



APPLICATION CHECKLIST

It is important that you, the applicant, know and understand the application requirements. Please read the following requirements carefully prior to filling out the application.

Step #1: Online Applications

- ☐ Law Enforcement Academy Application: www.missouriwestern.edu/academy/apply-now/
- ☐ MWSU University Application: www.missouriwestern.edu/admissions/apply-for-admission/

Step #2: Academy Documents

- ☐ MWSU Authorization for Release of Information form
- ☐ Recruit Permission to Release Information form
- ☐ **NOTARIZED** Recruit Waiver
- ☐ **NOTARIZED** Authorization for Release of Information form
- ☐ Missouri Peace Officer License Application
- ☐ **NOTARIZED** Legal Questionnaire
 - Please list any arrest on the form including traffic citations. Specifically, it asks, "Have you ever been arrested for, charged with, or committed any criminal offense?" This includes cases where you may have received a Suspended Imposition of Sentence, Suspended Execution of Sentence, or if the case records were expunged. These items will show up on the Criminal Background check that is done when you are fingerprinted. Should you disclose anything in this section, please include Certified Copies 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. Traffic citations must be listed; however, records are not needed unless asked for by POST.

Step #3: Supporting Documents

- ☐ 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
- ☐ Copy of Military DD214 (if applicable)



Law Enforcement Academy

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: _____



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 not 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 _____

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 6.30.2026



LICENSED TRAINING CENTER INFORMATION

Training Center Name

APPLICANT INFORMATION

Name (Last, First, Middle)	E-Mail Address	Social Security Number	
Mailing Address	City	State	Zip Code
Telephone Number ()	Date of Birth	Age	Gender ☐ Male ☐ Female

ATTESTATION BY APPLICANT

Have you previously applied for admittance into any other a basic training center? ☐ 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 for any reason, 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 legally 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 Metropolitan Police Department, the Kansas City Police Department, and the Springfield Police Department:**

- 1 Agency ORI: _____
- 2 Date applicant will be commissioned by department, unless open enrollment applicant: _____

SEND THIS FORM AND ATTACHMENTS TO POST

FOR POST USE ONLY:

POST Test Date: _____ Basic Training Hours: _____

Graduation Date: _____ IADLEST Check: _____

Processed by: _____

Approved by: _____ Date: _____



Missouri Peace Officer License Legal Questionnaire

New Licensure Applicants

Last Revised 09.26.2023



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? (§ 590.080.2(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: _____