

Name _____

INSTRUCTIONS FOR FILLING OUT APPLICATION:

1. If any question does not apply to you, please indicate so by N/A. If it is answerable by a Yes or No, please place a check mark in the proper response.
2. Be sure your name is placed in the space provided on each and every page in case the pages get separated so we can be sure your information stays in your file.
3. Type or print all entries. It is critical that all responses be legible. Black ink pens should be used.
4. Answer all questions fully and truthfully. Very few things will keep you from being selected to this academy. However, a false statement made on this application will result in non-acceptance and could result in your dismissal from the Academy if it is discovered while you are attending the Academy.
5. If you need more space to answer a question, use a plain white sheet of paper and attach it to this application.
6. The last page of the application process is a “release of information” form. Your signature on this page must be witnessed. Page 10 of this application is an “affirmation of truthfulness” and must be notarized.
7. Candidates need to include photo copies of the following items with their application:
 - a) Birth Certificate
 - b) High school diploma and college transcripts
 - c) Armed Forces discharge papers
 - a) Pistol permit
 - b) Driver’s License
8. The last step of the application process is an interview by the Academy Board.

Name _____

(All information given in this application will be held confidential)

I. Applicant Information:

1. Name _____
(Last) (First) (Middle)

2. Address _____
Telephone _____

3. Social Security # _____

4. Physical Characteristics

Height _____ Weight _____ Lbs. Sex _____

Hair _____ Eyes _____ U.S. Citizen Yes _____ No _____

Date of Birth _____ Place of birth _____

5. Give any other names you have used or been known by with a brief statement giving reasons. If none, state N/A

6. Have you ever applied for a Civil Service Position? Yes _____ No _____

(Date taken) (Location of Examination) (Position) (Results)

(Date taken) (Location of Examination) (Position) (Results)

7. Do you have a pistol permit? Yes _____ No _____ If yes, number: _____

County Issued: _____

8. Do you hold any other licenses, permits or certificates authorizing you to practice a particular occupation or profession? Yes _____ No _____

(Date Issued) (Profession) (Issuing Authority)

Name _____

9. Do you possess a valid driver's license: Yes _____ No _____

Type Number State Date Issued Expiration Date

10. Have you ever been ticketed/convicted of any violation of the Vehicle & Traffic Law? If yes, list below:

Date Charge Police Agency

Court Disposition

Date Charge Police Agency

Court Disposition

Date Charge Police Agency

Court Disposition

11. Have you received any traffic offenses for which you cannot remember the date, charge, or location? Yes _____ No _____

12. Do you own a motor vehicle? Yes _____ No _____

Make Model Year of Vehicle Registration Number

Make Model Year of Vehicle Registration Number

13. Have you ever been arrested for a crime or have any pending charges? If yes, provide details on separate sheet. Yes _____ No _____

14. Have you ever been called, summoned, or subpoenaed to appear as witness or in any other capacity before any grand jury, legislative committee, hearing board, referee or administrative agency in any jurisdiction? Yes _____ No _____

If yes, give details (give only names of committee, court, or agency and date): _____

Name _____

II. Residency: List all residences for the past ten (10) years.

_____ (Street Address)	_____ (City/Town/Village/State)	_____ (Dates)
_____ (Street Address)	_____ (City/Town/Village/State)	_____ (Dates)
_____ (Street Address)	_____ (City/Town/Village/State)	_____ (Dates)

III. Employment and Experience: List all employers for whom you have worked for during the past ten years, starting with the present or most recent employer going backwards. Account for all time periods including periods of unemployment.

1. From: _____ To: _____ Employer: _____

_____ (Street Address)	_____ (City/Town/Village/State)	_____ (Zip Code)
_____ (Supervisor's Name)	_____ (Telephone)	_____ (Reason for Leaving)
_____ (Job Description)	_____ (Job Title)	_____ (Salary)

2. From: _____ To: _____ Employer: _____

_____ (Street Address)	_____ (City/Town/Village/State)	_____ (Zip Code)
_____ (Supervisor's Name)	_____ (Telephone)	_____ (Reason for Leaving)
_____ (Job Description)	_____ (Job Title)	_____ (Salary)

Name _____

IV. Educational Qualifications:

List the requested information concerning all schools, colleges, and universities which you have attended in chronological order, with the last institution attended listed first.

1. _____
(From – To) (Name of Educational Institution)

_____ (Street Address) (City/Town/State/Zip)

_____ (Grade Average) (Extra Curricular Activities)

_____ (Grades Attended) Graduated Yes _____ No _____

_____ (Type of Degree or Diploma) (Date Granted)

2. _____
(From – To) (Name of Educational Institution)

_____ (Street Address) (City/Town/State/Zip)

_____ (Grade Average) (Extra Curricular Activities)

_____ (Grades Attended) Graduated Yes _____ No _____

_____ (Type of Degree or Diploma) (Date Granted)

3. _____
(From – To) (Name of Educational Institution)

_____ (Street Address) (City/Town/State/Zip)

_____ (Grade Average) (Extra Curricular Activities)

_____ (Grades Attended) Graduated Yes _____ No _____

_____ (Type of Degree or Diploma) (Date Granted)

Name _____

4. _____

(From - To)

(Name of Educational Institution)

(Street Address)

(City/Town/State/Zip)

(Grade Average)

(Extra Curricular Activities)

(Grades Attended)

Graduated Yes _____ No _____

(Type of Degree or Diploma)

(Date Granted)

V. Military Service:

i. Do you have or have you ever had any selective service classification? Yes _____ No _____

If yes, classification number: _____

Date

Classification

Issuing Authority

2. Are you now or have you ever been a conscientious objector of otherwise opposed to the use of firearms for any reason? Yes _____ No _____

If yes, give details: _____

3. Have you ever served in the Armed Forces of the United States: If no, go to Part VI; if yes: Yes _____ No _____

From-To

Branch

Service Number

Type of Discharge

4. If you had military service, what was your highest rank attained? _____
What was your last rank? _____

5. Have you ever received a discharge or separation from the military? _____
What was your last rank? _____

6. Are you now serving or have you ever served in any reserve or National Guard unit? Yes _____ No _____

If yes, give details: _____

Name _____

7. Did you receive any commendations, awards, or medals in connection with your military service?

Yes _____ No _____

If yes, give details: _____

8. Were you ever subjected to any disciplinary proceedings while in military service? (Include court martial, summary proceedings, or Article 15 actions.)

Yes _____ No _____

If yes, indicate below and attach additional page for explanation:

Date	Charge	Location or Unit	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. What types of training or education did you complete while in the military service? (Do not include basic training.)

From-To	Type of Training	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Were you ever the subject of any disciplinary action or proceeding at any education institution that you attended?

Yes _____ No _____

If yes, give details: _____

VI. References: List the information below concerning persons who may attest to your character, integrity, and fitness for the position you are applying for. List four (4) personal and three (3) business references (supervisors and co-workers). Do not include relatives for personal references.

PERSONAL

1. _____ (Name) _____ (Telephone #)

(Street Address, City/Town, State, Zip)

2. _____ (Name) _____ (Telephone #)

(Street Address, City/Town, State, Zip)

Name _____

3. _____

(Name)

(Telephone #)

(Street Address, City/Town, State, Zip)

4. _____

(Name)

(Telephone #)

(Street Address, City/Town, State, Zip)

BUSINESS

1. _____

(Name)

(Telephone #)

(Street Address, City/Town, State, Zip)

2. _____

(Name)

(Telephone #)

(Street Address, City/Town, State, Zip)

3. _____

(Name)

(Telephone #)

(Street Address, City/Town, State, Zip)

VII. Other Information:

1. Do you possess a fluency in any foreign language? _____

Yes _____ No _____

If yes, language:

Speak _____

Read _____

Write _____

All _____

Speak _____

Read _____

Write _____

All _____

2. Briefly state your reasons for desiring to attend the police academy. _____

Name _____

**DAVID SULLIVAN
ST. LAWRENCE COUNTY
LAW ENFORCEMENT ACADEMY**

I, _____, being duly sworn, depose and say, that I am the person whom the foregoing application concerns; that I completed the application in my own hand; and that the answers I have given to each and every question therein are full, complete, true, and correct, to the best of my knowledge.

NOTICE: False statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the New York State Penal Law.

Dated: _____ Applicant's Signature _____

Sworn to before me, this _____ day of _____, 20

Notary Signature

Name _____

**DAVID SULLIVAN
ST. LAWRENCE COUNTY
LAW ENFORCEMENT ACADEMY**

AUTHORITY FOR RELEASE OF INFORMATION
(Supplement to Academy Application)

This Authority for Release of Information, or copy thereof, constitutes my consent and authorization to any person(s) duly accredited by, and representing the David Sullivan, St. Lawrence County Law Enforcement Academy to obtain any information in files which is relevant to my application for the police academy. With my consent and authorization, any person(s) or organization is directed to furnish such information upon request.

This Authority for Release of Information is executed with full knowledge and understanding that the information is for official use only by the David Sullivan, St. Lawrence County Law Enforcement Academy and that the information will be safeguarded against unauthorized disclosure to any agency or individual not having a legitimate need for it.

I hereby release any person(s) or organization, their employees, agents, and officials from any and all liability for damages of whatever kind or nature on account of account of compliance, or any attempts to comply, with this Authority for Release of Information.

Date	_____	Applicant's Signature	_____
		Street Address	_____
		City/State/Zip	_____
Date:	_____	Witness	_____

Name _____



**ST. LAWRENCE COUNTY
LAW ENFORCEMENT ACADEMY
SUNY CANTON
CANTON, NEW YORK 13617
PHONE (315) 386-7136
FAX (315) 379-3893**

CERTIFICATE OF HEALTH

Physician's report concerning the fitness of _____
Who is an applicant to the David Sullivan-St. Lawrence County Law Enforcement Academy.

I have examined _____ and find that he/she is fit and capable of
Engaging in/returning to the engagement of strenuous physical activity of the nature required
in law enforcement training.

Physician's Signature

Date

Physician's License Number