

APPLICATION CHECKLIST

University Requirements

- MWSU Authorization for Release of Information form
- Pre-Entrance Requirements form
- MWSU University Application: www.missouriwestern.edu/admissions/apply-for-admission/
- Law Enforcement Academy Application
- Personal Interview with Academy Director
- Physical Examination form
- NOTARIZED** Medical History & Release of Liability form
- Minimum PT Performance Standard form
- Recruit Permission to Release Information form
- NOTARIZED** Recruit Waiver
- Financial Aid Path form

POST Requirements

- NOTARIZED** Authorization for Release of Information form
- Missouri Peace Officer License Application
- NOTARIZED** Legal Questionnaire
 - This includes cases where you may have received a Suspended Imposition of Sentence, Suspended Execution of Sentence, or if the case was expunged. It includes offenses that you have committed that went undetected and / or unreported. Failure to report even very minor qualifying incidents may result in your application being denied for lack of candor! Should you disclose anything in this section, include a copy of all offense reports and copies of any court dispositions. You will also need to prepare a personal statement explaining the circumstances of the incident(s) and a little about who you are today and why you would like to be accepted into the Law Enforcement Academy. All of this is submitted to the Department of Public Safety for consideration.
- Missouri Applicant Fingerprint Privacy Notice
- IdentoGO: Fingerprint Receipt
 - Website: www.identogo.com/locations
 - Cost: \$41.75
 - MWSU LEA Code: 5979
 - This fingerprinting process is required by POST, and this information will be sent directly to Missouri Department of Public Safety. There is no exception.
- Copy of Proof of United States Citizenship (Birth Certificate or Naturalization Paperwork)
- Copy of Driver License
- Official State Driving Record
- Copy of High School Diploma or Official Transcript OR Transcript demonstrating completion of GED
- Post-Secondary Transcripts (if applicable)
 - Sent to the Law Enforcement Academy from the institution, or Delivered in envelope sealed by the Institution
- Copy of Military DD214 (if applicable)

AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I, _____ 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 Western State University
 Law Enforcement Academy
 4525 Downs Drive, Wilson Hall 202
 St Joseph, Missouri 64507

I further release you from all liability for releasing information.

PLEASE PRINT THE FOLLOWING INFORMATION

NAME					
ADDRESS					
DRIVER 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: _____



Law Enforcement Academy

PRE-ENTRANCE REQUIREMENTS FOR LAW ENFORCEMENT TRAINEES

Directions: It is important that you, the applicant, know and understand the entrance requirements in the Missouri Western Law Enforcement Academy. Please read and initial each of the following entrance requirements.

- _____ 1. Effective September 1, 2003, the office of the Director of Public Safety will DENY the basic training center application of any individual who has been convicted of "driving while intoxicated", "driving with excessive blood alcohol content" or "possession of a controlled substance " within (3) three years of the date of application. This shall include those offenses where the imposition or execution of sentence was suspended. This denial shall be in accordance with section 590.100.1, RSMo, and 11 CSR 75-13.090, and the applicant shall have the ability to appeal this denial within the Administrative Hearing Commission.
- _____ 2. Must be 18 years of age prior to the first day of the Law Enforcement Academy. Must successfully COMPLETE all phases of the academy training before being permitted to sit for the licensing exam.
- _____ 3. Must have a high school diploma or GED.
- _____ 4. Must have visual ability sufficient to operate a vehicle in the State of Missouri (20/40) by both day and night, to observe traffic violations, to read and write reports, correspondence, etc.
- _____ 5. Must have sufficient command of the English language and the ability to effectively communicate using English both verbally and in written format.
- _____ 6. Must complete all phases of the application process, including the legal questionnaire. Applicants who omit information or misrepresent information will be denied entrance into the Law Enforcement Academy.
- _____ 7. Must have a good driving record.
- _____ 8. Must have a current valid driver license.
- _____ 9. Must be of good moral character and personal habits (good background).
- _____ 10. Must be able to demonstrate, through clean background, the suitability to serve as a licensed peace officer.
- _____ 11. Must successfully complete pre-entrance screening and review of the MWSU Academy application.
- _____ 12. Must be a citizen of the United States.
- _____ 13. Prior Military (if applicable): Must not have received "Other than Honorable", "Bad Conduct", or "Dishonorable" Discharge from Service.

By my signature below, I have read and understand that above entrance requirements for the Missouri Western Law Enforcement 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 Western Law Enforcement Academy. I also understand that the Missouri Western Law Enforcement Academy in no way guarantees a job in law enforcement, but will provide the required training as a peace officer in the State of Missouri.

I sign this form voluntarily.

Signature _____ Date _____



Law Enforcement Academy

APPLICATION

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 (including maiden name, if applicable)		
<i>Please include a copy of your marriage certificate if last names are different.</i>		

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

E. EDUCATION		<i>High school graduation or G.E.D. equivalency is required.</i>
High School Name		
City		
State		
Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when?

<i>If you have a G.E.D., please complete the following:</i>		
Year Obtained	City	State

<i>Please indicate below all colleges / universities previously attended (if applicable):</i>				
Name	State	Dates of Attendance	Major	Date Graduated



Law Enforcement Academy

F. EMPLOYMENT

List all jobs you have held in the past five (5) years (begin with current or most recent).

Name of Employer	Type of Work	Dates	Reason for Leaving

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 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, I 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 Western State University Law Enforcement Academy.

Signature _____ Date _____

AUTHORIZATION TO RELEASE INFORMATION

I understand that the Missouri Western State University Law Enforcement 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 Western State University Law Enforcement Academy.

Signature _____ Date _____

PHYSICAL EXAMINATION

_____ has applied for admission for the MWSU Law Enforcement Academy. Each recruit attending the Academy participates in and must satisfactorily pass a strenuous physical fitness program and training activities. This program emphasizes aerobic exercises, strength development, and the increase of flexibility and other activities.

Specifically, the applicant will be:

1. Achieving the goal of endurance running and sprints.
2. Completing an obstacles course, consisting of running, jumping, climbing, crawling, and lifting.
3. Carrying other recruits and performing calisthenics, such as: push-ups, pull-ups, sit-ups, weightlifting, and various stretching exercises.
4. Participants in defensive tactics and activities such as blocks, kicks, strikes, and ground fighting.

It is imperative that each applicant receives a physical examination designed to ensure his/her ability to perform required exercises and activities. Therefore, the Academy requests that you determine if this applicant is, to the best of your knowledge, physically capable of participation in our program.

Attached is the PHYSICAL APPROVAL FORM. After your examination, please initial and sign at the appropriate place, along with your *printed* name, signature, and have the doctor's office staff type or stamp the office address information.



Law Enforcement Academy

MEDICAL HISTORY & RELEASE OF LIABILITY

Part I – To be completed by academy recruit:

Name _____ Class # _____

Please answer the following questions:

A. Are you aware of any physical, psychiatric, or psychological conditions which would restrict the academy cadet's ability to participate in moderate activities of the M.W.S.U. Regional Law Enforcement Academy?
Yes _____ No _____

B. If you answered "yes" to A, describe the condition and provide information concerning what you consider to be a reasonable accommodation which would enable the academy recruit to participate safely in the academy activities (attach additional pages if needed):

C. Is the academy recruit allergic to any food, drugs, or other substances, and if so, what?

D. Is the academy recruit currently taking any prescription drugs, and if so, what?

E. In the event the academy recruit is injured while attending the academy and it is necessary to obtain medical treatment for the academy recruit, is there any other information we should know about the academy recruit that would be pertinent to seeking such treatment (attach additional pages if necessary)?

I understand and acknowledge that the Regional Law Enforcement Academy and Missouri Western State University are not responsible for any injuries or illness existing prior to my participation in the Academy.

I hereby authorize the employees of the foregoing entities to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I am able to make decisions concerning treatment.

Signature of the Academy Recruit

Date

Subscribed before me, a notary public, this _____ day of _____, 20____.

Notary Public

My commission expires: _____

Part 2 – To be completed by physician:

I hereby certify that I have examined _____ and found him/her physically fit to attend and participate in the Missouri Western State University Law Enforcement Academy, and I know of no conditions which would limit his/her participation in all activities in the academy except (attach additional pages if needed):

If I am aware of any conditions that would limit his/her participation in the academy, the following is a description of what I would consider to be a reasonable accommodation of such conditions to enable him/her to participate safely in the activities of the academy (attach additional pages if needed).

Date of last tetanus shot _____ *Date of last exam* _____

PHYSICIAN'S SIGNATURE _____

Physician's Name (printed) _____

Physician's Address _____

Physician's Phone # _____



Law Enforcement Academy

MINIMUM PHYSICAL FITNESS PERFORMANCE STANDARDS

Part 1: Aerobic and Muscular Endurance

Sit-Ups (1 minute)		Push-Ups (1 minute)		100-Yard Dash		1 Mile Run	
A - 100%	46+	A - 100%	45+	A - 100%	12 seconds	A - 100%	7 minutes
B - 92%	32	B - 92%	35	B - 92%	16 seconds	B - 92%	9 minutes
C - 83%	29	C - 83%	25	C - 83%	20 seconds	C - 83%	11 minutes
Pass	25	Pass	15	Pass	28 seconds	Pass	13 minutes

Part 2: Anaerobic Endurance

PAT - Simulated Job Tasks - 5:30

Shuttle Run

Step 1:	Run 25 yards
Step 2:	Pick-up 10-pound weight and run 25 yards back to start
Step 3:	Run to stairs - jump (2) two simulated physical barrier/ditch measuring 4 feet across which are located 10 yards apart

Stair Climb

Step 4:	Ascend and descend flight of stairs then pick up 10-pound ascend and then descend stairs a third time
Step 5:	Sit down 10-pound weight
Step 6:	Run to lifelike body dummy

Body Drag

Step 7:	Drag 165-pound lifelike dummy 25 yards
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To Pass the Physical Fitness Testing, each recruit must successfully complete both Part 1 and Part 2 of the physical training assessment. Recruits who do not receive an "A" in their physical testing evaluation will not be considered for the physical training award.

Signature _____

Date _____

RECRUIT PERMISSION TO RELEASE INFORMATION

I _____ specifically give the staff of Missouri Western State University Regional Law Enforcement Academy permission to release any and all information including information about my GPA, specific class grades and performance, academic standings and disciplinary matters. I understand that by signing this release I am not asking the staff members to keep anything “off the record” or “confidential”.

Recruit Signature

Date



Law Enforcement Academy

RECRUIT WAIVER: RELEASE FROM LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Release from Liability and Assumption of Risk Agreement

- 1) Intending that this agreement be legally binding upon me, my heirs, executors, administrators and assigns. I hereby waive, release and forever discharge the Administration of Missouri Western State University, their trustees, officers, employees, and agents from any and all liability damage, or claim of any nature whatsoever by reason of any and all known and unknown, foreseen and unforeseen physical and mental injuries and consequences thereof, suffered by me during activities at the Regional Law Enforcement Academy. These may include but are no limited to self-defense, physical role playing, firearms training, and physical agility activities prior to and during the Academy term held:

_____ to _____
 (Starting Month and Year) (Graduating Month and Year)

- 2) In signing this release, I assert that:
 - a. I am presently in good physical and mental health.
 - b. I have no reason to believe that I am not in good physical and mental health.
 - c. I am fully aware of, acknowledge and assume all risk of injury during my participation in the training.
 - d. I am aware that I must maintain health insurance coverage during the Academy term and may be asked to provide proof of coverage.
 - e. I have read and fully understand the terms and conditions of this agreement, and I agree to all terms and conditions.
 - f. I further state that I am cognizant of the inherent dangers and risks, including paralysis and death associated with the activities.
 - g. I am of lawful age and legally competent to sign this waiver and release, and I have signed this document as my own free act.

I hereby certify that the above information is true, correct and complete based on my personal knowledge and belief. I understand that providing false or fraudulent information may be grounds for adverse action, up to and including expulsion from the program.

Name (print or type) _____

Signature _____

Date _____

Subscribed and sworn to before me the _____ day of _____

Commissioned in _____ County, Missouri

Notary Public _____



Law Enforcement Academy

FINANCIAL AID AND THE LAW ENFORCEMENT ACADEMY

Please indicate the path you plan to complete. (You must indicate one path only)

_____ **PATH 1** – Enroll as a degree-seeking student working toward a Bachelor’s or Associate’s Degree in Criminal Justice. The Peace Officer License Program is included in your studies toward your degree.

- Traditional Financial Aid may be available, including, but not limited to: Student Loans; Pell Grants; and, some Veterans Benefits.
- **ACT/SAT test results are no longer required for admission into the University** but are still used for automatic scholarships and course placement. If you do not have ACT or SAT scores, placement tests may be required in some subjects.
- Upon successful completion, you earn 18 college credits you can apply to your Criminal Justice Degree.

_____ **PATH 2** – Enroll as a non-degree seeking student, earning a POST certificate ONLY

- Non-traditional Financial Aid may be available, including, but not limited to: Law Enforcement Agency Sponsorship / Endorsement; grants / scholarships; and, Veterans Benefits
- There are no ACT/ developmental coursework requirements
- Upon successful completion, you earn 18 college credits you can apply to a degree in the future.

Print Name: _____ Signature _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Rev. 10.21.2022

I, _____ hereby authorize any individual, organization, court, or law enforcement agency to release any and all records related to my prior law enforcement training and certification or licensure; any and all records related to any criminal or internal investigation conducted on me; and any and all pre-employment application or employment records pertaining to me, to the Missouri Department of Public Safety's Peace Officer Standards and Training Program for the purpose of obtaining or retaining a peace officer license.

A copy of this authorization will be considered as effective and valid as the original and shall not expire.

Signature of Applicant or Licensee

Date

Subscribed and sworn to before me this _____ day of _____, 20____. I am commissioned as a notary public within the county of _____, state of _____, and my commission expires on _____, 20____.

NOTARY PUBLIC



Missouri Peace Officer License Application

Last Revised 10.21.2022



LICENSED TRAINING CENTER INFORMATION

Training Center Name

Name (Last, First, Middle)		E-Mail Address		Social Security Number	
Mailing Address		City		State	Zip Code
Telephone Number ()		Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

ATTESTATION BY APPLICANT

Have you previously applied for admittance into any other a basic law enforcement academy? Yes No

If yes, please indicate the name of the training center AND the state in which it was located: _____

If you did not attend this training center, or your application to attend was not accepted, please list why:

I am aware that causing a material fact to be misrepresented for the purpose of obtaining a peace officer license issued pursuant to Chapter 590 RSMo, is a Class B Misdemeanor.

Signature of Applicant

Date

PLEASE ATTACH ALL DOCUMENTS LISTED BELOW IN THE ORDER THAT THEY ARE REQUESTED.

1. Copy of High School Diploma, GED, or Degree from an accredited college or university.
2. Proof of United States Citizenship: Birth Certificate, Passport, or Naturalization Documentation. If name has been changed, include marriage license, divorce decree, or legal name change documentation.
3. Completed Missouri Peace Officer License Legal Questionnaire **and** the Authorization for Release of Information.
4. Photocopy of the applicant's current state issued driver's license.

ADDITIONAL INFORMATION REQUIRED FROM CERTAIN TRAINING CENTERS

In addition to the three items listed above, the following items are required from the **Missouri State Highway Patrol, the Missouri Department of Conservation, the St. Louis City Police Department, the Kansas City Police Department, and the Springfield Police Department:**

- 1 Agency ORI: _____
- 2 Date Applicant will be Commissioned by your department, unless individual is an open enrollment applicant: _____

SEND THIS FORM AND ATTACHMENTS TO POST

Missouri Department of Public Safety Peace Officer Standards & Training (POST) Program Attn: Cheryl Parris P.O. Box 749 Jefferson City, MO 65102 Phone: (573) 526-2764 Fax: (573) 751-5399 Email: cheryl.parris@dps.mo.gov Website: https://dps.mo.gov/post	FOR POST USE ONLY:	
	POST Test Date: _____	Proof of U.S. Citizenship: _____
	Graduation Date: _____	Diploma/Degree: _____
	IADLEST Check: _____	Legal Questionnaire: _____
	Basic Training Hours: _____	SID# _____
	Processed by: _____	Reviewed by: _____
	Program Manager Approval: _____	Date: _____



Missouri Peace Officer License Legal Questionnaire



New Licensure Applicants

Last Revised 10.21.2022

Instructions:

- All basic training applicants shall complete this questionnaire prior to being admitted into a basic training course.
- If the applicant indicates “yes” to the question listed below, submit the questionnaire to the POST Program for review **prior** to admitting the individual into a basic training course.
- Maintain a copy of the completed questionnaire and submit it along with the individual’s Peace Officer License Application.

Licensed Basic Training Center: _____

Applicant’s Name: _____ DOB: _____

Social Security Number: _____ Daytime Telephone Number: _____

Home Mailing Address _____

Have you ever been arrested for, charged with, or committed any criminal offense? (§ 590.080.1(2), RSMo)

YES * NO

*If yes, describe the offense(s) below. If needed, you may attach additional pages.

Date	Charge/Offense	City/County/State	Misd/Felony/Ordinance	Disposition	Arresting Agency

Before signing and submitting the notarized questionnaire, please feel free to discuss any questions you might have with a representative of the POST Program by calling (573)751-3409.

I am aware that causing a material fact to be misrepresented for the purpose of obtaining a peace officer license issued pursuant to Chapter 590 RSMo, is a Class B Misdemeanor.

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____. I am commissioned as a notary public within the county of _____, state of _____, and my commission expires on _____, 20____.

NOTARY PUBLIC

POST USE ONLY

Based on the information provided, the above listed applicant is eligible for licensure.

POST Program Representative: _____ Date: _____



Law Enforcement Academy

Missouri Applicant Fingerprint Privacy Notice

The Missouri Applicant Fingerprint Privacy Notice includes three (3) sections.

1. The State and National Rap Back Privacy Notice
2. The Noncriminal Justice Applicant Privacy Rights
3. The Privacy Act Statement

State and Federal Rap Back Privacy Notice

Applicants submitting their fingerprint images to the Central Repository for a fingerprint based criminal record check are advised that their fingerprint images will be retained in state and federal biometrics databases, pursuant to Section 43.540 RSMo. If the submitting agency participates in the State or State and National Rap Back Programs, fingerprint images will be submitted, searched and retained for the purpose of being searched against future submissions to the State and National Rap Back programs; fingerprint searches will also include latent print searches.

The "Missouri Rap Back Program" and "National Rap Back Program" shall include any type of automatic notification made by the State Missouri and/or the Federal Bureau of Investigation through the Missouri State Highway Patrol to a qualified entity indicating that an applicant who is employed, licensed, or otherwise under the purview of the qualified entity has been arrested for a reported criminal offense and the fingerprints for that arrest were forwarded to the Central Repository or the Federal Bureau of Investigation by the arresting agency.

By signing the Missouri Applicant Fingerprint Privacy Notice you are acknowledging the receipt of and agreeing to the terms of the State and National Rap Back Privacy Notice, the Noncriminal Justice Applicant Privacy Rights, and the Privacy Act Statement.

Signature: _____ Date: _____

08/23/2018 MSHP