



Law Enforcement Academy

Application Checklist

Please forward application materials to Kysa Walter at NWTC unless otherwise noted.

Item	Complete
NWTC Application Fee - \$30 check payable to NWTC	<input type="checkbox"/>
NWTC Application – Even if you have previously attended NWTC	<input type="checkbox"/>
DJLE327 - Application for Enrollment - This Department of Justice form should be completed by self-sponsored students. Information from this form is the basis for the background investigation.	<input type="checkbox"/>
DJLE332 - Physician Assessment – Applicants may not participate in the Fitness Assessment until the college receives this Department of Justice form with physician signature. The college does not require a physical, but your physician/clinic may decline to sign the form until performing a physical exam.	<input type="checkbox"/>
Background Check Fee & Forms - Send all three releases with \$100 check to <i>CCI Investigative Services, 2129 S. Oneida, Suite 121, Green Bay, WI 54304; do not send these materials to NWTC.</i>	<input type="checkbox"/>
Transcript Request(s) – Send a request to each <u>college and high school</u> you have attended and indicate <i>that official transcripts should be sent directly to the attention of Kysa Walter, NWTC, 2740 W. Mason, PO Box 19042, Green Bay, WI 54307-9042.</i> Academic qualification for the program cannot be determined until transcripts are received. <i>Students who have been home schooled must contact Kysa Walter before applying.</i>	<input type="checkbox"/>

Kysa Walter
2740 W Mason St
PO Box 19042
Green Bay, WI 54307
Phone: 920-491-2627
Fax: 920-498-5673
E-mail: kysa.walter@nwtc.edu

1. Legal name: Last _____ First _____ Middle _____

2. Former last name(s) (if applicable) _____

3. Permanent address _____ Street or R.F.D. Box number _____

4. City _____ State _____ Zip Code _____

5. Mailing address (if different) _____ Street or R.F.D. Box number _____

6. City _____ State _____ Zip Code _____
() ()

7. Phone number _____ Other/Mobile phone number _____

8. E-mail address _____ 9. Gender: Male Female

10. Social Security Number _____

11. Date of Birth (MM/DD/YY) _____

12. Are you a U.S. Veteran? Yes No

13. Are you a U.S. Citizen? Yes No
If no, then are you in the U.S. on a Visa? Yes No
Are you a permanent resident? Yes No
If you are not a U.S. Citizen or Permanent Resident, please provide:

Visa Type _____ Visa No. _____

14. I am a legal resident of: City/Village/Township (circle one)

City/Township _____ County _____ State _____

15. Name of high school district in which you now reside _____

16-17. The following questions are confidential. Your responses will help the technical college evaluate recruitment and retention practices and will not affect admission to the college. Question 16(a) and 16(b) relate to racial and ethnic identity. Please respond to both questions.

- 16(a). Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)?
 Yes No
- 16(b). Select any other group or groups that apply to you.
 American Indian or Alaska Native. A person whose ancestors include native peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
 Asian. A person whose ancestors include native peoples of the Far East, Southeast Asia or the Indian subcontinent (including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam).
 Black or African American. A person whose ancestors include any of the black racial groups of Africa.
 Native Hawaiian or other Pacific Islander. A person whose ancestors include the native peoples of Hawaii, Guam, Samoa or other Pacific Islands.
 White. A person whose ancestors include native peoples of Europe, the Middle East or North Africa.

17. Have either of your parents completed a four-year college degree or beyond? Yes No

18. I wish to attend _____ Technical College at _____ Campus _____

19. Have you attended this college before? Yes No If yes, last year and semester attended _____

20. Semester you wish to begin: Fall Winter/Spring Year _____

21. Program/major choice _____ Program code # (if known) _____

22. Name of last high school _____ City _____ State _____
Are you a high school graduate? Yes No If yes, please enter your graduation date (month/year) _____

23. If you did not complete high school and receive a diploma, have you completed either the GED® Tests Yes No or HSED? Yes No
If yes, date completed _____ Administrator _____

24. Have you taken a high school course for technical college credit? (such as Youth Apprenticeship, Certified Nursing Assistant, Certified Co-ops) Yes No
(transcript or certificate required for verification)

25. Circle highest grade completed: 8 9 10 11 12 13 14 15 16 17 over

26. List previous colleges and universities attended (official transcript will be required for credit transfer)

Name	City	State/Province	Date attended	Date graduated
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

27. I certify that the information on this application is true and complete to the best of my knowledge

Date _____ Signature _____

FOR OFFICE USE ONLY

1. Student classification: 1. New 2. Re-entry 2. Transfer 3. Date received _____ 7. Admit Status _____
Note _____ STATEAP 04/09



APPLICATION FOR ENROLLMENT BASIC LAW ENFORCEMENT, JAIL OR SECURE JUVENILE DETENTION OFFICER TRAINING

NOTICE: All questions must be answered. Incomplete or illegible applications will not be considered. If the space provided is insufficient for complete answers or you wish to furnish additional information, please attach additional pages.

1. PERSONAL INFORMATION

Name (Last, First, Middle)		Date of Birth (mm-dd-yyyy)	Social Security # (xxx-xx-xxxx)
Address (Apartment, Street, P.O. Box)			Home Telephone Number
City	State	Zip Code	Work Telephone Number
Email Address			Cell Phone Number

In the past, have you ever enrolled in a basic law enforcement, jail or secure juvenile detention officer training academy or courses?

Yes No

What type(s) of basic training did you enroll in? Law Enforcement Jail Secure Juvenile Detention Not applicable

If applicable, include the name and location (city and state) of the school(s) where you enrolled in basic training:

Are you a United States citizen? Yes No

Do you have a high school diploma, GED or HSED? Yes No

Do you have an Associate Degree or 60 associate degree level credits or higher from an accredited college or university? Yes No

If No, were you employed as a law enforcement officer prior to February 1, 1993? Yes No

The college credit requirement as written in Wisconsin Administrative Code § LES 2.01(1)(e), pertains to law enforcement and tribal law enforcement officers first employed on or after February 1, 1993.

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor crime of domestic violence? Yes No

Are you prohibited by state or federal law from possessing a firearm? Yes No

Do you possess a valid Wisconsin driver's license or a valid driver's license from another state? Yes No

2. EDUCATION

Name of School(s)	Dates		Degree, Diploma, or Credits Earned
	From (mm/yyyy)	To (mm/yyyy)	
High School(s)			
College(s)			

3. EMPLOYMENT

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
City:	State:	Zip Code:
Supervisor's Name / Telephone Number:	May we contact the employer / supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position and kind of work:	Reason for Leaving:	

4. MILITARY SERVICE

Branch of Service	From (mm/yyyy)	To (mm/yyyy)	Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty

Honorably Discharged from Military Service? Yes No Not Applicable

5. REFERENCES

Give three references (not relatives, or present employer; avoid listing members of the clergy).

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

6. GENERAL

Attach no more than one additional page for each answer.

- A. Why have you chosen to enroll in basic law enforcement, jail and/or secure juvenile detention officer training?
- B. Discuss things you have done which have contributed to your life experience. Be sure to include information regarding volunteer work with civic, school, or professional organizations. Be specific about names and dates.
- C. Why do you believe you could relate to and/or work with people of different races, genders, cultures, ages, socio-economic groups, and educational levels?

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

Information provided and statements made as part of this application may be grounds for not allowing you to enroll in basic training or for dismissing you after training has already begun. All information and statements made are subject to verification.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM ALLOWED TO PARTICIPATE IN BASIC TRAINING, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL FROM TRAINING.

Applicant Signature

Date Signed

INSTRUCTIONS FOR COMPLETING THE PHYSICIAN'S ASSESSMENT FORM

EMPLOYERS:

Employers shall attach the **JOB DESCRIPTION** of the position applied for to the Physician's Assessment form for the licensed Physician, Physician Assistant or Nurse Practitioner to review and assist them in determining whether the applicant is able to perform the essential job functions of the position. The completed Physician's Assessment form shall be maintained by the hiring agency.

TRAINING SCHOOLS:

Training schools shall attach the appropriate **ESSENTIAL JOB FUNCTIONS** to the Physician's Assessment form for the licensed Physician, Physician Assistant or Nurse Practitioner to review and assist them in determining whether the applicant is able to perform the essential job functions of the position for which training has been applied for. The completed Physician's Assessment form shall be maintained by the training school.

COMPLETION OF THE PHYSICIAN'S ASSESSMENT FORM BY THE EMPLOYING AGENCY OR TRAINING SCHOOL (QUESTIONS 1 – 5)

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Applicant's Address:** Enter the applicant's home address.
3. **Social Security Number:** Enter the applicant's social security number on the provided line. Separate the numbers by dashes as in this example: 000-00-0000.
4. **Hiring Agency or Training School:** Enter the hiring agency's name or the name of the training school.
5. **Position Applied for:** Check the box for one of the following disciplines: Law Enforcement, Jail or Secure Detention Officer.

COMPLETION OF THE PHYSICIAN'S ASSESSMENT FORM BY THE PHYSICIAN, PHYSICIAN ASSISTANT OR NURSE PRACTITIONER (QUESTIONS 6 - 10)

6. **Physician, Physician Assistant or Nurse Practitioner's Assessment:** In your opinion is there any medical or physiological reason that may impair the applicant's ability to perform the essential functions of the position for which he or she has applied? Please check the box indicating whether the applicant is capable or not capable of performing the essential functions of the position.
7. **Physician, Physician Assistant or Nurse Practitioner's Signature:** Signature of the physician, physician assistant or nurse practitioner.
8. **Examination Date:** Enter the date on which the examination was completed.
9. **Physician, Physician Assistant or Nurse Practitioner's License Number:** Enter the license number of the physician, physician assistant or nurse practitioner.
10. **Physician, Physician Assistant or Nurse Practitioner's Professional Address:** Enter the physician, physician assistant or nurse practitioner's professional address.

ESSENTIAL JOB FUNCTIONS LAW ENFORCEMENT OFFICER

- Arrest subjects, forcibly if necessary, using handcuffs and other restraints; subdue resisting subjects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons in self-defense.

- Load, unload, aim and fire from a variety of body positions, handguns, shotguns and other agency firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certification standards.

- Operate a law enforcement vehicle during both the day and night: in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions caused by factors such as fog, smoke, rain, ice and snow.

- Pursue fleeing subjects and perform rescue operations which may involve quickly entering and exiting patrol vehicles; lifting, carrying, and dragging heavy objects; climbing over and pulling oneself over obstacles; jumping down from elevated surfaces; climbing through openings; jumping over obstacles, ditches and streams; crawling in confined areas; balancing on uneven or narrow surfaces and using body force to gain entrance through barriers.

- Administer emergency medical aid and lift, drag, and carry people away from dangerous situations and secure and evacuate people from particular areas.

- Direct traffic for extended periods of time.

- Perform searches of people, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles and persons.

- Conduct video and audio surveillance for extended periods of time.

- Engage in law enforcement patrol functions that include such things as working rotating shifts, walking on foot patrol and physically checking the doors and windows of buildings to ensure they are secure.

- Put on and operate a gas mask in situations where chemical munitions are used.

- Extinguish small fires by using a fire extinguisher and other appropriate means.

Authorization for Release of Information

The undersigned hereby authorizes any employee or agent of **CCI Investigative Services** or **Northeast Wisconsin Technical College** to obtain information and records pertaining to me from any or all of the following sources.

- 1) Municipal, State, County, or Federal law enforcement agencies (including Police contacts, civil, criminal, and traffic records
- 2) Any correctional facility, prison, or jail.
- 3) Any banking institution or credit reporting bureaus.
- 4) Any previous employer
- 5) Any present employer
- 6) Any school, college, university or other educational institution I understand that the information so released may be confidential and will be used by Northeast Wisconsin Technical College solely to evaluate my application for admission to the **Law Enforcement Academy**. A photocopy of this Authorization shall be considered as valid as the original.

Signed this _____ day of _____ 20_____

Name (*Please print and include middle initial.*)

Signature _____

Social Security # _____

Date of Birth _____

Employment Records Authorization

The undersigned hereby authorizes and requires that you release a copy of all my employment records or permit any representative of **CCI Investigative Services** or **Northeast Wisconsin Technical College** to inspect and copy all records which you have in your possession pertaining to the undersigned. The undersigned expressly waives the employers' liability for any provisions of law, agreement or contract (written or oral) relating to the disclosure of this employment information. I understand that the information so released may be confidential. I understand that the information so released will be used by Northeast Wisconsin Technical College solely to evaluate my application for admission to the **Law Enforcement Academy**.

Authorization for all records includes, but is not limited to:

- 1) Application for employment
- 2) Performance evaluations
- 3) Work records
- 4) Wage rates
- 5) Supervisors comments
- 6) Results of any and all test
- 7) Disciplinary reports or letters
- 8) Complaints or allegations regarding any misconduct

A photocopy of the Authorization shall be considered as valid as the original.

Signed this _____ day of _____ 20_____

Name (Please print-include middle initial)

Signature

Signature Social Security # _____

Date of Birth _____

Information Services Request Form

Requested From: **CCI Investigative Services**

Date: _____

Address: 2129 S Oneida Street, Green Bay, Wisconsin 54304.

Phone (920) 405-0445

I would like to order a credit report on the applicant below. The purpose of this request is for the **Law Enforcement Academy**. Return the report by: Fax (920) 405-0434

_____ Individual Report _____ Joint Report (husband/wife 2 files)

Applicant Information (Please Print)

Last Name: _____ First Name _____

Middle Name or Initial _____

Social Security # _____ Date of Birth _____

Spouses Last Name _____ Spouse's First Name _____

Spouse's SSN # _____ Spouse's Date of Birth _____

Present Address _____
(Include City, State, and Zip Code)

Previous Addresses _____

By signing this form, I agree to allow my credit report to be accessed by the requested party above.

Applicant Signature _____

Co-Applicant Signature _____