

# ACADEMY RECRUIT APPLICATION PACKET



## CRIMINAL JUSTICE INSTITUTE

### COLLEGE OF CENTRAL FLORIDA MISSION STATEMENT

**Energetic, purposeful, creative, College of Central Florida promotes learning in an open, caring, inclusive environment which encourages individual and community development inspired by shared values of integrity, service, responsibility, and dignity.**

## LIMITED ACCESS

College of Central Florida Criminal Justice Institute programs are limited access.

A limited access program is one in which both program admission and course registration are restricted to a certain number of students meeting predetermined criteria. Limited access status is justified when student demand exceeds available resources or accreditation requirements (i.e., student/faculty ratios, instructional facilities and equipment, clinical sites) or the nature of the program calls for specific admission requirements.

Limited access programs have admissions processes and criteria beyond general college admissions. While any student meeting the minimum criteria is encouraged to apply, not all applicants may be accepted for the desired term.

## ADMISSION CRITERIA

To apply for admission into Criminal Justice programs, each applicant must:

1. Be at least 19 years of age.
2. Be a citizen of the United States.
3. Possess a high school diploma or GED.
4. Not have been convicted of any felony or of any misdemeanor involving perjury or false statement.\*
5. Not have been dishonorably discharged from the military (if applicable).
6. Be of good moral character. \*\*
7. Have a completed background check. (Completed after the interview.)
8. Have passed a physical examination by a licensed physician (M.D., D.O., or Nurse Practitioner or Physician's Assistant) within 6 months of the start of class).
9. Have passed the FBAT for Corrections or the FBAT for Law Enforcement.
10. Have passed the Physical Abilities Course (PAC) within six months of the start of class (law enforcement only).
11. Be in good academic standing at the College of Central Florida and not have any outstanding financial obligations to the college.
12. Complete the CF admission process online at [www.CF.edu](http://www.CF.edu) and declare the appropriate academic code.  
**(Applicants must have student identification number before calling for a packet review).**
13. Submit official, sealed, college and high school transcripts from all schools attended to the Criminal Justice Institute.

\*Florida Statute Chapter 790.23 prohibits the possession of a firearm or ammunition by a person who, as a juvenile, was found to have committed a delinquent act that would be a felony if committed by an adult until the person is 24 years of age. Therefore, any applicant who meets the criteria would not be eligible to attend a basic recruit academy until they are 24 years of age.

\*\*The perpetration by an individual of any act or acts, **whether criminally prosecuted or not**, listed in Rule 11B-27.0011 may preclude admission to any institute program.

Federal Statute Title 18 U.S.C 922, (Brady Act) prohibits the possession of a firearm for any person who:  
Has been convicted in any court of a crime punishable by imprisonment for a term exceeding one year.

1. Has been convicted in any court of a crime punishable by imprisonment for a term exceeding one year;
2. Is a fugitive from justice;
3. Is an unlawful user of or addicted to any controlled substance;
4. Has been adjudicated as a mental defective or committed to a mental institution;
5. Is an alien illegally or unlawfully in the United States;
6. Has been discharged from the Armed Forces under dishonorable conditions;
7. Having been a citizen of the United States, has renounced U.S. citizenship;
8. Is subject to a court order that restrains the person from harassing, stalking or threatening an intimate partner or child of such intimate partner;

9. Has been convicted in any court of a misdemeanor crime of domestic violence;
10. Has a record of being a felon.

To schedule your FBAT test contact the CF Assessment Center, Bryant Student Union at 352-854-2322, ext. 1395, 1430, 1721 or 1564. **(Results must be less than four years old from the start of the academy, and must be completed prior to submitting application package).**

**Law Enforcement Only:** Enter [www.cf.edu/public-service](http://www.cf.edu/public-service). Click on “Florida Law Enforcement Academy;” click on “Register for Physical Abilities Course;” click on “Physical Abilities Course;” click on “Course No. LAE0540.” Select the session you wish to attend and click “Register.” Follow the instructions for registration; the cost is \$30. **(Results must be less than 6 months from the start of the academy.)**

In addition, the student must submit a completed and signed Criminal Justice Institute Applicant Questionnaire.

**NOTE:** All of the above information must be submitted as a package.

This packet is designed for individuals working toward admission to the Correctional/Law Enforcement Program in the Criminal Justice Institute at the College of Central Florida. It is designed to provide prospective students with information and complete instructions necessary to apply. Failure to follow the guidelines in this packet could disqualify applicants from consideration for admission.

This packet is not a contract. The college reserves the right to change, modify or alter without notice all fees, charges, tuition, expenses and costs of any kind, or any statement, written or verbal, in accordance with unforeseen conditions. The rules, regulations, and policies in this packet are based on present conditions and are subject to change without notice. Further, the college can add or delete without notice, any course offerings or information contained in this packet.

## APPLICANT CHECK LIST

Please check your application including all forms to assure that all questions have been completely answered and all forms signed.

- \_\_\_\_\_ Secure the application packet online.
- \_\_\_\_\_ File for admission to CF online at [www.CF.edu](http://www.CF.edu). Make sure you use the appropriate program code, Law Enforcement 7295, Corrections 7245, or Cross-over Corrections to Law Enforcement 7246.
- \_\_\_\_\_ Complete Residency Affidavit online at [www.CF.edu](http://www.CF.edu) through your student portal.
- \_\_\_\_\_ Provide student ID number and sealed college and high school official transcripts.
- \_\_\_\_\_ Take and pass the FBAT for law enforcement or corrections, depending on the program you are applying for.
- \_\_\_\_\_ Take Physical form **75** to a licensed physician (M.D., D.O. or Nurse Practitioner or Physician's Assistant) and have the form completed and signed by the physician.  
**DO NOT TAKE THE FORM TO A CHIROPRACTOR.**
- \_\_\_\_\_ Take and pass the Physical Abilities Course (law enforcement only).

### COMPLETE THE FOLLOWING FORMS IN THIS PACKET. EACH MUST BE NOTARIZED.

- \_\_\_\_\_ Initial Application
- \_\_\_\_\_ Affidavit of Applicant I (federal requirement)
- \_\_\_\_\_ Affidavit of Applicant II (state requirement)
- \_\_\_\_\_ Applicant's Certification
- \_\_\_\_\_ Release and Waiver

**INCLUDE A COPY OF EACH OF THE FOLLOWING:  
THE TRAINING CENTER WILL NOT MAKE COPIES FOR YOU.**

- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ High School Diploma or GED
- \_\_\_\_\_ Current photograph (Passport size color headshot only)
- \_\_\_\_\_ Valid Florida Driver's License (If out of state, you must obtain a Florida license before the start of class)
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ Physical form (75)
- \_\_\_\_\_ Florida Basic Abilities Test (FBAT) results
- \_\_\_\_\_ Physical Abilities Course Results (law enforcement only)
- \_\_\_\_\_ DD 214, if you had prior military service

\*All copies must be submitted on 8 ½ by 11 inch paper.

## ADMISSION INFORMATION

The faculty and staff of the Criminal Justice Institute at the College of Central Florida welcome your interest in the Criminal Justice program. This program is designed to prepare the student to be eligible for certification and employment as a law enforcement officer or correctional officer.

The certificate program for Law Enforcement, Corrections, and Crossover from Corrections to Law Enforcement is a comprehensive curriculum consisting of theory, skill laboratory and practical experience. Law Enforcement classes meet Monday through Thursday from 5:30 to 10:30 p.m., and some Saturdays from 8 a.m. to 5 p.m. The Corrections Academy and Crossover from Corrections to Law Enforcement Academy classes meet at varied dates and times (please refer to the website at [www.cf.edu/CJI](http://www.cf.edu/CJI)). Persons successfully completing this program will be required to take a comprehensive examination including the entire corrections or law enforcement curriculum.

In this packet you will find the following information:

- ✓ Admission criteria
- ✓ Admission information
- ✓ Applicant checklist
- ✓ Estimated cost of the program
- ✓ Program Application Questionnaire (including all registration forms)

## ENROLLMENT DEFINITIONS

Open Enrollment is defined as a student entering the criminal justice program on his/her own accord. This student will be required to complete the school's application process, achieve a passing score on Basic Abilities Test, and be recommended by a physician, (M.D., D.O., or Nurse Practitioner or Physician's Assistant) after a medical examination within six months of the start of the academy, be interviewed by staff, undergo a background check, and attend the new student orientation. The student is responsible for his/her course fees.

Employed is defined as a student employed by a corrections or law enforcement agency. The employing agency will provide documentation that the student complies with FSS 943.13. The student will be required to complete the school's application process, achieve a passing score on the Florida Basic Abilities Test, and be interviewed by staff. The student is responsible for his/her course fees unless the agency states in writing that they will be paying the student's course fees.

## ESTIMATED COST OF THE ACADEMIES

### THE LAW ENFORCEMENT OFFICER RECRUIT TRAINING PROGRAM

CF Application Fee	\$30
Florida Basic Abilities Test Fee	\$45
Background check	\$55
Physical Abilities Course	\$30
Physical Examination	Varies
Tuition/Lab fee for Florida residents	\$3,200
Uniforms and Equipment (approximately)	\$300
Ammunition (approximately)	\$300
Ear and eye protection (approximately)	\$15

### THE CORRECTIONAL OFFICER RECRUIT TRAINING PROGRAM

CF Application Fee	\$30
Florida Basic Abilities Test Fee	\$45
Background check	\$55
Physical Examination	Varies
Tuition/Lab fee for Florida residents	\$1,600
Uniforms and Equipment (approximately)	\$250
Ammunition (approximately)	\$300
Ear and eye protection (approximately)	\$15

### THE CROSS-OVER CORRECTIONS TO LAW ENFORCEMENT TRAINING PROGRAM

CF Application Fee	\$30
Florida Basic Abilities Test Fee	\$45
Background check (if applicable)	\$55
Physical Examination	Varies
Tuition/Lab fee for Florida residents	\$1,500
Uniforms: Shirts, Pants, Shoes (approximately) (unless employed, then, if agency permits, wear agency uniform.)	\$75

**NOTE: Fees are subject to change.**

Some additional costs may be incurred.

Students seeking financial loans should contact the Financial Aid Office, Bryant Student Union, as soon as possible. Financial Aid will not cover the Corrections or Cross-over academies. Crossover students employed by the State of Florida may use a State-Tuition waiver to help offset the costs of the academy.

## APPLICATION PROCESS

The purpose of the application process is to seat the 30 applicants best qualified to become a correctional or law enforcement officer. The process was developed by the Criminal Justice Institute at the College of Central Florida and endorsed by the Criminal Justice Advisory Committee.

All applications will be reviewed by the Criminal Justice Institute staff. Admission to the program will be based on a completed questionnaire and attachments, a packet review (interview), background investigation, basic abilities test results, physical abilities test results (law enforcement academy only) and medical documentation.

An applicant may be disqualified for any of the following reasons:

- Insufficient scores on the FBAT.
- Criminal history which will preclude certification by the State of Florida.
- Unfavorable background, criminal record, or driving history, which would exclude the applicant from consideration.
- Incomplete or improperly filled-out application.
- Any condition that would prohibit gun possession and ownership.
- Any physical condition, which, without reasonable accommodation, precludes an applicant from becoming a corrections or law enforcement officer.
- Insufficient score on the Physical Abilities Course (law enforcement only).

Applicants selected to participate in the program will receive a telephone call on the date of notification. They also will be notified by mail of the date, time and location of orientation.

### **DO NOT CONTACT THE TRAINING CENTER PRIOR TO THE NOTIFICATION DATE.**

Everyone will be notified at the address and telephone number listed on his or her initial application. If your address, telephone number and/or criminal history changes subsequent to the notification date, you must notify the Criminal Justice Institute in writing of the new address, telephone number or criminal history change.

You may either mail or hand deliver your changes to:

Corrections Academy Coordinator  
Criminal Justice Institute  
College of Central Florida  
3001 S.W. College Road  
Ocala, FL 34474-4415

OR

Law Enforcement Academy Coordinator  
Criminal Justice Institute  
College of Central Florida  
3001 S.W. College Road  
Ocala, FL 34474-4415



## **COLLEGE OF CENTRAL FLORIDA NOTIFICATION OF SOCIAL SECURITY NUMBER COLLECTION, USAGE AND RELEASE**

Florida Statute 119.071(5) and Sections 483 and 484 of the Higher Education Act of 1965 authorize the collection, usage and release of your Social Security number by the College of Central Florida.

CF collects, uses and releases your Social Security number only if specifically authorized by law to do so or when it is imperative for the performance of its duties and responsibilities as prescribed by law. To protect your identity, the college will secure your Social Security number from unauthorized access; strictly prohibit the release of your Social Security number to unauthorized parties in compliance with to state and federal law, and assign a unique CF Identification number. This identification number will be used for all associated employment and educational purposes at CF. Specifically, CF collects, uses or releases a Social Security number for the following purposes:

### **Admissions**

- Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report student Social Security numbers to the Internal Revenue Service. This IRS requirement makes it necessary for CF to collect the Social Security number of every student. A student may refuse to disclose their Social Security number to CF, but the IRS is then authorized to fine the student in the amount of \$50. In addition to the federal reporting requirements, the public school system in Florida uses Social Security numbers as a student identifier (section 229.559, Florida Statutes-new school code section 1008.386). In a seamless K-20 system, it is beneficial for postsecondary institutions to have access to the same information for purposes of tracking and assisting students in the smooth transition from one education level to the next. All Social Security numbers are protected by federal regulation under the Family Educational Rights and Privacy Act.

### **Continuing Education, Corporate Training**

- Under Florida education reporting requirements students who enroll in Continuing Education and Corporate Training seminars are required to submit their Social Security number.

### **Financial Aid**

- The Office of Financial Aid at CF requires students and parents of dependent students to submit their Social Security number on various forms in order to correctly identify applicants, match each applicant's financial aid application information and data with the institution's records, and to help coordinate state aid programs with federal and institutional aid programs.

### **Human Resources**

- The Social Security number is used for legitimate business purposes for completing, processing or distributing the following: Employment Application Forms; Federal I-9 (Department of Homeland Security); Federal W4, W2, 1099 (Internal Revenue Service); Federal Social Security taxes (FICA); Federal W2 (Internal Revenue Service); Unemployment Insurance (Florida Department of Revenue); Florida Retirement System (Florida Department of Revenue); Workers Compensation Claims (FCSRMC and Department of Labor); Federal and State Employee and Educational Reports; Direct Deposit Files (Bank of America, ACH); 403b and 457b contribution reports; group health, life and dental coverage; completing and processing various supplemental insurance deduction reports; background checks; and payroll documents.

### **Workforce Programs**

- These programs use Social Security numbers as identifiers for program enrollment and completion. Also, it is used for entering placement information into either the One Stop Management Information System or the Employ Florida Marketplace statewide data collection and reporting system. Because these are performance based contract programs, it is required that all participants and their program related activities be recorded in the Florida state systems.

### **Miscellaneous**

- The Social Security number is used for identification and verification, billings and payments, data collection, reconciliation, tracking, benefit processing and tax reporting.

### **Release Statement**

- Social Security numbers may be disclosed only pursuant to Florida Statute 119.071 (6a-6h).

### **Independent Contractors**

- The college collects contractors' Social Security numbers in order to file information with the Internal Revenue Service, as required and authorized by federal law.







**CRIMINAL JUSTICE INSTITUTE  
PRE-SERVICE ACADEMY  
RECRUIT APPLICANT QUESTIONNAIRE**

**General Instructions:** Answer every question. If questions do not apply to you, state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the number in the reference block. Do not misstate or omit facts since the statements herein are subject to verification to determine your qualifications for admittance.

**1. Legal Name:** \_\_\_\_\_  
Last First Middle (complete) Jr., etc.

**2. Aliases:** \_\_\_\_\_ **3. Social Security No:** \_\_\_\_\_

**4. Physical Address:** \_\_\_\_\_  
Street Address City State Zip Code

**5. Mailing Address:** \_\_\_\_\_  
Street/P.O. Box City State Zip Code

**6. Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
MM/DD/YY (State or Foreign Country)

**7. U.S. Citizen:**  Yes  No **Naturalized Cert. No.:** \_\_\_\_\_  
(Date, Place and Court)

**8. Please Check Appropriate Box or Complete:**

Gender: <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Single	Eyes: <input type="checkbox"/> Blue	Hair: <input type="checkbox"/> Bald
<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Brown	<input type="checkbox"/> Blonde
	<input type="checkbox"/> Separated	<input type="checkbox"/> Gray	<input type="checkbox"/> Brown
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Green	<input type="checkbox"/> Gray
		<input type="checkbox"/> Hazel	<input type="checkbox"/> Red/Auburn
		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Weight in Pounds: \_\_\_\_\_ Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches

**9. Military Status: Have you ever served in the U.S. Armed Forces?**  Yes  No  
 If yes, please attach a photocopy of discharge or separation papers (DD214).

If currently in the U.S. Reserve or National Guard or State Guard, please provide the following:

Branch: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

**10. Education:**

**A. List all high schools attended:**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ to \_\_\_\_\_ Completed:  Yes  No

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ to \_\_\_\_\_ Completed:  Yes  No

**B. List all colleges or universities attended:**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ to \_\_\_\_\_ Completed:  Yes  No

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ to \_\_\_\_\_ Completed:  Yes  No

**C. Other schools or training (trade, business, or military). Provide for each the name and location of the school, dates attended, subjects, certificates and any other pertinent data.**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ to \_\_\_\_\_ Certificate or Degree Awarded:  Yes  No

Information: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ to \_\_\_\_\_ Certificate or Degree Awarded:  Yes  No

Information: \_\_\_\_\_

**11. Vehicle Operator's License(s):**

**A. Provide the following information concerning any vehicle operator's license(s) you have held or now hold in Florida and in other states.**

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

**B. Have you ever been denied issuance of a license, had a license suspended or revoked for any reason?**

Yes  No

If yes, explain fully:

**C. Is your driving record clear of any citations, or convictions of traffic law violations?**

Yes  No

If no, explain fully:

**12. Employment:**

List chronologically all employment for the last 10 years, beginning with current employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, list dates of unemployment.

Dates of employment or unemployed: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Description of Duties:

Reason for leaving: \_\_\_\_\_

May we contact?  Yes  No

Dates of employment or unemployed: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Description of duties:

Reason for leaving: \_\_\_\_\_

May we contact?  Yes  No

Dates of employment or unemployed: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Description of duties:

Reason for leaving: \_\_\_\_\_

May we contact?  Yes  No

**13. Residence:**

List all residences for the past 10 years beginning with your current address. Please include all residences while attending school and in the military.

(Month/Year)		Street Address	Apartment No.	City	State	Zip Code
From	To					

**14. Background:**

**If you answer YES to any of the following questions, please explain on a separate sheet of paper.**

Is there anything that would preclude you from performing the essential functions of a law enforcement officer?

Yes  No

Are there any allegations of domestic abuse in your past?

Yes  No

Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violations or ever received a ticket or been charged with a traffic violation (excluding parking tickets) regardless if the record was sealed or expunged?

Yes  No

Have you ever been arrested, charged, convicted, pled nolo contendere or pled guilty to any criminal violation as a juvenile that would be a felony committed by an adult, regardless if the record was sealed or expunged?

Yes  No

Have you ever been fingerprinted for any reason? (Arrest, job application, military, etc.)

Yes  No

Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance, or had any disciplinary action taken against you by any of your former employers?

Yes  No

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of the government of the United States by unconstitutional means?

Yes  No

Have you, within the last five years, used, experimented with, tasted, supplied, possessed, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid, or any drug of a similar nature.

Yes  No

Have you ever been taken into custody because you posed a threat to yourself or someone else?

Yes  No

Have you ever sustained an injury wherein you filed a Workers' Compensation claim?

Yes  No

Have you attended any other criminal justice training center?

Yes  No

Have you ever been voluntarily or involuntarily committed to a mental institution?

Yes  No

**15. Personal References:**

List three character references. List only references who are responsible adults of reputable standing in their communities. Do not include relatives, former or present employers, fellow employees or school teachers. Your references must be individuals who have known you for the past two years.

Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

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Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

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Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

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**16. Emergency Information:**

Please provide two names and addresses of your next of kin or other person to be contacted in case of any emergency.

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**17. Remarks:**

In the space below, in your own handwriting, explain why you are the best candidate for law enforcement or correctional officer training.

I hereby swear or affirm there are no misrepresentations or omissions in or falsifications of the above statements and answers to questions. I am aware that, should an investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected, and I will be disqualified from applying in the future. If after my acceptance for the academy, subsequent investigation should disclose misrepresentations, falsifications or omissions, it will be just cause for immediate dismissal.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date: MM/DD/YY

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

*(Notary Seal)*

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expiration



**CRIMINAL JUSTICE INSTITUTE  
RECRUIT ACADEMY  
APPLICANT CERTIFICATION**

I understand that my appointment will be contingent upon the results of a complete background investigation. I hereby swear or affirm that there are no omissions, falsifications, misstatements or misrepresentations of the above statements and answers to questions. I am aware that should investigation disclose such omissions, falsifications, misstatements, or misrepresentations, my questionnaire will be rejected and I will be disqualified, or if after my acceptance, subsequent investigation should disclose omissions, falsifications, misstatements or misrepresentations, it will be grounds for immediate dismissal. I understand that this questionnaire shall become property of the College of Central Florida and that the information received in response to the background examination is public record.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date: MM/DD/YY

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

*(Notary Seal)*





**CRIMINAL JUSTICE INSTITUTE  
RECRUIT ACADEMY  
AFFIDAVIT OF APPLICANT  
(State Requirement)**

**Legal Name:** \_\_\_\_\_  
 Last First Middle (complete) Jr., etc.  
**Social Security Number:** \_\_\_\_\_

(Please read carefully before signing.)

I fully understand that, in order to qualify for entrance in the corrections or law enforcement recruit school, I must fully comply with the provisions of Section 943.13, Florida Statutes as follows:

1. Be at least 19 years of age.
2. Be a citizen of the United States.
3. Be a high school graduate or its equivalent.
4. Have no conviction of any felony or of a misdemeanor involving perjury or false statement, no dishonorable or undesirable discharge from any of the Armed Forces of the United States. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of sentence or withholding of adjudication. \*
5. Fingerprinting by institute investigator. (Will be completed during packet review.)
6. Pass a physical examination by a licensed physician (M.D. or D.O.)
7. Be of good moral character. \*\*

\*Florida Statute Chapter 790.23 prohibits the possession of a firearm or ammunition by a person who as a juvenile was found to have committed a delinquent act that would be a felony if committed by an adult until the person is 24 years of age. Therefore, any applicant who meets the criteria would not be eligible to attend a basic recruit academy until they are 24 years of age.

\*\*The perpetration by an individual of any act or acts, whether criminally prosecuted or not, listed in Rule 11B-27.0011 would preclude admission to any institute program.

I further understand that by executing this document I am attesting that I have met the qualifications as specified. I have read my entrance questionnaire and it is true and correct, and all other information (verbal/written) that I will furnish in conjunction with my questionnaire is true, complete and correct.

NOTICE: This document shall constitute an official statement within the purview of Section 837.06 Florida Statutes, and is subject to verification by the institute and/or the Criminal Justice Standards and Training Commission. Any intentional omission when submitting questionnaire or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify you from entering/continuing the corrections/law enforcement recruit school or constitute reason for your arrest.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date: MM/DD/YY

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

(Notary seal)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires



**CRIMINAL JUSTICE INSTITUTE  
RECRUIT ACADEMY  
AFFIDAVIT OF APPLICANT  
(Federal Requirement)**

**Legal Name:** \_\_\_\_\_  
Last First Middle (complete) Jr., etc.

**Social Security Number:** \_\_\_\_\_

(Please read carefully before signing.)

I fully understand that, in order to qualify for entrance in the corrections or law enforcement recruit school, I must fully comply with the provisions of Federal Statute Title 18 U.S.C 922, (Brady Act) as follows:

Federal Statute 18 U.S.C 922 prohibits the possession of a firearm for any person who:

1. Has been convicted in any court of a crime punishable by imprisonment for a term exceeding one year.
2. Is a fugitive from justice.
3. Is an unlawful user of or addicted to any controlled substance.
4. Has been adjudicated as a mental defective or committed to a mental institution.
5. Is an alien illegally or unlawfully in the United States.
6. Has been discharged from the Armed Forces under dishonorable conditions.
7. Having been a citizen of the United States, has renounced U.S. citizenship.
8. Is subject to a court order that restrains the person from harassing, stalking or threatening an intimate partner or child of such intimate partner, or
9. Has been convicted in any court of a misdemeanor crime of domestic violence.
10. Has a record of being a felon.

I further understand that by executing this document I am attesting that I have met the qualifications as specified. I have read my entrance questionnaire and it is true and correct, and all other information (verbal/written) that I will furnish in conjunction with my questionnaire is true, complete and correct.

**NOTICE:** This document shall constitute an official statement within the purview of Section 837.06 Florida Statutes, and is subject to verification by the Institute and/or the Criminal Justice Standards and Training Commission. Any intentional omission when submitting questionnaire or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify you from entering/continuing the corrections/law enforcement recruit school or constitute reason for your arrest.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date: MM/DD/YY

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

*(Notary Seal)*

\_\_\_\_\_  
My Commission Expires



**CRIMINAL JUSTICE INSTITUTE  
RECRUIT ACADEMY  
RELEASE AND WAIVER**

To Whom It May Concern:

I hereby authorize any officer or other authorized representative of the College of Central Florida bearing this release, or a copy of it, within one year of its date, to obtain information from any organization or entity that receives this release, files pertaining to employment, credit, criminal, health or educational records including, but not limited to, medical, mental health or behavioral, academic, achievement, attendance, athletic, personal history, performance report, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records, credit records and court records.

I also hereby authorize any officer or other authorized representative of the College of Central Florida bearing this release, or a copy of it, within one year of its date, to obtain any mental or behavioral health records, medical records or medical information in the files of my current or former employer(s) or any current or former physician(s), or mental health provider.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the college's official responsibilities.

Consent is granted for the College of Central Florida to furnish the information described above to their parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any court, school, college, university, or other educational institution, hospital, mental health facility or other repository of mental health or behavioral records, medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and acknowledgment that I have received a copy of it.

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

**Legal Name:** \_\_\_\_\_  
Last First Middle (complete Jr., etc.

**Address:** \_\_\_\_\_  
Street, P.O. Box City State Zip Code

**Day Telephone No.:** \_\_\_\_\_ **Evening Telephone No.:** \_\_\_\_\_

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date: MM/DD/YY

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

*(Notary Seal)*

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 My Commission Expires

**PHYSICIAN'S ASSESSMENT**Incorporated by Reference in Rules  
11B-27.002(1)(d) and 11B-35.001(10)(d)14., F.A.C.**CJSTC**  
**75**

1. Applicant's Name: \_\_\_\_\_  
Last First MI
2. Last Four Digits of the Applicant's Social Security Number: \_\_\_\_\_
3. Hiring Agency: \_\_\_\_\_
4. Training School: \_\_\_\_\_
5. The Applicant Is Requesting Employment and/or Admission Into a Basic Recruit Training Program in One of the Following Disciplines:  
Law Enforcement  Correctional  Correctional Probation

Note: For employment, a position description that describes the job duties the applicant will perform must be provided.  
For training, the physical fitness conditioning program developed by the training center must be provided.

6. Student Participation in Basic Recruit Training Program. A student enrolled in a basic recruit training program (B RTP) is required to participate in the following activities:
- A. Defensive tactics and firearms high-liability training is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission. Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
- B. Physical Fitness Conditioning and Physical Fitness Testing: A B RTP student shall participate in physical fitness conditioning and a fitness test and includes the following measures:  
• Vertical Jump • One Minute Sit Ups • 300 Meter Run • Maximum Push Ups • 1.5 Mile Run/Walk
- C. The training center director has attached the training school's physical fitness conditioning program: Yes  No

**\*\*\*\*\*TO BE COMPLETED BY THE STUDENT\*\*\*\*\***

7. Medical Conditions Regarding OC/CS Contamination. A B RTP student should be aware of the following personal considerations that may restrict participation in the chemical agent contamination of the B RTP and could possibly be aggravated to a severe degree during the contamination: Recent eye surgery, heart problems, panic disorder or stress, respiratory disorder, emphysema (loss of elasticity/thinning of lung tissues), bronchial asthma, x-ray evidence of pneumoconiosis (black lung), evidence of reduced pulmonary (lung) function, chronic obstructive pulmonary disease, coronary (heart) artery disease, cerebral (brain) blood vessel disease, severe or progressive hypertension (high blood pressure), epilepsy, generalized seizures, pernicious anemia (severe reduction in red blood cells), diabetes (any form), pnueumomediastinum gap (air in the sac surrounding lungs), history of skin allergies, or any condition for which the student is presently taking medication.
8. B RTP Student Certification. I certify that I have reviewed the above information and I do  or do not  have any medical restrictions that would prevent me from participating in the basic recruit training program activities outlined in item numbers 6A and 6B above.
9. Student's Printed Name: \_\_\_\_\_
10. Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**11. To the Examining Physician:**

The examination of this applicant is for employment or training as an officer, and shall include a complete physical examination at a level of specificity sufficient to determine whether there is any medical or physiological reason that would prevent the applicant from performing the essential functions for employment or training as an officer for the discipline indicated in number 5 above. Disabilities, impairment, or limitations identified by the examination, which would prevent the applicant from performing the essential functions for the officer position, should be reported to the employing agency.

**12. Physician's Attestation:**

- I hereby attest that I have examined the above named applicant and find him/her **CAPABLE** of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.
- I hereby attest that I have examined the above named applicant and find him/her **NOT CAPABLE** of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.

13. Pre-existing Conditions: Sections 112.18 and 943.13, F.S., require agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment.

Please respond to the following "in my professional opinion, this examination":

- 13a. Did  or did not  reveal evidence of tuberculosis.
- 13b. Did  or did not  reveal evidence of heart disease.
- 13c. Did  or did not  reveal evidence of hypertension.

14. \_\_\_\_\_  
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature Printed Name Examination Date
15. \_\_\_\_\_  
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State
16. \_\_\_\_\_  
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

## INSTRUCTIONS FOR COMPLETING FORM CJSTC-75

Use this form to document and verify the applicant's compliance with the employment requirements of Section 943.13, F.S., and Rule 11B-27.002(1)(d), F.A.C., and/or with the Basic Recruit Training Program entrance requirements of Rule 11B-35.001(14)(b), F.A.C.

### GENERAL INSTRUCTIONS

- The physical examination must be performed by a physician licensed under Chapters 458 or 459, F.S., a certified advanced registered nurse practitioner, or a physician assistant.
- This form or an equivalent form, indicating that the officer is capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment, **is required** for each new employment or appointment of an officer and may ~~shall~~ be used in conjunction with the Patient Information form CJSTC-75A or an equivalent form, to assist the physician, certified advanced registered nurse practitioner, or physician assistant, by providing testing guidelines to examine the applicant. The physical examination shall not be completed more than one year prior to the officer's date of employment or appointment and a CJSTC-75 form completed for one employing agency may not be used by any other employing agency. If the examination is for employment only, sections 6 – 10 are not required.
- This form, indicating that an applicant is capable of participating in a Basic Recruit Training Program (B RTP), **is required if the applicant is entering a B RTP** and must be completed prior to entrance into a B RTP. The completed form must be maintained in the B RTP course file.
- If an applicant is entering a Basic Recruit Training Program and gaining employment with a criminal justice agency at the same time, a single CJSTC-75 form may be completed for the employing agency and for the training center. The original CJSTC-75 form should reside at the employing agency with a copy being provided to the training center.

### INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Last Four Digits of the Social Security Number:** Enter the last four digits of the applicant's social security number.
3. **Hiring Agency:** Enter the hiring agency's name (if applicable).
4. **Training Center:** Enter the training center's name (if applicable).
5. **Request for Employment and/or Training as an officer:** Place a check mark in the box for the discipline in which the applicant is being employed or completing training.
6. **Student Participation in Basic Recruit Training Program Activities. Defensive Tactics (includes chemical agent contamination), Firearms, and Physical Fitness Conditioning and Physical Fitness Testing:** High-liability training in defensive tactics, firearms, and chemical agent contamination is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission and participation in the activities is a requirement for successfully completing a B RTP. **There is no pass or fail at this time.** The test results for each of the five required tests will be recorded on the Academy Physical Fitness Standards Report, form CJSTC-67A as "I" if the student did not perform the test component or "D" if the student was dismissed from the basic recruit training program.
  - A. **Defensive Tactics and Firearms Training.** Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
  - B. **Physical Fitness Conditioning and Physical Fitness Testing.** The Physical Fitness Test includes the following measures and are defined as follows:
    - **Vertical Jump.** This measures leg power by measuring how high a person jumps.
    - **One Minute Sit Ups.** This measures abdominal, or trunk, muscular endurance. While lying on his or her back, the student will be given one minute to do as many bent-leg sit ups as possible.
    - **300 Meter Run.** This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
    - **Maximum Push Ups.** This measures the muscular endurance of the upper body. This component consists of doing as many push-ups as possible until muscular failure. Males are required to perform the standard push-up and females have the option to perform the standard or modified push-up.
    - **1.5 Mile Run/Walk.** This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component, the student runs or walks a distance of 1.5 miles as fast as possible.
  - C. **A physical fitness conditioning program developed by the training school shall be attached to form CJSTC-75 prior to the student's examination by a physician, certified advanced registered nurse practitioner, or the physician assistant.**
7. **Medical Conditions Regarding Chemical Agent Contamination.** The student shall review the listed medical conditions and list other conditions that may restrict him or her from participating in Chemical Agent Contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
8. **Basic Recruit Training Program Activities Certification.** The student shall check the appropriate box to indicate if he or she **does or does not** have a medical condition that would restrict participation in the B RTP activities indicated in item numbers 6A and 6B of this form.

9. **Student's Printed Name.** The student shall print his or her first name, last name, and middle initial.
10. **Student's Signature and Date.** The student shall provide a signature and date to verify the information provided by the student is true and correct.
11. **Examining Physician:** The examining physician shall examine the applicant for any medical or physiological reasons that would prevent the applicant from entry into a B RTP or as an officer for employment purposes, pursuant to the attached job duties and/or physical conditioning program.
12. **Physician's Attestation:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box attesting that the applicant is capable or not capable of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer discipline for which the officer/applicant is seeking training and/or employment.
13. **Pre-existing Conditions:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box for each pre-existing condition attesting that the examination of the applicant **Did or Did Not** reveal evidence of the pre-existing conditions listed. These outcomes are not disqualifying for employment.
14. **Signature:** The physician, certified advanced registered nurse, or physician assistant shall sign and print his or her name and enter the examination date.
15. **License Number:** Enter the physician, certified advanced registered nurse practitioner, or physician assistant's license number and licensing state.
16. **Professional Address:** Enter the physician, certified advanced registered nurse, or physician assistant's professional address.