

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

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 _____	

**PRE-EMPLOYMENT POLICE BASIC TRAINING PROGRAM**  
**STUDENT WARNING NOTICE**

School Name:	Student Name:
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Students in the Pre-Employment Police Basic Training Course must be advised of several conditions of this training program that will effect them immediately and in the future. Through this notice, the school is advising the student of these conditions as required by the policy established for this program by Division of Criminal Justice Services.

1. Completion of this program is not a guarantee of employment as a police officer.
2. To complete this pre-employment training program, a student must participate in physical fitness training and successfully complete a physical fitness examination.
3. To complete this pre-employment training program, a student must comply with mandated New York State regulations that include: strict attendance requirements; maintaining a notebook; and passing written examination/s.
4. This is a two-phase program. The first phase is conducted pre-employment and the second phase is conducted after appointment as a police officer. Each individual phase of this training program must be completed as a single and cohesive unit. This means that students must complete the phase of the program at one institution. The following phase may be conducted at a separate institution.
5. Before being appointed as a police officer, a person must complete New York State Civil Service requirements and appointing agency hiring standards (including minimum and maximum age and residency requirements) by taking a written examination and scoring high enough on the eligibility list to be considered for appointment.
6. Before being appointed as a police officer, a person must take and successfully complete a physical fitness examination.
7. Before being appointed as a police officer, a person must submit to a medical examination, that may include drug screening.
8. Before being appointed as a police officer, a person may be required to submit to a psychological examination.
9. Before being appointed as a police officer, a person with criminal conviction or with a felony conviction may be disqualified from employment.
10. Before being appointed as a police officer, a person may be required to submit to a background investigation.
11. Upon appointment as a police officer, a person will be required to successfully complete additional training. Failure to complete this training will result in denial of certification by the New York State Municipal Police Training Council. This certification is required by § 209-q of the General Municipal Law for police officers to remain in their positions.
12. Pre-employment training will be valid for two years after completion of this program. If a person is not appointed before two years has elapsed, they will be required to attend a Police Refresher Course. After ten years from the date of completion records on the transcript, the training will no longer be valid (this is consistent with the provision of §209-q of the General Municipal Law pertaining to police officers).

Students Signature:	Date:
Course Director Signature:	Date: