

Missouri Sheriffs' Association and Training Academy

BASIC JAIL OFFICER ACADEMY APPLICATION

[Please print all requested information legibly in **black** ink]

Date	Social Security No	Age	Date of Birth	E-mail address
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A.	NAME		
Last	First	Middle Initial	
Previous Last Names Used <i>(including maiden name, if applicable)</i>			

PLEASE INCLUDE A COPY OF YOUR MARRIAGE CERTIFICATE IF LAST NAMES ARE DIFFERENT

B.	ADDRESS		
Mailing Address			
City	State	Zip Code	

C.	PHONE NUMBERS		
Home Phone Number			
Daytime Phone Number		Days / Hours	
Cell Phone Number			
Pager Number			

D.	PERSON TO NOTIFY IN CASE OF EMERGENCY		
Name	Relationship		
Address	Home Phone Number		
City	Daytime Phone Number		
State	Cell Phone Number		
Zip Code	Pager Number		

G. MILITARY / DRIVING / ARREST RECORDS

- 1. Are you a veteran of military service? If yes, please provide a copy of your DD-214 Yes No
- 2. Date of Discharge _____ Type of Discharge _____
- 3. Do you have a valid driver's license? Yes No
- 4. Has your driver's license ever been suspended or revoked? Yes No
- 5. Have you ever been arrested for a felony? Yes No
- 6. Have you ever been arrested for a misdemeanor? Yes No
- 7. Have you ever been convicted of a felony, including the receiving of a Suspended Imposition of a Sentence following a plea or finding of guilty to a felony charge? Yes No
- 8. Have you ever been convicted of a misdemeanor involving moral turpitude? Yes No

If you answered "YES" to questions 5 through 8. please explain and provide COMPLETE CERTIFIED COPIES of investigative reports and court disposition documents.

By my signature below, certify that the information given herein is true and accurate to the best of my knowledge. I understand that any omission or falsification of the above information will disqualify me from attending the Missouri Sheriffs' Association Training Academy.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I understand that the Missouri Sheriffs' Association Training Academy will conduct, or cause to be conducted, a law enforcement records inquiry to learn of any criminal record data pertaining to myself. I hereby authorize this inquiry, and the release of such information to the Missouri Sheriffs' Association Training Academy.

Signature

Date

Missouri Sheriffs' Association and Training Academy

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I, (print your full name) _____ hereby authorize you to release any and all information regarding my employment, credit, arrest and conviction record, and any other information, whether personal or otherwise, that may be on my records to the:

**MISSOURI SHERIFFS' ASSOCIATION TRAINING ACADEMY
6605 BUSINESS 50 WEST
JEFFERSON CITY, MISSOURI 65109-6307**

I further release you from all liability for releasing such information.

PLEASE PRINT THE FOLLOWING INFORMATION

NAME					
ADDRESS					
DRIVERS LICENSE NUMBER					
SOCIAL SECURITY NUMBER					
DATE OF BIRTH			PLACE OF BIRTH		
SEX	RACE	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR

I sign this agreement voluntarily.

Signature _____

Date _____

Missouri Sheriffs' Association and Training Academy

WAIVER

Release of All Liability and Assumption of Risk

1. I hereby waive, release and forever discharge the Missouri Sheriffs' Association Training Academy, its agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action rising from and any all foreseen physical and mental injuries sustained by me during all self defense, physical, role playing, firearms or other training activities held by me during the Academy held on _____ through _____. This agreement is legally binding upon me, my heirs, executors, administrators and assigns.

2. In signing this release, I assert that:
 - a. I am presently in good physical and mental health.
 - b. I am capable of strenuous physical activity.
 - c. I am fully aware of, acknowledge and assume all risk of injury during my participation in this training.
 - d. I have read and fully understand the terms and conditions of this agreement and sign it voluntarily.

Print Name _____

Signature _____

Date _____

Witness _____

Signature _____

Date _____

Missouri Sheriffs' Association and Training Academy

PRE-ENTRANCE REQUIREMENTS FOR JAIL OFFICER TRAINEES

DIRECTIONS: Please read and initial each of the following entrance requirements.

- _____ 1. You must be 18 years of age.
- _____ 2. You must have visual ability sufficient to operate a vehicle in the State of Missouri (20 / 40) by both day and night.
- _____ 3. You must have the ability to effectively communicate via radio and telephone.
- _____ 4. You must complete all phases of the application process.
- _____ 5. You must t have a good driving record.
- _____ 6. You must have a current valid driver's license.
- _____ 8. You must be of good moral character and personal habits (good background).
- _____ 9. You must have no gross misconduct indicating inability to function as a jail officer. No felony convictions, S.I.S., or arrests, no misdemeanor convictions or arrests involving moral turpitude.
- _____ 10. You must successfully complete pre-entrance screening and review of Academy application.
- _____ 11. You must be a citizen of the United States.

By my signature below, I have read and understand the above entrance requirements for the Missouri Sheriffs' Association Training Academy. I understand that failure to comply with any of the above requirements or making any false representation of any kind will result in denial into the Missouri Sheriffs' Association Training Academy or permanent dismissal from the Missouri Sheriffs' Association Training Academy. I also understand that the Missouri Sheriffs' Association Training Academy in no way guarantees a job in law enforcement

I sign this form voluntarily.

Signature _____

Date _____

Missouri Sheriffs' Association and Training Academy

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the Missouri Sheriffs' Association Training Academy to release any and all information contained in my Academy file(s) to any law enforcement agency.

Signature _____

Date _____

Witnessed By _____

Missouri Sheriffs' Association and Training Academy

PROFESSIONAL REFERENCE

Each applicant in the Missouri Sheriffs' Association Training Academy must provide one professional reference in order to be considered for acceptance into the Basic Jail Officer Academy program. The reference must be a law enforcement officer currently active either on a local, state or federal level or a professional reference (i.e. supervisor, pastor, business leader). The individual listed as your reference will be contacted.

PLEASE PRINT ALL INFORMATION CLEARLY

NAME	
TITLE	
AGENCY NAME	
AGENCY ADDRESS	
WORK PHONE NUMBER	
CELL PHONE NUMBER	

ACADEMY USE ONLY

Date Contacted _____

Comments _____

Please return the application to:

**Missouri Sheriffs' Association and Training Academy
6605 Business 50 West
Jefferson City, Missouri 65109-6307**