

*When do you plan to attend the program:
Fall 2016 _____
Spring 2017 _____
Summer 2017 _____
Fall 2017 _____

Received: _____
At level in:
Reading: _____
English: _____
Math: _____



Application for the Colorado Mountain College Colorado Law Enforcement Training Academy

Please complete this entire application form. Incomplete applications will not be accepted.

PLEASE PRINT OR TYPE

Name: _____
Last First Middle

Age: _____ Date of Birth: _____
Month Day Year

Sex: _____ Height: _____ Weight: _____ Color Eyes: _____ Hair: _____

Social Security Number: _____ Email: _____

Drivers License Number: _____ State: _____ Expires: _____

Place of Birth: _____

Present Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email to contact you the best: _____

Are you right or left handed? _____ (For purposes of holster availability)

What is your waist size (in inches)? _____ (For purposes of duty belt availability)

In Case Of Emergency, Notify:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1. _____	_____	_____
2. _____	_____	_____

GENERAL HEALTH HISTORY:

THIS ACADEMY IS DEMANDING BOTH PHYSICALLY AND EMOTIONALLY. WE ASK THE FOLLOWING QUESTIONS IN ORDER TO HELP US DETERMINE THE SUITABILITY OF OUR PROGRAM FOR YOU. AN ANSWER OF YES OR NO TO ANY QUESTION DOES NOT ELIMINATE YOU FROM THE APPLICATION PROCESS. IT DOES, HOWEVER, GIVE US AN OPPORTUNITY TO PERSONALLY EXPLORE THE ISSUE WITH YOU.

What is the general condition of your health?

Are you currently under the care of a physician or mental health professional? YES___ NO___. If the answer is YES please explain.

Have you any physical, mental, or emotional conditions that may preclude you from fully participating in the skills portions of the curriculum? (an example would be missing an arm or leg or having an uncorrectable vision problem) YES ___ NO _____. If YES, please explain.

Have you ever sustained an injury to your back, neck, knee, shoulder, or elbow that required professional medical treatment? YES ___NO___ If the answer is YES please explain.

Do you have any learning disability that you are aware of? (an example would be dyslexia or attention deficit disorder) YES___NO___. If YES, please explain.

CRIMINAL HISTORY:

Have you ever been **convicted** of any criminal violations (including traffic)? YES___ NO___ If YES, please explain, including dates, arresting agencies and dispositions for each. Use an additional sheet of paper if necessary, but be complete.

If you are a veteran, were you HONORABLY DISCHARGED? YES___ NO___

Have you ever been a respondent in a civil protection order? YES___ NO___ If YES, provide a copy of the order with this application.

EDUCATION HISTORY:

Circle Highest Grade Completed:

Grade School: 1 2 3 4 5 6 7 8

High School: 9 10 11 12

College: 1 2 3 4

Graduate School: 1 2 3 4

List the schools and where you attended:

Name

Location

Dates Attended

Grade School: _____

High School: _____

College: _____

Other Schools: _____

LAW ENFORCEMENT EMPLOYMENT: (Current or past employment)

Name of Law Enforcement Agency: _____

Address: _____

Employer's Telephone Number: _____ Dates of Employment: _____

Date of Termination: _____ Reason for Termination: _____

Position Held: _____ Job Description: _____

Specialized training received, use additional sheet of paper if necessary

Immediate Supervisor: _____ Phone: () _____

OTHER EMPLOYMENT HISTORY:

1. Name of Employer and Nature of Business: _____

Address: _____

Employer's Telephone Number: _____ Dates of Employment: _____

Date of Termination: _____ Reason for Termination: _____

Position Held: _____ Job Description: _____

Specialized training received, use additional sheet of paper if necessary

Immediate Supervisor: _____ Phone: () _____

Employment History continued:

2. Name of Employer and Nature of Business: _____

Address: _____

Employer's Telephone Number: _____ Dates of Employment: _____

Date of Termination: _____ Reason for Termination: _____

Position Held: _____ Job Description: _____

Specialized training received, use additional sheet of paper if necessary

Immediate Supervisor: _____ Phone: () _____

3. Name of Employer and Nature of Business: _____

Address: _____

Employer's Telephone Number: _____ Dates of Employment: _____

Date of Termination: _____ Reason for Termination: _____

Position Held: _____ Job Description: _____

Specialized training received, use additional sheet of paper if necessary

Immediate Supervisor: _____ Phone: () _____

4. Name of Employer and Nature of Business: _____

Address: _____

Employer's Telephone Number: _____ Dates of Employment: _____

Date of Termination: _____ Reason for Termination: _____

Position Held: _____ Job Description: _____

Specialized training received, use additional sheet of paper if necessary

Immediate Supervisor: _____ Phone: () _____

Employment History continued:

5. Name of Employer and Nature of Business: _____

Address: _____

Employer's Telephone Number: _____ Dates of Employment: _____

Date of Termination: _____ Reason for Termination: _____

Position Held: _____ Job Description: _____

Specialized training received, use additional sheet of paper if necessary

Immediate Supervisor: _____ Phone: () _____

PERSONAL CHARACTER REFERENCES: (No relatives)

1. Name: _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Length of Time Known: _____ Relationship: _____

2. Name: _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Length of Time Known: _____ Relationship: _____

3. Name: _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Length of Time Known: _____ Relationship: _____

Personal Character references continued:

4. Name: _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Length of Time Known: _____ Relationship: _____

**Please answer the following questions. Answer in your own handwriting/do not type.
You may use additional pages if you need to.
This is a very important part of your application. Take it seriously.**

1. What do you think is the most important **role** of a police officer in our country? Explain:

2. What do you think the police in our country do **well**?

3. What do you think the police in our country do **poorly**?

4. If you could **change** one thing about how the police do their job, what would that be?

5. What story from the **media** about a police officer sticks in your mind the most, and why?

6. What role does **maturity** and **life experience** (good and bad) play in the success of a person in the police academy preparing for a career in law enforcement?

7. Do you understand that giving false or misleading information in this application may disqualify you from acceptance into the program?

_____ Yes _____ No

Colorado Mountain College Law Enforcement Academy

Medical/ Liability Release Form

Initial next to each showing you understand the statement being made

_____ I realize that the Academy program has a risk of injury. I agree to not hold Colorado Mountain College or any of its instructors liable for any injuries that may occur in the context of normally accepted instructional practices.

_____ I affirm that while I am a student in the Academy I will assume all responsibility for my own health and automobile accident insurance coverage.

_____ I also understand that any tactic or technique that I use in the performance of my duty for any department that employs me must first meet the standards of that department's policies.

_____ I understand that any false or misleading information in this application may disqualify me from the program.

_____ I have read the above and understand it fully.

NAME (please print) _____

SIGNATURE _____

ADDRESS _____

SOCIAL SECURITY # _____

DATE _____

DOCUMENTS THAT MUST BE INCLUDED WITH THIS APPLICATION:

You must include the following with your CLETA Application Packet for it to be complete:

- a. A photocopy of High School or GED Diploma or College degrees or transcripts.
- b. A photocopy of your driver's license.
- c. The signed Medical/ Liability Release form

I hereby certify that all statements that I have made on this application are true. I have read and understand the requirements set forth in the nine page CLETA information packet that governs my certifiability as a peace officer in the State of Colorado and my attendance at the Colorado Mountain College Law Enforcement Training Academy. I understand that misrepresentation, withholding of facts or incomplete information will be cause for rejection of my application from further consideration.

Name Signature Date _____ Print

Now that you have the CLETA application completed Please mail to:

Vicky Valentine
Admissions
3000 County Rd 114
Glenwood Springs, CO 81601

Once I have received this packet I will inform Kevin Brun the Director of the program and we will mail out the last remaining pieces you find to be in the CLETA program. Thank-you for your time and please don't hesitate to call me or email me if you do have any questions!

Take Care!



Vicky Valentine
Admissions Counselor
Vvalentine@coloradomtn.edu
970-947-8276