

Lincoln University Law Enforcement Training Academy

APPLICATION

CERTIFICATION OF APPLICATION AUTHORIZATION FOR RELEASE OF INFORMATION *(Read Carefully Before Signing)*

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: _____

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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INSTRUCTIONS FOR COMPLETING APPLICATION

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: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latin American <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 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?

RECREATION & REFERENCES (SECTION III)

List your principle recreation and social activities:

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

Month/Year	Charge	Issuing Agency/City/ 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?

Yes No

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?

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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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, explain in detail: _____ _____ _____				
List all military service numbers:				
Were you ever reduced in rank in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, explain in detail: _____ _____				
Were you ever court-martialed, tried on charges, subject to a summary court, or non-judicial proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

DATES: From To	EMPLOYER	EMPLOYER ADDRESS TELEPHONE	DUTIES
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From To	EMPLOYER	EMPLOYER ADDRESS TELEPHONE	DUTIES
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From To	EMPLOYER	EMPLOYER ADDRESS TELEPHONE	DUTIES
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From To	EMPLOYER	EMPLOYER ADDRESS TELEPHONE	DUTIES
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From To	EMPLOYER	EMPLOYER ADDRESS TELEPHONE	DUTIES
SUPERVISOR		JOB TITLE	REASON FOR LEAVING

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DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING



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: _____



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: _____

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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

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Physical Examination Form

NOTE: This form is only a guide. A form with a health care agency's letterhead may also be used. If this form is used, a health care professional's typed or printed name and signature must also be applied.

---- PLEASE PRINT ----

Last Name First Name Middle Social Security Number

Home Address City State Zip Code

Male/Female Date of Birth

Height Weight Pulse BP Allergies

Insect/bee allergies: Epi-pen?

HEALTH HISTORY (check any that apply)

___ Ongoing medical condition(s) Details: _____

___ Hospitalization(s) Details: _____

___ Head trauma/injury Details: _____

___ Seizures Details: _____

___ Eye or vision problems Details: _____

___ Stress fracture Details: _____

MUSCOLOSKELETAL

✓
Normal Abnormal findings:

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 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



Missouri State Highway Patrol Applicant Fingerprint Services of Missouri

Applicant Fingerprint Form for State and FBI Criminal History Background Checks

Section One: Agency Information

AGENCY 4-DIGIT MACHS REGISTRATION NUMBER: 8874

Agency Name: Lincoln University LE Training Academy

Agency ORI: MO920330Z Agency OCA: 031

Section Two: The Missouri Automated Criminal History Site (MACHS)

For fingerprinting services through the state electronic fingerprint vendor, you must first register with the Missouri Automated Criminal History Site (MACHS). If you do not have internet access, you may contact the vendor (IDEMIA) at 844-543-9712 for assistance with registration.

MACHS Registration Instructions:

1. Log-on to www.machs.mo.gov
2. Click on the "blue box" [Click here to register with the fingerprint portal](#)
3. Click on the "blue box" [Click here to register with MACHS](#)
4. Enter the 4-digit registration number provided by your agency. Click "enter"
5. Enter your personal information in the appropriate fields and proceed through the registration process.
6. Near the end of registration, you will be asked to verify all personal data and agency information before proceeding. If all information entered is accurate and complete, click "complete registration." This will redirect you to IDEMIA's website for further instruction.
7. Please note your Transaction Control Number (TCN) and Universal Enrollment ID (UEID) for future reference.
8. UEID and DOB or method of contact and DOB will be required at the fingerprint vendor location to search for your registration.

The processing fee is automatically calculated based on the 4-digit registration number that was entered at the beginning of registration. All fees are payable to IDEMIA at the time of fingerprinting unless a billing account has been established by your agency.

Once fingerprinting is completed, IDEMIA will transmit your photo, personal data, and fingerprint images to the Missouri State Highway Patrol (MSHP) for processing. The results of the search will be provided to the authorized agency within approximately 1-5 business days. NOTE: IDEMIA does not have access to criminal history. For questions about your results, contact the requesting agency or MSHP. Please reference your TCN.