

# Lincoln University Law Enforcement Training Academy

## APPLICATION

### CERTIFICATION OF APPLICATION AUTHORIZATION FOR RELEASE OF INFORMATION

*(Read Carefully Before Signing)*

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I, (PRINT FULL NAME HERE) \_\_\_\_\_ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omission of material facts will cause forfeiture on my part of all rights to admission as a recruit in the Academy

I hereby authorize all law enforcement agencies, the veterans administration, all military agencies, all federal, state, or local government agencies, state and federal tax bureaus, credit bureaus, medical agencies, schools and universities, to furnish the holder of this release with all and any available information regarding me to determine my suitability for police work.

I authorize the holder of this release to make inquiry of my present and past employers regarding my character, integrity and reputation, and work performance.

I authorize the release of any and all information regarding my employment, credit, arrest, conviction record, or any other information, whether personal or otherwise, that may or may not be on their records, and release said company, person and Academy from all liability for any damage, whatsoever that may issue from furnishing such information to the holder of this release.

I authorize this application to be released to any law enforcement agency.

I authorize the Lincoln University Law Enforcement Training Academy to obtain arrest information from records that may be confidential or closed.

A Photostat copy of this authorization will be considered as effective and valid as the original.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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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\_\_\_\_.

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NOTARY PUBLIC



# Lincoln University Law Enforcement Training Academy

## APPLICATION

### INSTRUCTIONS FOR COMPLETING APPLICATION

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**READ** and **FOLLOW** the information in the **APPLICATION DIRECTIONS** at the beginning of this document.

Read every question carefully and answer each question as accurately, completely and neatly as possible. **ALL ENTRIES IN THIS APPLICATION**, except signatures, **MUST BE PRINTED legibly BY THE APPLICANT**.

If a question does not apply to you, write N/A in that space.

The information requested on this application will be used for reference by those who will be considering your application for acceptance to the LULETA. A background investigation will be conducted into your personal and/or criminal history.

Applicants may be requested to take a polygraph test or CVSA (lie detector) examination to confirm the information supplied in this application. Any false, misleading, or incomplete information will be grounds to disqualify you for any academy position.

Please confirm that you have read and understand the above by signing below.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Email Address: \_\_\_\_\_



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*If additional space is needed for any Section, use Page 12 to complete.*

### PERSONAL DATA (SECTION I)

|  |        |  |            |  |               |
|--|--------|--|------------|--|---------------|
| Last Name  |        | First Name   |            | Middle Name  |               |
| Street Address   |        | City   |            | State & Zip Code   |               |
| Home Telephone Number  |        | Cell Telephone Number  |            | Email Address  |               |
| Age  | Height | Weight   | Hair Color | Eye Color  | Date of Birth |
| Place of Birth   |        |  |            |  |               |
| Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female   |        | Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latin American<br><input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other _____ |            |  |               |
| Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |        |  |            | Were you naturalized? <input type="checkbox"/> Yes <input type="checkbox"/> No |               |
| List ANY names/aliases you have <u>ever</u> used:  |        |  |            |  |               |
| List all Social Media ID(s) you currently have:  |        |  |            |  |               |
| Starting with your present address, list all addresses where you have lived for the past ten (10) years, including military addresses: |        |  |            |  |               |
| Dates<br>From To   |        | Street Address   | City       | State & Zip Code   |               |
|  |        |  |            |  |               |
|  |        |  |            |  |               |
|  |        |  |            |  |               |
|  |        |  |            |  |               |
|  |        |  |            |  |               |
|  |        |  |            |  |               |
|  |        |  |            |  |               |
|  |        |  |            |  |               |

### FAMILY & EMERGENCY INFORMATION (SECTION II)

|   |              |         |           |            |               |
|---|--------------|---------|-----------|------------|---------------|
| Check one: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |              |         |           |            |               |
| Beginning with your spouse, list the full names of your immediate family (father, mother & her maiden name, brothers, sisters):   |              |         |           |            |               |
| Name  | Relationship | Address | Telephone | Occupation | Date of Birth |
|   |              |         |           |            |               |
|   |              |         |           |            |               |
|   |              |         |           |            |               |
|   |              |         |           |            |               |

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| List the full names of your spouse's immediate family include, father, mother, brothers and sisters: |              |         |           |            |               |
|--|--------------|---------|-----------|------------|---------------|
| Name   | Relationship | Address | Telephone | Occupation | Date of Birth |
|  |              |         |           |            |               |
|  |              |         |           |            |               |
|  |              |         |           |            |               |
|  |              |         |           |            |               |
|  |              |         |           |            |               |
|  |              |         |           |            |               |

| Marriage Information (list all marriages) |            |                    |
|---|------------|--------------------|
| Date Married                              | City/State | Spouse's Full Name |
|   |            |                    |
|   |            |                    |
|   |            |                    |

| If divorced or separated, list current name and address of former spouse(s) if known: |         |  |  |           |
|---|---------|--|--|-----------|
| Name  | Address |  |  | Telephone |
|   |         |  |  |           |
|   |         |  |  |           |
|   |         |  |  |           |

| Separated, Annulled or Divorced | Date of Order or Decree | Where Issued (Court of State) | Offending Party as Decreed by Law | Reason |
|---------------------------------|-------------------------|-------------------------------|-----------------------------------|--------|
|                                 |                         |                               |                                   |        |
|                                 |                         |                               |                                   |        |

| List all children and dependents, include step-children and adopted children |               |                |         |                   |                   |
|--|---------------|----------------|---------|-------------------|-------------------|
| Name   | Date of Birth | Place of Birth | Address | Resides with whom | Supported by whom |
|  |               |                |         |                   |                   |
|  |               |                |         |                   |                   |
|  |               |                |         |                   |                   |
|  |               |                |         |                   |                   |
|  |               |                |         |                   |                   |

| If you claim income tax exemptions for support of dependents other than spouse and children, provide the following: |         |              |                       |
|---|---------|--------------|-----------------------|
| Name  | Address | Relationship | % of Support Provided |
|   |         |              |                       |
|   |         |              |                       |

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What does your spouse or significant other think of you becoming a police officer?

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### RECREATION & REFERENCES (SECTION III)

List your principle recreation and social activities:

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List four (4) character references---responsible adults who have known you well for three (3) years or more.  
DO NOT list relatives or in-laws.

| Name | Known how long? | Address | Telephone | Occupation |
|------|-----------------|---------|-----------|------------|
|      |                 |         |           |            |
|      |                 |         |           |            |
|      |                 |         |           |            |
|      |                 |         |           |            |

### DRIVING HISTORY (SECTION IV)

List all driver's licenses you now hold or have previously held. Indicate if you have ever had your license revoked or suspended.

| State | Type of License | Expiration | License Number | Revoked or Suspended? |
|-------|-----------------|------------|----------------|-----------------------|
|       |                 |            |                |                       |
|       |                 |            |                |                       |

Have you ever been sentenced to a driver improvement school? ☐ Yes ☐ No

|         |       |        |
|---------|-------|--------|
| If Yes: | When? | Where? |
|---------|-------|--------|

List all driving citations or summons you have received, starting with the most recent:

| Month/Year | Charge | Issuing Agency/City/<br>State | Disposition |
|------------|--------|-------------------------------|-------------|
|            |        |                               |             |
|            |        |                               |             |
|            |        |                               |             |
|            |        |                               |             |

List all traffic accidents in which you have been involved in the past five (5) years:

| Date | Location |
|------|----------|
|      |          |
|      |          |
|      |          |

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|  |      |         |                |           |
|--|------|---------|----------------|-----------|
| Name and address of your current automobile insurance company:   |      |         |                |           |
| Name   |      | Address |                | Telephone |
|  |      |         |                |           |
| Have you ever been denied automobile insurance or had your insurance cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No |      |         |                |           |
| If Yes, explain:   |      |         |                |           |
|  |      |         |                |           |
|  |      |         |                |           |
| List all vehicles which you own, lease or have access to for personal use:   |      |         |                |           |
| Year   | Make | Model   | License Number | State     |
|  |      |         |                |           |
|  |      |         |                |           |
|  |      |         |                |           |

### FINANCIAL & CREDIT STATUS (SECTION V)

|   |         |                              |                             |
|---|---------|------------------------------|-----------------------------|
| List all sources of income at the present time:                                     |         |                              |                             |
| Type of Income  | Amount  | Source                       |                             |
| Salary  | \$      |                              |                             |
| Support from others   | \$      |                              |                             |
| Dividends/Interest  | \$      |                              |                             |
| Pension   | \$      |                              |                             |
| Other (Itemize)   | \$      |                              |                             |
| For the following questions (a-i), itemize details for any "Yes" answers on Page 12 |         |                              |                             |
| a) Have you ever been delinquent in any of your financial obligations?              |         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Have you ever been refused credit?   |         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Have you ever had a garnishment or wage assessment placed against you?           |         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Have you ever had any of your property repossessed?                              |         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Have you ever filed bankruptcy?  |         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Have you ever been evicted from any dwelling or apartment?                       |         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) Have you ever had any gambling debts?  |         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) Have you ever used an employer's money to gamble with?                           |         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i) Have you ever worked for a gambling operation or booked any bets?                |         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| List two (2) credit references:   |         |                              |                             |
| Name  | Address | Telephone                    | Date Established            |
|   |         |                              |                             |
|   |         |                              |                             |



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### CRIMINAL HISTORY (SECTION VI)

|   |        |                    |                  |             |
|---|--------|--------------------|------------------|-------------|
| Have you ever been arrested, charged, questioned, accused, warned or detained for any offense, or alleged violation for any statute, ordinance, law, or regulation by any civil or military authority, either in this country or any other country?<br><div style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </div> |        |                    |                  |             |
| Date  | Charge | City/State/Country | Arresting Agency | Disposition |
|   |        |                    |                  |             |
|   |        |                    |                  |             |
|   |        |                    |                  |             |
|   |        |                    |                  |             |

Have you ever been convicted of any crime other than a traffic offense?    ☐ Yes    ☐ No    If Yes, explain in detail:  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever committed or been a participant in an undetected crime?    ☐ Yes    ☐ No    If Yes, explain in detail:  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been served with a criminal or civil subpoena or summons (other than traffic)?    ☐ Yes    ☐ No  
 If Yes, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever applied to any other law enforcement academy?    ☐ Yes    ☐ No

|      |                 |                       |
|------|-----------------|-----------------------|
| Date | Name of Academy | What was the outcome? |
|      |                 |                       |
|      |                 |                       |

Are you acquainted with any law enforcement officers?    ☐ Yes    ☐ No  
 If Yes, list names and the agencies they work for:

|                |        |
|----------------|--------|
| Officer's name | Agency |
|                |        |
|                |        |
|                |        |

If the necessity arose for you to legally and justifiably shoot a human being in the course of your duties as a police officer, would you have any reluctance to do so?  
 \_\_\_\_\_  
 \_\_\_\_\_

# Lincoln University Law Enforcement Training Academy

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### MILITARY STATUS (SECTION VII)

|   |                        |                |                   |      |
|---|------------------------|----------------|-------------------|------|
| Have you ever served in the active or reserve forces of the Army, Navy, Marine Corps, Air Force, Coast Guard or the National Guard of any state? <input type="checkbox"/> Yes <input type="checkbox"/> No List all service and time periods for each: |                        |                |                   |      |
| Month/Year Entered  | Branch or Organization | Discharge Date | Type of Discharge | Rank |
|   |                        |                |                   |      |
|   |                        |                |                   |      |
|   |                        |                |                   |      |

Have you ever served in a military or naval organization with any foreign government? ☐ Yes ☐ No

If Yes, explain in detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all military service numbers:

Were you ever reduced in rank in the military? ☐ Yes ☐ No

If Yes, explain in detail:

\_\_\_\_\_

\_\_\_\_\_

Were you ever court-martialed, tried on charges, subject to a summary court, or non-judicial proceedings? ☐ Yes ☐ No

If Yes, explain in detail:

\_\_\_\_\_

\_\_\_\_\_

### EDUCATION (SECTION VIII) *(Use page 12 if additional space is needed)*

|  |             |                         |
|--|-------------|-------------------------|
|  | Date Earned | Name of School/Location |
| <input type="checkbox"/> GED certificate     |             |                         |
| <input type="checkbox"/> High School Diploma |             |                         |
| <input type="checkbox"/> College Degree      |             |                         |
| <input type="checkbox"/> Other Schooling     |             |                         |

If you are currently attending school, list the following information:

|                     |         |                               |
|---------------------|---------|-------------------------------|
| Name of Institution | Address | Number of Courses Enrolled In |
|                     |         |                               |

How many college credit hours have been earned to date?

Have you ever been suspended, expelled or asked to leave any school for disciplinary reasons? ☐ Yes ☐ No

If Yes, explain detail:

\_\_\_\_\_

\_\_\_\_\_

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List all extracurricular activities from high school and/or college (clubs, varsity sports, offices held, honors, etc.)

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### EMPLOYMENT HISTORY (SECTION IX)

List all the places you have worked starting with your current or most recent employer. Also include periods of school attendance, military service, and unemployment, along with all full time, part time, temporary, seasonal and/or contractual employment.

List everything for the past ten (10) years. OMIT NOTHING.

|                                 |                 |   |                           |
|---------------------------------|-----------------|---|---------------------------|
| <b>DATES:</b><br>From<br><br>To | <b>EMPLOYER</b> | <b>EMPLOYER ADDRESS</b><br><br><b>TELEPHONE</b> | <b>DUTIES</b>             |
| <b>SUPERVISOR</b>               |                 | <b>JOB TITLE</b>                                | <b>REASON FOR LEAVING</b> |
| <b>DATES:</b><br>From<br><br>To | <b>EMPLOYER</b> | <b>EMPLOYER ADDRESS</b><br><br><b>TELEPHONE</b> | <b>DUTIES</b>             |
| <b>SUPERVISOR</b>               |                 | <b>JOB TITLE</b>                                | <b>REASON FOR LEAVING</b> |
| <b>DATES:</b><br>From<br><br>To | <b>EMPLOYER</b> | <b>EMPLOYER ADDRESS</b><br><br><b>TELEPHONE</b> | <b>DUTIES</b>             |
| <b>SUPERVISOR</b>               |                 | <b>JOB TITLE</b>                                | <b>REASON FOR LEAVING</b> |
| <b>DATES:</b><br>From<br><br>To | <b>EMPLOYER</b> | <b>EMPLOYER ADDRESS</b><br><br><b>TELEPHONE</b> | <b>DUTIES</b>             |
| <b>SUPERVISOR</b>               |                 | <b>JOB TITLE</b>                                | <b>REASON FOR LEAVING</b> |
| <b>DATES:</b><br>From<br><br>To | <b>EMPLOYER</b> | <b>EMPLOYER ADDRESS</b><br><br><b>TELEPHONE</b> | <b>DUTIES</b>             |
| <b>SUPERVISOR</b>               |                 | <b>JOB TITLE</b>                                | <b>REASON FOR LEAVING</b> |

# Lincoln University Law Enforcement Training Academy

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|                |          |                  |                    |
|----------------|----------|------------------|--------------------|
| DATES:<br>From | EMPLOYER | EMPLOYER ADDRESS | DUTIES             |
| To             |          | TELEPHONE        |                    |
| SUPERVISOR     |          | JOB TITLE        | REASON FOR LEAVING |
| DATES:<br>From | EMPLOYER | EMPLOYER ADDRESS | DUTIES             |
| To             |          | TELEPHONE        |                    |
| SUPERVISOR     |          | JOB TITLE        | REASON FOR LEAVING |
| DATES:<br>From | EMPLOYER | EMPLOYER ADDRESS | DUTIES             |
| To             |          | TELEPHONE        |                    |
| SUPERVISOR     |          | JOB TITLE        | REASON FOR LEAVING |
| DATES:<br>From | EMPLOYER | EMPLOYER ADDRESS | DUTIES             |
| To             |          | TELEPHONE        |                    |
| SUPERVISOR     |          | JOB TITLE        | REASON FOR LEAVING |
| DATES:<br>From | EMPLOYER | EMPLOYER ADDRESS | DUTIES             |
| To             |          | TELEPHONE        |                    |
| SUPERVISOR     |          | JOB TITLE        | REASON FOR LEAVING |
| DATES:<br>From | EMPLOYER | EMPLOYER ADDRESS | DUTIES             |
| To             |          | TELEPHONE        |                    |
| SUPERVISOR     |          | JOB TITLE        | REASON FOR LEAVING |

# Lincoln University Law Enforcement Training Academy

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Use this page for any additional information from previous sections. List the Section number for which the additional information applies (i.e., Section I) End each additional item with your initials and sign your name at the bottom of the page

[illegible]





# Missouri Peace Officer License Legal Questionnaire

New Licensure Applicants

Last Revised 03/09/2017



## 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 P.O.S.T. 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: Lincoln University Law Enforcement Training Academy

Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Home Mailing

Address: \_\_\_\_\_

**Have you ever been arrested for, or 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 P.O.S.T. 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

## \*P.O.S.T. USE ONLY\*

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

P.O.S.T. Program Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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# AUTHORIZATION FOR RELEASE OF INFORMATION

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

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# Physical Examination Form

---- PLEASE PRINT ----

|                          |  |  |
|--------------------------|--|--|
| Back                     |  |  |
| Neck                     |  |  |
| Shoulders/Arms           |  |  |
| Elbows/Forearm           |  |  |
| Wrist/Hand/Fingers       |  |  |
| Hip/Thigh                |  |  |
| Knees                    |  |  |
| Leg/Ankle                |  |  |
| Feet/Toes                |  |  |
| Abdomen (include hernia) |  |  |

# Lincoln University Law Enforcement Training Academy

## Physical Examination Form - Page 2

### MEDICAL



Normal

Abnormal findings:

|  |  |  |
|--|--|--|
| Head, Face, Neck, Scalp                      |  |  |
| Eyes: R/20 corrected to<br>L/20 corrected to |  |  |
| Ears, general                                |  |  |
| Nose, Sinuses                                |  |  |
| Mouth, Throat                                |  |  |
| Lymph nodes                                  |  |  |
| Heart  |  |  |
| Murmurs                                      |  |  |
| Lungs, Chest                                 |  |  |
| Genitalia                                    |  |  |
| Abdomen                                      |  |  |
| Skin   |  |  |

Applicant is \_\_\_\_\_ pounds overweight. Please indicate the number of pounds per month this applicant can lose without jeopardizing his/her health. ( \_\_\_\_\_ pounds per month)

### Comments:

\_\_\_\_\_  
*Health Care Professional Signature*

\_\_\_\_\_  
*Date signed*

\_\_\_\_\_  
*PRINT NAME of Health Care Professional / Office Address or Stamp*