completed and signed by the physician and returned to applicant's agency
NCIC Report and HS Diploma or GED First Aid / CPR Certification Salary Information page 6	Provide information to BLEOST for certification and reimbursement purposes	To be completed by the agency
Law Enforcement Agency's Affidavit and Applicant's Affidavit & Injury Liability Waiver page 7	To swear and affirm the validity of the information given within this document to the training academy and to BLEOST	To be signed and dated by the agency head or authorized signee and by the applicant
Application for Training & Personal Information Summary page 8	Provide training eligibility information to the training academy and to BLEOST	To be completed by the trainee and agency, and returned to the academy at least two weeks prior to training

If you have any questions, please call the BLEOST staff at (601) 977-3777.

FOR THE PHYSICIAN

Duties and Working Conditions Encountered by Law Enforcement Officers

Every law enforcement officer employed by a law enforcement unit must be examined by a licensed physician. The physician's report must conclude that, in the opinion of the physician, the applicant has the ability to physically perform the duties of a law enforcement officer.

The duties of a law enforcement officer include, but may not be limited to, performance of the following physical activities:

- | | | |
|---------------------------------|------------------------------|----------------------------------|
| 1. Use of Firearms | 15. Sitting | 29. Hearing Voice Conversation |
| 2. Driving Emergency Vehicles | 16. Standing | 30. Color Identification |
| 3. Handcuff Prisoners | 17. Standing-Long Periods | 31. Close Vision |
| 4. Administer First Aid | 18. Kneeling | 32. Far Vision |
| 5. Rescue Operations | 19. Twisting Body | 33. Side Vision-Depth Perception |
| 6. Lifting & Carrying 0-70 lbs. | 20. Pushing | 34. Night Vision |
| 7. Direct Traffic | 21. Pulling | 35. Maintaining Balance |
| 8. Subdue Prisoners | 22. Running | 36. Operating Passenger Vehicles |
| 9. Pursue Suspects | 23. Sense of Touch | 37. Finger Dexterity |
| 10. Walking-Lateral Mobility | 24. Reaching | 38. Speaking |
| 11. Walking Rough Terrain | 25. Gripping Hands & Fingers | |
| 12. Bending | 26. Climbing Stairs | |
| 13. Stooping | 27. Climbing Ladders | |
| 14. Crouching | 28. Hearing Alarms | |

Working conditions for law enforcement officers may include, but may not be limited to, the following:

- | | | |
|---|---|--|
| 1. Exposure to the Sun | 14. Work on High Ladders | 27. Working with Adult Mental Patients |
| 2. Exposure to Inside Temperature Extremes | 15. Working in Remote Locations | 28. Working Night Shifts |
| 3. Exposure to Outside Temperature Extremes | 16. Wearing Helmets | 29. Working Day Shifts |
| 4. Dampness | 17. Wearing Safety Glasses | 30. Working Weekends |
| 5. High Humidity | 18. Wearing Chemical-Resistant Clothing | 31. Exposure to Tobacco Smoke |
| 6. Noisy Work Areas | 19. Wearing Ear Plugs-Muffs | 32. Exposure to Other Smoke |
| 7. Work at Heights | 20. Wearing Rubber Boots | 33. Working at High Elevation |
| 8. Work in Confined Space | 21. Exposure to Bee Stings | 34. Working with Intellectual Disabilities |
| 9. Work in Crowded Areas | 22. Exposure to Poison Oak | 35. Providing Remote Emergency Medical Assist. |
| 10. Working Alone | 23. Exposure to Dust or Pollen | 36. Scuba Diving |
| 11. Work with Inmates | 24. Exposure to Fumes | |
| 12. Exposure to Intense Light | 25. Air Travel | |
| 13. Exposure to Noxious Odors | 26. Working Long Hours | |

Information for the Physician - Continued

Physical Fitness Requirements

The Board on Law Enforcement Officer Standards and Training (BLEOST), in recognizing the importance of physical fitness for academy performance and subsequent job performance, has established physical fitness training standards that must be achieved in order to successfully complete the training program. The board has established a test that effectively measures cardiovascular endurance and strength. An additional component of fitness, body weight and composition (% of body fat), has a great impact on the examinee's ability to perform the other tests. The evaluation of the candidate's fitness begins with a physician's examination and a determination of the ratio of fat to lean tissue. If an individual's weight exceeds the threshold weight, then a skinfolds caliper measurement should be taken to determine body fat percentage.

The BLEOST will require all board-approved training academies to administer an entry physical fitness test for those students reporting to the training program. The test will be given immediately upon reporting for training and will determine whether a student can remain in the program. This test is an eligibility requirement. A passing score of 50% must be achieved. Those students who fail the test must leave the academy. They may, however, resubmit their application to attend a future training class.

The test is comprised of three components: agility run, push-ups, and a 1½ mile run and is administered to all Full-time, Part-time, and Refresher trainees. It is the same test administered at the end of the program for Full-time and Part-time trainees (Refresher trainees are not required to take the final test) with one exception: The entry test requires 50% to pass while the final test requires 70%. This requirement does not relieve students from participating in P.T. training once they pass the entry requirement. Full time and Part-time trainees will continue to participate in scheduled P.T. training and must also pass a final P.T. test with a minimum score of 70% in order to graduate.

Physical fitness can only be achieved over time. It requires a commitment to regular exercise and good eating habits. Thus it is important to disseminate this information so that all impacted personnel can prepare ahead of time. Scores needed to enter training and to graduate are as follows:

AGE GROUPS		20-29				30-39				40-50+							
	Score	Male		Female		Male		Female		Male		Female					
AGILITY RUN (maximum allowed times for each group measured in seconds)	100%	15:90	17:80	16:40	18:90	17:35	20:55										
	70%	18:60	21:10	19:10	22:20	20:06	23:85										
	50%	20:40	23:30	20:90	24:40	21:85	26:05										
1.5 MILE RUN (maximum allowed times for each group measured in minutes)	100%	9:00	10:48	10:00	12:00	11:00	13:12										
	70%	14:30	17:18	15:30	18:30	16:30	19:42										
	50%	18:10	21:38	19:10	22:50	20:10	24:02										
AGE GROUPS		17-21		22-26		27-31		32-36		37-41		42-46		47-51		52 +	
	Score	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
PUSH-UPS (minimum required in a two minute time limit)	100%	82	58	80	56	78	54	73	52	72	48	66	45	62	41	56	40
	70%	52	28	50	26	48	24	43	22	42	18	36	17	32	13	26	12
	50%	32	13	30	11	28	10	23	9	22	8	18	7	17	6	12	6

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LAW ENFORCEMENT OFFICERS' REFRESHER TRAINING

Tuition - \$900/⁵ 3-week course (\$300 per week)

\$ 1,500 5 week

BRIEF COURSE DESCRIPTION

This 3-week course of instruction is available to:

1. Those officers who are required to attend the refresher course to renew or transfer their certification (must obtain prior approval from the Board on Law Enforcement Officer Standards and Training (BLEOST)).
2. Criminal Justice Professionals sponsored and screened (agency must attend to a background check) by a public or private institution in the criminal justice system or a closely related field.
3. Please include a copy of a High School Diploma, GED or a Transcript and a NCIC report.
4. *Please mark on the application Refresher or Basic.*

If you have any questions on qualifications for this course, please call Board on Law Enforcement Officer Standards and Training (BLEOST) at 601-~~987-4990~~ *277-3777*

The officers who attend this course will receive instruction in state statutes, officer survival, and numerous other topics. Successful trainees who meet BLEOST criteria will be certified in a number of basic police skills such as firearms, defensive driving, intoxilyzer, CPR and first-aid.

Please complete and return the original and one copy of the application to:

MLEOTA

3791 Hwy 468W

Pearl, MS 39208

Attn: Grace Wynne

Classes begin at 7:30 a.m. on the date scheduled. Officers may check in Sunday night. This course also includes some evening classes, as scheduled.

For cancellations, please email Grace Wynne at Gwynne@dps.ms.gov or call 601-933-2128.

MEDICAL EXAMINATION REPORT HEALTH QUESTIONNAIRE

**To be completed by the applicant & the applicant's agency.
Print or type**

Applicant's Name _____

Doctor's Name _____

Applicant's Department/Agency _____

Name of Office or Clinic _____

Department's Address _____

Clinic's Address _____

Telephone Number _____

Telephone Number _____

TO THE APPLICANT: Medical clearance is required by the Board on Law Enforcement Officer Standards and Training. Your cooperation in completing this questionnaire in a complete and detailed manner will expedite the evaluation and avoid delay. Complete this form (sections A, B, and C) prior to your physical examination and give it to the examining physician at the time of examination. Explain all items answered **Yes** in this questionnaire. Write your own account in **Sections B and C**. Include diagnosis and dates.

SECTION A - check each condition or ailment that applies Yes or No. Explain each Yes answer in Section B and list physicians consulted in Section C.								
Condition	No	Yes	Hosp.	Condition	No	Yes	Hosp.	
1 Head Injury				24 Sensitivity to dust				
2 Back trouble, pain				25 Other allergies				
3 Any defect of bones/joints including amputations, dislocations or breaks				26 Frequent colds				
4 Lameness				27 Cancer, malignancy				
5 Rheumatism, arthritis				28 Tumor, growth, cyst				
6 Trick/locked knee, knee injury				29 Complications from childhood diseases				
7 Foot trouble				30 Polio				
8 Eye injury, surgery, disease				31 Rheumatic fever				
9 Wear or have worn glasses/contacts				32 Heart trouble, circulatory trouble				
10 Hard of hearing, hearing problems				33 High, low blood pressure				
11 Wear or have worn a hearing aid				34 Varicose veins				
12 Headaches				35 Pernicious anemia, leukemia, other blood disorders or ailments				
13 Mental illness, nervous breakdown				36 Hepatitis, jaundice, other liver ailments				
14 Addiction to drugs, alcohol				37 Diabetes, sugar in urine				
15 Fainting, dizzy spells				38 Ulcers, other stomach trouble				
16 Epilepsy, fits				39 Colitis				
17 Any disorder of the nervous system				40 Gall bladder trouble				
18 Tuberculosis, other lung trouble				41 Kidney/bladder trouble				
19 Shortness of breath				42 Piles/hemorrhoids				
20 Asthma				43 Rupture/hernia				
21 Bronchitis				44 Mononucleosis				
22 Allergic reaction to poison oak, ivy				45 HIV/ARC/AIDS				
23 Skin trouble								

PHYSICAL FITNESS EXAMINATION

Name _____ Age _____ Male _____ Female _____ Height _____ Weight _____

THRESHOLD WEIGHT TABLE			
Height In Inches	Threshold Weight	Height In Inches	Threshold Weight
52	75	69	176
53	80	70	184
54	85	71	192
55	89	72	200
56	94	73	209
57	99	74	217
58	105	75	226
59	110	76	235
60	116	77	245
61	121	78	255
62	128	79	265
63	134	80	275
64	141	81	285
65	147	82	297
66	154	83	307
67	161	84	318
68	168		

Threshold weight (height in inches divided by 12.3, then cubed) shall be utilized to evaluate an individual's fitness as it relates to body fat composition. Individuals who exceed the threshold weight will then be checked by skinfolds for percent body fat.

BODY FAT LIMITS				
MALE	AGE GROUPS			
	20-29	30-39	40-49	50-59
% of Body Fat	20.4	23.5	25.5	27.1
FEMALE	AGE GROUPS			
	20-29	30-39	40-49	50-59
% of Body Fat	27.7	28.9	32.1	35.6

Considering the threshold weight, body fat percentage and other individual characteristics, I consider this individual's present weight of _____ pounds to be: _____satisfactory; _____ excessive; _____deficient. Under Proper medical supervision, the applicant should _____ lose/ _____ gain- _____ lbs.

Comments: _____

1. **Visual Acuity** If applicant wears glasses, test and record with and without glasses.)

With Glasses right 20/____ left 20/____ both 20/____ Field of Vision right ____ left ____
 Depth Color
 Without Glasses right 20/____ left 20/____ both 20/____ Perception ____ Perception ____

Note any abnormalities or comments: _____

2. **Hearing** right 15/____ left 15/____

Drum perforation or damage: _____

Hearing aid ____ (Normal hearing is generally considered to be able to distinguish the words in
 A whispered conversation from ten (10) feet away.)

Note any abnormalities or comments: _____

3. **Head** Note any injury, deformity or disease involving;

Nose and sinus _____ Throat and neck _____

Teeth and jaw _____

Note any abnormalities or comments: _____

4. **Lungs** Note any abnormalities or comments: _____

5. **Cardiovascular System**

<u>Action</u>	<u>blood pressure</u>	<u>pulse</u>	<u>sounds</u>	<u>rhythm</u>
At rest	____/____	____	____	____
After moderate Exercise	____/____	____	____	____
Two minutes after Moderate exercise	____/____	____	____	____

Circulation to extremities: _____

EKG results: _____

(The trainee cannot start P.T. without undergoing an EKG examination.)

Note any abnormalities or comments: _____

6. **MUSCULO-SKELETAL SYSTEM** (Test by bending, stooping and squatting. Also, test by head, arm, hand, finger, leg and foot motions.)

Spine: Mobility _____ Symmetry _____ Posture _____ Upper Extremities _____ Lower Extremities _____

Note any abnormalities or comments: _____

7. **NERVOUS SYSTEM** Note any abnormalities or comments: _____

8. **ABDOMEN, RECTAL** Note any abnormalities or comments: _____

9. **GENITO-URINARY UrInalysIs:** Specific gravity _____ Sugar _____ ALB _____

Note any abnormalities or comments: _____

10. **SKIN** Note any abnormalities or comments: _____

11. Are there any conditions physical, mental or emotional which in your opinion suggest a need for further examination? _____ If yes, explain on a separate 8½ by 11 inch sheet of paper.

12. With respect to the duties and conditions listed on page ii, do you have any reservations about this candidate's ability to physically perform the duties of a law enforcement officer? _____ if so, explain on a separate 8½ by 11 inch sheet of paper.

13. Does the examinee have any defects or injuries that would prohibit safe operation of a motor vehicle under adverse or stressful situations? _____ If so, please explain.

14. Does the examinee have any physical defects or injuries that would prohibit participation or represent a safety hazard while participating in firearms training? _____ If so, please explain.

15. Is the examinee capable of or able to perform the physical exercises listed on page iii at the levels that are indicated? _____ If not, please explain on a separate 8½ by 11 sheet of paper.

PHYSICIAN'S AFFIDAVIT

I, the undersigned, do hereby swear and affirm that on the date stated below I completed a physical examination of the applicant named in this Medical Examination Report. Further, it is my medical opinion that the examinee is physically able to successfully complete basic training and physically able to perform the duties of a law enforcement officer.

Print or Type the Name of Attending Physician _____

Date of Examination _____

Signature of Attending Physician _____

Attach a copy of the applicant's NCIC Report, proof of successful completion High School education (e.g. - High School Diploma or GED) and First Aid/CPR Certification to the top left corner of this page.

Salary Information

Any reimbursement of training expenses will be authorized only for those agencies and subdivisions of the state who are in compliance with all provisions of the Law Enforcement Officers Training Program (LEOTP) to include those policies and procedures established by the Board on Law Enforcement Officer Standards and Training pursuant to the LEOTP. The board staff shall review all the information available on each graduating class and determine the eligibility and amount of reimbursement to each agency.

NOTE: As of July 1, 2013 any officer (law enforcement trainee) who is not certified within one year (within two years for Part-time certification) from his or her date of hire is not authorized to be paid a salary. Accordingly, the Board will not reimburse any salaries paid under such circumstances. However, any person, who, due to illness or other events beyond his or her control, could not attend the required school or training as scheduled, may serve with full pay and benefits in such a capacity until he or she can attend the required school or training.

Attach a copy of the applicant's payroll voucher in the blank space below or complete the following statement. The voucher must show the number of regular hours worked and the amount of pay for those hours.

The person named in this application will be paid a base (circle one) hourly, weekly, biweekly or monthly salary in the amount of \$_____ during his or her basic training.

Attach the applicant's payroll voucher below, if needed

NOTE: MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.

LAW ENFORCEMENT AGENCY'S AFFIDAVIT

I, the undersigned, do hereby swear and affirm that on the date stated below I reviewed the results of this candidate's Medical Examination Report, to include all comments and/or abnormalities, the Application for Training and Personal Information Summary. I certify that to the best of my knowledge the applicant is physically qualified to perform the duties of a law enforcement officer and that he or she has passed a physical examination, that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, that all statements and answers are true and correct to the best of my knowledge and belief, that the fingerprints of the applicant are on file with the Department of Public Safety/Criminal Investigation Bureau and with the FBI. Further, I certify that the applicant is a law enforcement officer as defined in MCA § 45-6-3 (c) and that he or she has been recruited pursuant to Chapter 474, Sections 6 and 11 of the General Laws of the State of Mississippi and is approved, by me, for attendance at the Academy and will be considered on active duty status, with my organization, during his or her training period.

Print or Type the Signee's Name

Signature of the Agency Head or Authorized Signee

Date

APPLICANT'S AFFIDAVIT & INJURY LIABILITY WAIVER

I, the undersigned, do hereby swear and affirm that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, and that all statements and answers are true and correct to the best of my knowledge and belief. I agree to obey the Academy regulations and understand that I am subject to dismissal from the Academy for any infraction. Should a question of my integrity or that of a fellow student arise because of some incident while attending the Academy, I will voluntarily submit to a polygraph examination upon request. I understand that any reported criminal violation will be turned over to the appropriate law enforcement agency for investigation. I understand that I will only be covered to the extent that I would be covered for any illness or injury incurred while on duty at my employing agency under personal or department medical insurance. Further, I certify that I am in good health, physically fit, and of good moral character. I hereby release the Board on Law Enforcement Officer Standards and Training (BLEOST) and any department officially associated or connected with the academy of attendance from liability in case of illness or accident.

I also understand that by gaining entrance into _____ Academy, this facility has become my academy of record. If I withdraw voluntarily, or am dismissed by the academy staff, I cannot attend any other academy unless I am released to do so by the academy director. Any previous attempts to complete the Law Enforcement Officers Training Program must be disclosed to the academy staff before admittance.

Signature of Applicant

Date Signed

APPLICATION FOR TRAINING AND PERSONAL INFORMATION SUMMARY

Agency or Department _____

Dept.'s Address _____ Dept.'s Phone Number _____

Street or Post Office Box _____ City _____ Zip _____

Name of Applicant _____ Social Security Number _____

Last, First Middle _____

Date of Employment _____ Place of Birth _____ Date of Birth _____

Home Address _____ Home Phone Number _____

Street or Post Office Box _____ City _____ Zip _____

Total criminal justice experience (years) _____, Criminal justice training completed _____ /hrs.

Does the applicant have current (check if yes): Intoxilyzer Certification? _____ First Aid Card? _____

High School

Graduate _____ or G.E.D. _____

_____ Name of School _____ City _____ State _____

College Attended _____

Degrees held or College Units (credit hours) earned _____

Military Experience _____

of Years _____ Rank _____ Branch of Service _____

Spouse's Name _____ Child's Name(s) _____

Special Skills _____

Languages _____ Hobbies _____

Family Doctor _____ Known Allergies _____

Emergency Contact & Phone Number _____ Alternate Contact & Phone Number _____

Attach the applicant's photograph below. Trim the photograph to fit.

Regarding office(s) attending Basic Training Course

Date _____

PLEASE INDICATE IF YOUR OFFICER HAS ATTENDED ANOTHER ACADEMY AT ANY TIME AND SIGN BELOW.

_____NO

Officer HAS NOT attended another academy

_____YES

_____ Academy Attended

Officer HAS attended another academy. If yes which Academy and date attended.

_____ Date Attended

_____ Officer's Name

_____ Name of Department

_____ Signature of Department Head



P.O. Box 23789
Jackson, MS 39225

PHOTO ID IS REQUIRED FOR ALL SERVICES
Please send form with employee.
Form may also be faxed to 601-499-0939 or
emailed to
employers@trustcarehealth.com

Employee Name: _____ Date: _____
Department Head Authorizing Treatment: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Has first report of Injury been completed? Yes | No Date of Injury: _____

W/C Carrier
MS Municipal Service
600 E. Amite Street, Suite 200
Jackson, MS 39201
1.800.898.1032

- Locations**
- Township/Ridgeland: 1051 Highland Colony Parkway, Suite E, Ridgeland, MS 39157
 - Lake Harbour/ Ridgeland: 786 Lake Harbour Drive, Ridgeland, MS 39157
 - Crossgates/ Brandon: 1645 West Government Street, Suite F, Brandon, MS 39042
 - NE Jackson/ Jackson: 4880 I 55 Frontage Road North, Jackson, MS 39211
 - Old Fannin/ Flowood: 1710 Old Fannin Road, Flowood, MS 39232

TrustCare Express Medical Clinic Hours of Operation
Monday – Friday 8am-8pm | Saturday 9am-5pm | Sunday 1pm-7pm

Feel Better *Faster*[™]



MEA MEDICAL CLINIC PEARL
342 GILCHRIST DRIVE
PEARL, MS 39208
PHONE: (601) 939-0700
FAX: (601) 939-8654

OCCUPATIONAL HEALTH AUTHORIZATION FOR TREATMENT

EMPLOYEE: _____

Department Head Authorizing Treatment: _____

Organization Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

WORKER'S COMPENSATION INFORMATION

W/C Carrier Name: _____

Address: _____

Phone: _____ **Fax:** _____

Adjustor: _____

Has the first report of injury been completed? _____ **YES** _____ **NO**

Date of Injury: _____



MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

FULL-TIME LAW ENFORCEMENT APPLICATION FOR CERTIFICATION - PART I

READ THE INSTRUCTIONS ON PAGE 2

In accordance with the Law Enforcement Officers Training Program (LEOTP) MCA § 45-6-1 et al. Warning: MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to \$10,000.00 and a jail sentence of up to 5 years. Further, the LEOTP authorizes the BLEOST in § 45-6-11 (7) to cancel and recall any certificate obtained through misrepresentation or fraud.

1. Name: _____ 2. SSN: _____
Give Full Name - First Middle Last
3. Date of Hire: ____ / ____ / ____ 4. Date of Birth: ____ / ____ / ____ 5. Title/Rank: _____
6. Department: _____ 7. Telephone: _____
Dept.'s
8. Address: _____
Post Office Box or Street City & Zip Code
9. Has the applicant ever been certified under the LEOTP? No () Yes () 10. Certificate No. _____
Number of High
11. Education, Years Completed ____, School Diploma ____ or GED ____, Degree(s) _____
12. **EMPLOYMENT RECORD** List all employment. Begin with your most previous employment and work back. Use an additional 8.5 x 11 sheet of paper if necessary.

Agency/Department	Position	City/State		Month	Day	Year
			From:			
			To:			
			From:			
			To:			
			From:			
			To:			
			From:			
			To:			

13. **TRAINING RECORD** List all completed law enforcement training consisting of eighty (80) hours or more. Include copies of certificates of completion. Use an additional 8.5 x 11 sheet of paper if necessary.

Name of Course	Location	Course Length		Month	Day	Year
			From:			
			To:			
			From:			
			To:			
			From:			
			To:			

MS Dept. of Public Safety/Div. Of Public Safety Planning/
 Office of Standards and Training
 1026 Northpark Drive
 Ridgeland, Mississippi 39157
 Telephone # - (601) 977-3777, Fax # - (601) 977-3773

INSTRUCTIONS

Complete Parts I, II and III of the "Application for Certification" form for all newly hired full-time law enforcement officers. Return the form to the Board on Law Enforcement Officer Standards and Training (BLEOST) within thirty days of the officer's date of hire.

Part I

Type or print in ink when completing this form. Record the applicant's full name, social security number, date of hire as a full-time law enforcement officer, date of birth, current position or rank, the name of the employing agency/department, the department's telephone number and mailing address. Check whether or not the applicant has ever been certified under the Law Enforcement Officers Training Program (LEOTP). If the answer is yes, enter the applicant's certificate number. State the number of years of education completed by the applicant. Check whether the applicant has a high school diploma or GED, and denote any degrees earned other than a high school diploma or GED (i.e., BS - Bachelor of Science, BA - Bachelor of Arts, etc.).

List all past employment that has been held by the applicant, beginning with the applicant's most previous employment and working back. Include the name of the employer, the position held, the city and state where employed, and the dates of said employment.

List all law enforcement training consisting of eighty (80) hours or more that has been successfully completed by the applicant. Include copies of the certificates of completion and any other documentation available, such as a course curriculum.

Part II

This portion of the form must be completed by the applicant. **Circle** the answer that applies. A "yes" answer to any of these questions does not automatically bar anyone from obtaining certification. Any of the questions, items one (1) through nine (9) that are answered "yes" must be explained to the Board. The explanation must be typed or printed in ink on a separate eight and a half (8½") by eleven (11") inch sheet of paper, signed and dated by the applicant and include all related court documents.

All crimes must be reported, to include alcohol and drug related offenses. The only exceptions to this requirement are traffic offenses where the fine is less than one hundred dollars (\$100.00) and where the applicant has had fewer than four (4) traffic offenses within the preceding twenty-four (24) months. All traffic offenses involving drugs or alcohol, are to be reported regardless of the fine. Any alternative to sentencing that has been decreed by any political subdivision must be reported including, but not limited to: pre-trial diversion, probation, fines, restitution, or community service. The applicant must sign and date "Part II - Applicant's Background Investigation Review" before a Notary Public.

Part III

This part of the background investigation review must be completed by the head of the department or someone with authority to sign as the department head. There must be a letter on file, at this office, stating specifically who has the authority to sign as the department head. This letter of authorization will have to be signed by the head of the department.

Each procedure must be initialed (ex. - JD 1. A personnel ...) by the agency head to indicate completion of said procedure. The applicant's fingerprints must be submitted to the Criminal Information Center of the Mississippi Department of Public Safety (see the address below). If procedure number four (4) is not applicable to the officer in question enter N/A in the space provided. "Part III - Agency's Background Investigation Review" must be signed and dated before a Notary Public by the department head or someone with authority to sign as the department head.

Criminal Information Center/MJIC
Department of Public Safety
"Fingerprints"
3891 Highway 468 West
Pearl, Mississippi 39208
Telephone # - (601) 933-2600; Fax # - (601) 933-2676

PART II - APPLICANT'S BACKGROUND INVESTIGATION REVIEW

Important, read the instructions before completing this form

- | | <u>Circle One</u> |
|---|-------------------|
| 1. Have you ever been a defendant in a court martial, Article 15, Captain's Mast or other nonjudicial punishment? | Yes No |
| 2. Has a judgement ever been issued against you? | Yes No |
| 3. Have you ever been arrested or charged with a crime? | Yes No |
| 4. Have you ever received any alternatives to sentencing such as probation before judgement, pretrial diversion, non-adjudication of guilt or have you ever had an expungement? | Yes No |
| 5. Have you ever been found guilty or pled guilty or no contest to a crime? | Yes No |
| 6. Have you ever been refused a surety bond or turned down for employment that required a surety bond? | Yes No |
| 7. Have you ever: (a) been suspended for any reason from any employment; (b) been terminated from any employment; (c) resigned to prevent termination from any employment; (d) resigned prior to, during or at the conclusion of any such investigation into your activities? | Yes No |
| 8. Have you ever been addicted to or hospitalized for the use of alcohol or drugs? | Yes No |
| 9. Have you ever had a certificate, license or privilege removed, revoked, suspended, or voluntarily relinquished the same under state, federal or other laws? | Yes No |

I, the undersigned do hereby authorize and direct any duly authorized representative of a public safety agency to provide the POST full and complete disclosure of any information, public and private, pertaining to myself or my employment as required by the POST regarding my certification and my qualifications to be a certified law enforcement officer. It is my intent to provide full and free access to all information about me including my: work record, background and reputation, military records, educational records, financial status, criminal history and/or arrest record, information in investigatory files, job performance, attendance records, complaints or grievances, records or recollections of attorneys whether representing me or another person in any case in which I have had an interest, polygraph examinations, internal affairs investigations, discipline files and files which are deemed to be confidential and/or sealed.

I further authorize and direct the POST to provide copies of said records and/or any other record or document contained or related to my certification application and record to any duly authorized representative of a public safety agency.

I hereby release the POST and its authorized agents, the public safety agency and its authorized agents and all others, individually and collectively, from any and all liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I understand that should any information of a criminal nature surface, the information may be turned over to the appropriate authorities.

I, the undersigned, do hereby swear and affirm that I am a citizen of the United States, by birth or naturalization, that I have never been convicted, pled guilty, pled nolo contendere, fined, ordered into probation or pre-trial diversion in relation to a felony or a misdemeanor involving moral turpitude, that I have a valid high school diploma or its equivalent, that my discharge (if any) from the Armed Forces was under honorable conditions, that I am of good moral character, that I have provided my employer with a full explanation (without any omissions) of each and every "yes" answer to the above questions, one (1) through nine (9) of Part II of the "Application for Certification" form, and that these explanations (if any) are attached to this form, that I am at least twenty-one (21) years old, that I have read and understand this form, all the instructions contained therein and do hereby confirm that all of the information contained in this application and/or all other information I furnish in conjunction with my application is true and correct.

Witness my signature this, the _____ day of _____, 20____.

Applicant's Signature	Print Applicant's Name

NOTARY PUBLIC

I, the undersigned authority in and for _____ County and State, do hereby attest that the above individual did personally appear before me. Who being by me first duly sworn on oath, depose and state that he or she is the individual named in Part II of the "Application for Certification and Background Investigation Review" form, and that the said individual signed Part II of the foregoing "Application for Certification and Background Investigation Review" form.

GIVEN under my hand and official seal this, the _____ day of _____, 20____.

Notary Public _____

PART III - AGENCY BACKGROUND INVESTIGATION REVIEW

Warning: MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a Board. This statute authorizes a fine of up to \$10,000 and a jail sentence of up to 5 years. Further, the Law Enforcement Officers Training Program authorizes the Board in MCA § 45-6-11 (7) to cancel and recall any certificate obtained through misrepresentation or fraud.

The agency head or authorized signatory must initial (ex. - JD 1. A personnel ...) the procedures that have been completed on the applicant named in this form. **All the procedures are required to be completed with the possible exception of procedure number four (4).** If the applicant has not served in the military enter N/A in the space provided.

- initial 1. A personnel file on the applicant has been created and is being maintained at this agency. The file includes a release of information form or a letter allowing the release of information signed by the applicant. Copies of all the documents referenced below, in Items two (2) through seven (7) of Part III of the "Application for Certification" form, are included in this file. This file will be maintained as long as the applicant is employed with this agency, and the file will be made available to the BLEOST upon receipt of a written request.
- initial 2. A complete background investigation on the applicant has been performed, has been reviewed by me and a copy of the background investigation is included in the applicant's personnel file.
- initial 3. The applicant's fingerprints have been submitted to the Criminal Information Center of the Mississippi Department of Public Safety as a part of the background investigation and a copy of the FBI report will be included in the applicant's personnel file.
- initial 4. The applicant's official Certificate of Release or Discharge From Active Duty (D.D. Form 214) has been reviewed by me and a copy is included in the applicant's personnel file.
- initial 5. The applicant's official documentation certifying successful completion of high school or completion of the General Educational Development (GED) Testing Program has been reviewed by me and a copy is included in the applicant's personnel file.
- initial 6. I have reviewed appropriate official documents certifying the applicant's age and citizenship and copies of said documents are included in the applicant's personnel file.
- initial 7. The applicant has completed a medical examination by a licensed physician and the results have been reviewed by me. A copy of said examination is included in the applicant's personnel file.

I, the undersigned, do hereby swear and affirm that I or individuals under my supervision have made a thorough background investigation of this applicant, (print applicant's name) _____ including any answers of "yes" to questions one (1) through nine (9) in Part II of this form and written explanations for those answers are attached. I certify that all the procedures in Part III, one (1) through seven (7), that are applicable to the officer in question have been completed, that to the best of my knowledge the applicant is physically qualified to perform duties as a law enforcement officer, that the applicant is at least twenty-one (21) years of age, that I have contacted each of the applicant's past employers (if any), that I am satisfied that the applicant is of good moral character, that the applicant has never been convicted, pled guilty, pled nolo contendere, fined, ordered into probation or pre-trial diversion in relation to a felony or a misdemeanor involving moral turpitude, and that the applicant is a law enforcement officer as defined in MCA § 45-6-3 (c).

Witness my signature this, the _____ day of _____, 20____.

Agency Head's/Authorized Signatory's Signature _____

Title _____

NOTARY PUBLIC

I the undersigned authority in and for _____ County and State do hereby attest that the above individual did personally appear before me. Who being by me first duly sworn on oath, depose and state that he or she is the individual named in Part III of the "Application for Certification and Background Investigation Review" form, and that the said individual signed Part III of the foregoing "Application for Certification and Background Investigation Review" form.

GIVEN under my hand and official seal this, the _____ day of _____, 20____.

Notary Public _____