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.
(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)
9. Do you possess a valid driver’s license: Yes _____ No _____

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
<th>State</th>
<th>Date Issued</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Charge</th>
<th>Police Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Court</td>
<td>Disposition</td>
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<td>Disposition</td>
<td></td>
</tr>
</tbody>
</table>

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 _____

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
<th>Year of Vehicle</th>
<th>Registration Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
<th>Year of Vehicle</th>
<th>Registration Number</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City/Town/Village/State</th>
<th>Dates</th>
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<tbody>
<tr>
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</tbody>
</table>

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: __________________________

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City/Town/Village/State</th>
<th>Zip Code</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Supervisor’s Name</th>
<th>Telephone</th>
<th>Reason for Leaving</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Job Description</th>
<th>Job Title</th>
<th>Salary</th>
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</thead>
<tbody>
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<td></td>
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</table>

2. From: __________________________ To: __________________________ Employer: __________________________

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City/Town/Village/State</th>
<th>Zip Code</th>
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</tbody>
</table>
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)
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:

________________________________________________________________________
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:
<table>
<thead>
<tr>
<th>Date</th>
<th>Charge</th>
<th>Location or Unit</th>
<th>Disposition</th>
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</table>

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
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</tbody>
</table>

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.
   __________________________________________________________________________
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
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: ________________________
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 conduct 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).