



YEAR: 2020
STAFF APPLICATION
Registration and Health/Medical Summary
 (Applicants and supervisors must sign this form)

				<input type="checkbox"/> Sworn Officer			<input type="checkbox"/> Non-Sworn Officer
Applicants Name (to be printed on certificate)						Title/Rank	
Social Security #		Date of Birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female		T-shirt size	
Department/Agency				(Area code)Duty Phone #		(Area code)Fax #	
(Area code)Cell/mobile #		(Area code)Pager #		E-mail address (mandatory)			
Agency Address			City			State	Zip
Time in Current Assignment	Number of Years as a full time, Certified/sworn police officer			Specify other non-sworn certifications, e.g. Reserves, Corrections			
Supervisor's Name/Rank				(Area code)Duty Phone #			
Chief or Sheriff				(Area code)Duty Phone #			
Number of years associated with Academy		Areas I have worked in the Academy		<input type="checkbox"/> Staff <input type="checkbox"/> Support Staff		<input type="checkbox"/> Instructor <input type="checkbox"/> Post Advisor	
Areas of Expertise (certifications, e.g. – accident reconstruction, firearms instructor, hostage negotiations, etc.)							

EDUCATIONAL/EXPERIENCE/TRAINING (Check All Applicable Lines)

<input type="checkbox"/> High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Junior College	<input type="checkbox"/> Advanced College Degree
<input type="checkbox"/> Uniformed Patrol	<input type="checkbox"/> School Resource Officer	<input type="checkbox"/> Narcotics	<input type="checkbox"/> Community Relations
<input type="checkbox"/> Traffic or D.U.I.	<input type="checkbox"/> Investigations	<input type="checkbox"/> G.R.E.A.T. or D.A.R.E. Instructor	
<input type="checkbox"/> Gang Unit	<input type="checkbox"/> Training/Police Academy	<input type="checkbox"/> Other - - -	

Yes	No	
		I am a State certified Law Enforcement Officer with a certificate of standards of training
		I currently hold a certification in a Law Enforcement related field, (reserves, corrections, etc)
		I am registered with the Boy Scouts of America
		I have received the Learning for Life Youth Protection Training
		I have received the Learning for Life Adult Leadership Training

AUTHORIZATION FOR BACKGROUND CHECK
 (Non-Law Enforcement)

I, _____, hereby give the Southeastern Law Enforcement Explorer Academy permission to conduct background checks using the information I have provided. Any information obtained will be placed in my Academy Staff file. I am aware that any information obtained that would cause concern to the Academy may be grounds for refusal of my application.

Date

SUPERVISOR'S SIGNATURE REQUIRED: I authorize the designated officer to serve on staff at the Southeastern Law Enforcement Explorer Academy. I understand that this officer is governed by the Academy's Code of Conduct, Rules and Regulations, Code of Ethics and Guidelines.

Name of authorizing Official (Please print clearly) _____
Title of authorizing Official (Please print clearly)

Signature _____
Date _____
(Area code) Phone number



EMERGENCY/MEDICAL INFORMATION

*This form must be notarized.
The Original is required if hospital care is needed.*

Emergency contact _____
Home phone _____

Work phone _____ Cell phone _____ E-mail _____

If the person named above is not available in the event of an emergency, notify:

Name _____ relationship _____ phone _____

Name _____ relationship _____ phone _____

Name of personal physician _____ phone _____

Personal health/accident insurance carrier _____ policy # _____

The ability to meet physical challenges comparable to physical agility requirements for Law Enforcement is required.

In case of emergency, I understand every effort will be made to contact my spouse or next of kin. In the event that they cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me.

Date _____ Signature of participant _____

Notary
Sworn to and subscribed before me this _____ day of _____

SEAL

Notary My commission expires _____

Check all items that apply, past or present, to your health history. Explain any "yes" answers.

ALLERGIES: Food, plants, medicines, insect bites _____

General Information:

Yes	No		Yes	No		Yes	No	
		Asthma			Convulsions/seizures			Hemophilia
		ADHD			Diabetes			High blood pressure
		Cancer/leukemia			Heart trouble			Kidney disease

Explain: _____

List any medications to be taken at the Academy: _____

List any physical or behavioral conditions that may affect or limit full participation at the Academy: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses: _____

Immunizations (Date of last inoculation):

Chicken Pox	Lyme disease	Pertusis	Rubella
Diphtheria	Measles	Polio	Tetanus Toxoid
Hepatitis B	Mumps		