



**HARRISON COUNTY LAW ENFORCEMENT TRAINING ACADEMY
1400 LEGGETT DR.
BILOXI, MS 39530
228-435-3165**

Authorization for Release of Information

In connection with my application for acceptance to the Harrison County Law Enforcement Training Academy, I understand that investigative background inquiries are to be made on myself, including, but not limited to, criminal convictions, motor vehicle reports, character, work habits, performance, experience, and reasons for termination from past employment. I also understand you may contact persons listed as personal references for information on my character and habits.

The intent of this authorization is to give my consent for full and complete disclosure of records of employment and pre-employment records, including background reports, efficiency ratings, complaint or grievances filed by or against me and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for admittance into the Harrison County Law Enforcement Training Academy. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Harrison County Law Enforcement Training Academy from any and all liability which may be incurred or as a result arise from the collection of such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not bear an original writing of my signature.

I have read and fully understand the contents of the above "Authority for Release of Information and Records".

Date of Birth

Printed Name (Last, First, Middle Initial)

Date Signed

Signature



HARRISON COUNTY SHERIFF'S OFFICE

Application For Employment

P.O. Box 1480, Gulfport, MS 39502

An Equal Opportunity Employer

The Harrison County Sheriff's Office accepts applications for employment without regard to race, color, religion, creed, gender, national origin, disability, marital status, veteran status, sexual orientation or any other legally protected status.

IMPORTANT

Answer each question fully and accurately. Incomplete applications will not be considered. All information on your application is subject to verification.

- This application becomes void one (1) year after you submit it or when the position for which you applied is filled, or when you accept other employment, whichever comes first.
- Any misrepresentations, deceit or omissions on your application could result in automatic disqualification. All sections in this employment application are applicable to you regardless of position for employment for which you are applying.
- If you have any questions regarding information on this application, please contact the Harrison County Sheriff's Office Personnel Department at 228-896-0691.
- Attached additional documents if needed.

APPLICANT INFORMATION

Full Name

<i>Last Name</i>		<i>First Name</i>		<i>Middle Name</i>	
Social Security Number:		Driver's License No:		DL State:	Date of Birth:
Home Phone:	Work Phone:	Cell Phone:	Email Address:		
Current Address	Street Number & Name:		City:	State:	Zip Code:
Mailing Address (If Different)	Street Number & Name:		City:	State:	Zip Code:
List any alias names or ID Numbers you may have used in the past. (Include Maiden and Nicknames)	1.				
	2.				
	3.				
	4.				

POSITION APPLIED FOR

1 st :		Date Available To Start	Date Of Application
2 nd :			
3 rd :			

WORK EXPERIENCE / EMPLOYMENT HISTORY

List ALL employment, full-time and part-time. Attach a separate sheet if necessary.

Current Employer:			Phone Number:	
Address:			Start Date:	Ending Date:
City:	County:		State:	Zip Code:
Job Title:		Start Salary:	Ending Salary:	
Supervisor's Name:		Work Performed:		
Reason For Leaving:				
<p>Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Yes, Explain:</p>				
Former Employer:			Phone Number:	
Address:			Start Date:	Ending Date:
City:	County:		State:	Zip Code:
Job Title:		Start Salary:	Ending Salary:	
Supervisor's Name:		Work Performed:		
Reason For Leaving:				
<p>Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Yes, Explain:</p>				
Former Employer:			Phone Number:	
Address:			Start Date:	Ending Date:
City:	County:		State:	Zip Code:
Job Title:		Start Salary:	Ending Salary:	
Supervisor's Name:		Work Performed:		
Reason For Leaving:				
<p>Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules of this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Yes, Explain:</p>				

CRIMINAL HISTORY

Have you ever been arrested, detained, charged, convicted or pled guilty to a misdemeanor or felony offense? ☐ YES ☐ NO

Date Of Arrest	Date Of Conviction	Agency	Charge	Final Disposition	
				<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty
				<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony
				<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty
				<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony
				<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty
				<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony

Explanations:

Have you ever been convicted of or pled guilty to any of the following misdemeanor offenses as an adult?

- ☐ No
 ☐ Property (e.g. theft, burglary)
 ☐ Sexual (e.g. lewd conduct)

☐ Violent (e.g. battery)
 ☐ Other (e.g. disturbing the peace, possessing marijuana)

Have you ever used marijuana or marijuana derivative? (e.g. hashish)

- ☐ No
 ☐ Yes (within last year)

☐ Yes (1-5 years)

Have you ever used other illegal drugs? (e.g. cocaine, heroin, GHB, LSD)

- ☐ No
 ☐ Yes (within last 24 months)
 ☐ Yes (3-5 years ago)
 ☐ Yes (over 10 years ago)

☐ Yes (24-36 months ago)
 ☐ Yes (5-10 years ago)

MILITARY SERVICE

Attach a copy of your DD214 to this form

Branch of Service	Dates of Service	Area of Responsibility	Nature of Discharge
	From: <input style="width: 50px;" type="text"/>		
	To: <input style="width: 50px;" type="text"/>		
	From: <input style="width: 50px;" type="text"/>		
	To: <input style="width: 50px;" type="text"/>		

EDUCATION / SKILLS

	Name and Address of School	Dates Attended	Highest Year Finished or Credit Hours	Type of Diploma/Degree
High School		From: <input style="width: 50px;" type="text"/>		
		To: <input style="width: 50px;" type="text"/>		
College		From: <input style="width: 50px;" type="text"/>		
		To: <input style="width: 50px;" type="text"/>		
College		From: <input style="width: 50px;" type="text"/>		
		To: <input style="width: 50px;" type="text"/>		
Grad/Pro Trade		From: <input style="width: 50px;" type="text"/>		
		To: <input style="width: 50px;" type="text"/>		

INDICATE IF YOU HAVE ANY OF THE FOLLOWING SKILLS

- ☐ Typing – Speed WPM
 ☐ Shorthand – Speed WPM

☐ Certified Mechanic
 ☐ Paint & Body

☐ Word Processing
 ☐ Telephone Console
 ☐ Radio Maintenance
 ☐ Electrician

☐ Computer
 Type: ☐ PC ☐ Apple ☐ Other
 ☐ Carpentry
 ☐ Welding

Software Experience:	Other Skills / Abilities:			
<input type="checkbox"/> Read / Speak Foreign Languages If Yes, List:				
<input type="checkbox"/> Instructor Certifications:				
<input type="checkbox"/> Specialized Training:				
REFERENCES				
Give at least three (3) references, not relatives, who are responsible adults of reputable standing in their communities, such as home owners, property owners, business or professional persons, who have known you well during the past five (5) years and three (3) social acquaintances in your own age group.				
BUSINESS / PROFESSIONAL REFERENCES (Supervisors and / or co-workers are acceptable)				
1.	Name:	Business Name:		
	Address:	Phone # w/Area Code:		
2.	Name:	Business Name:		
	Address:	Phone # w/Area Code:		
3.	Name:	Business Name:		
	Address:	Phone # w/Area Code:		
PERSONAL REFERENCES – (Known for at least 5 years)				
	Name	Years Known	Address	Phone # w/Area Code:
1.				
2.				
3.				

ADDITIONAL INFORMATION			
Family Members (List parents, siblings and spouse)			
	Name	Relation	Address
1.			
2.			
3.			
4.			
5.			
6.			

Are you related in any way to a current member of the Harrison County Sheriff's Office? ☐ YES ☐ NO

The following information is being collected to distinguish each applicant when running background checks.

Height	Weight	Hair Color	Eye Color	Scars / Marks / Tattoos and Location
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Recent Photo	Driver's License	Social Security Card
		

Click on each box to add photo

1. HCSO General Order # 3.21 – Tattoos, body art, piercings and/or branding on the face, head, neck or hands, or any tattoo or markings that are extremist, sexist, racist or indecent in nature are strictly forbidden.
2. If you do not attach your Photo, Driver's License and/or Social Security Card, you must send copies to the address listed on the front page of this application.
3. If you are contacted for an interview, please have the following required documents available to submit:
•Birth Certificate •High School Diploma/GED •Valid Driver's License •Social Security Card •DD214 (if applicable)
4. Please make sure you have completed ALL portions of this application. Incomplete applications will not be considered.



BASIC LAW ENFORCEMENT CLASS (Self-Sponsor – WIN Cadet – VA Cadet)

Tuition: \$4,600

Application deadline is 30 days prior to the start of class. We must have the entire ORIGINAL APPLICATION (pages 1-8), to include the signed physical with EKG, prior to the PT test.

All correspondence should be sent to:

Harrison County Law Enforcement Training Academy
1400 Leggett Dr.
Biloxi, MS 39530

All application packets should include:

- ORIGINAL application and one copy
- Copy of High School Education (Diploma/GED) or College Diploma
- Copy of Criminal History/NCIC printout
- Verify physician information on page five is complete-questions 11 14 should be "No" and question 15 should be "Yes"
- Copy of EKG results must be included on page four
- Recent front facing photograph of officer **MUST BE ORIGINAL PHOTO**, NO copies
- Proof of medical insurance (worker's comp and major medical) D
Current First Aid/CPR card or verifying documents
- *WIN Cadets ONLY* - must have copy of the Individual Training Account (ITA) Letter from WIN Job Center
- *VA Cadets ONLY* - must have copy of Eligibility Letter from VA

If you have any questions, need further information or assistance please call the academy at -
Office: (228)435-3165

Email: academy@harrisoncountysheriff.com
Jimmy.Warden@harrisoncountysheriff.com

**Harrison County Law Enforcement Training
Academy
Basic Law Enforcement Training
Class**

General Information

- Once an applicant has been cleared through a background check, a \$100 deposit must be made, payable to: **Mississippi Gulf Coast Community College.**
 - VA/WIN-Deposits will be refunded once payment has been received from VA/WIN
 - Self-Sponsors - Deposits will be used toward tuition. Tuition may be split into payments, See academy staff for details.
- Please ensure the application is completed in full; signatures are required in several places. Verify the physician, and the applicant has signed in each space as indicated. An applicant will not be admitted into the academy or participate in any physical fitness evaluations unless there is a fully completed medical assessment approved by a physician.
- Following academy registration activities, all students will participate in a physical fitness evaluation. Each applicant must demonstrate an acceptable level of fitness (minimum of 50%, or higher according to agency policy). Participants will be given three opportunities to meet the minimum physical fitness requirement. Dates and times will be announced. An applicant who cannot meet the minimum physical fitness requirement will not be admitted into the academy.
- Please respond to the Academy with the following information:
 - Caliber of sidearm (Academy will provide ammunition for firearms training)



To: Self Sponsored / WIN / Veterans Affairs Applicant

From: H.C.L.E.T.A.

Re: Cost of Basic Training

As of August 4, 2013, the Mississippi Board on Law Enforcement Standards and Training has raised the requirements for basic Law enforcement certification from 400 hours of instruction, to 480 hours of instruction. As such, costs must necessarily increase to cover additional expenses.

Listed below is a breakdown of the cost for one cadet to attend the 480-hour, 11-week basic law enforcement academy. Once completed, graduates are eligible for certification as Mississippi Law Enforcement Officers. Prior to acceptance, a candidate will undergo a background investigation, and physical fitness test. All candidates will also complete, at a physician of their choosing and at their own cost, a physical examination.

Most cadets are sponsored by a police or sheriff's department/office that furnishes equipment to the cadet for training. A person not sponsored by a law enforcement agency will have to provide this additional equipment. Should a cadet not have these items, the Academy will provide them at an added cost. This arrangement must be made prior to the start of the training. A breakdown of the cost is listed below, but does not include medical insurance, which the cadet must have during the entirety of training.

You will need to provide proof of medical insurance, have current driver's license, and have verified funding in place by the start of class. Any student who fails to enter, drops, or is dismissed from the academy will receive a pro-rated refund of tuition based on the number of training days remaining. Cadets who fail the program are not eligible for a refund.

If you need any additional information, please call the academy at (228)435-3165 or email academy@harrisoncountysheriff.com

Required cost;	Background investigation	\$100.00
	Patrol Vehicle Fee	\$295.00
	Tuition	\$3,600.00
As needed cost;	Weapon Fee and Gear	\$150.00
	Class "A" uniform (Khaki), Raincoat, Jacket	\$375.00
	PT Uniforms (Short, T-Shirts)	\$125.00



Harrison County Law Enforcement Training Academy SELF/VA/WIN Cadet Required Items List

ACADEMY PROVIDED ITEMS:

- Department Issued Class "A" uniform (worn for Friday uniform inspections)
- (5) pair khaki BDU pants for daily classroom uniform
- Minimum of five (5) white cotton (or) moisture-wick fabric (non-skin tight) crew-neck T-shirts with the cadet's last name ironed on in navy blue 2" block letters, on the back of the shirt (required for physical training)
- Minimum of five (5) navy blue cotton (or) moisture-wick fabric (non-skin tight) crew-neck T-shirts with the cadet's last name ironed on in white 2" block letters, on the back of the shirt (required for cadet's everyday uniform)
- Minimum of three (3) pair of navy blue gym shorts (no cut-offs, baggy, or Speedo-type shorts are allowed) no shorter than 6" above the knee
- (3) Navy Blue Sweat Pants (*Only 1 pair is needed for classes 2021-2 and 2021-3*)
- Minimum of (3) Navy Blue Sweat Shirts with Last Name ironed on back in White 2" block letters
(*Only 1 pair is needed for classes 2021-2 and 2021-3*)
- Rain wear, for outdoor activities during inclement weather, to include a raincoat
- Coat or jacket (seasonal)
- Full duty belt (and inner belt) with weapon holster, spare ammunition pouch, (2) sets handcuff with cases, duty weapon (with three (3) magazines) ABSOLUTELY NO Firearms, knives or live ammunition should be brought the first week of class
- Ballistic vest (Required daily wear)
- Reflective Vest



CADET SUPPLIED ITEMS

- Minimum of (1) pair black uniform shoes or boots capable of being highly shined ("Corfam", patent leather, or other permanently shined foot gear is not allowed)
- One (1) black leather belt with silver buckle
- Sufficient under garments (underwear/bras), two changes per day may be required due to physical activities
- Minimum of six (6) pair white athletic socks
- Black socks to wear with boots
- High quality running shoes or gym shoes (two (2) pair are recommended)
- Minimum (1) Pair Shower shoes
- No Jewelry other than wedding bands are allowed
- One (1) white mesh laundry bag
- Mouthpiece for defensive tactics
- Black or navy blue gloves and black or navy blue "beanie cap" (no markings/ January class ONLY)
- Minimum of (15) White Clothes Hangers
- Padlock for personal locker, MUST BE A COMBINATION LOCK
- Personal Hygiene Kit (i.e. soap, shampoo, razor, deodorant and etc.)
- Shoe care kit (i.e. polish, brush, and rags)
- Laundry Detergent to wash personal clothing items
- White or black bandana, for Defensive Tactics class.
- Bath towels, hand towels and wash cloths (2 each) white with cadet's last name on corner of each item in black lettering.



Contraband List:

NOT ALLOWED ON CAMPUS:

- Alcoholic Beverages of any form
- Recording devices

NEVER ALLOWED IN BARRACKS:

- » Food items are defined as- "anything that has to be chewed to be consumed"
- » Firearms
- » Ammo of any type
- » Magazines for Firearms
- » Knives
- » Powdered (or) liquid food supplements
- » Prescription medication without prior authorization of Academy Staff
- » Cell phones
- » Radios
- » Musical instruments
- » Video games

SECURED IN VANHOOK:

- » Cell Phones
- » Medication
- » Supplements
- » Cadet Vehicle keys

PRIOR ACADEMY ATTENDANCE

(To be signed by agency head)

**If Self/WIN/VA to be signed by Applicant*

Date: _____

Please indicate if your officer has attended another academy at any time and sign below:

_____ NO • Officer HAS NOT attended another academy (Full time (or) Reserve)

_____ YES • Officer HAS attended another academy (Full Time (or) Reserves)

If yes, which Academy and date attended?

Officer's Name

Officer's Signature

Agency Name

Agency Head Signature

Dear Applicant:

Certain information is required to process your application in order to be accepted into a basic law enforcement class.

Furthermore, please respond to the following questions:

- 1) Have you ever been arrested? If so, by whom and for what?

- 2) Have you ever been convicted of a crime, either misdemeanor or felony?

If so, where and for what?

- 3) Have you ever had an alcohol or drug dependency? If so, please list:

- 4) Do you have any food allergies or special dietary requirements due to a medical condition?

If so, please list:

- 5) Please identify the caliber of your sidearm (the Academy will provide ammunition for firearms training).

- 6) Please list any medications you take on a regular basis, including over-the-counter and herbal remedies (all prescription medication must be in a pharmacy-issued prescription bottle with the cadet's name and prescribing information. The Academy will not allow any supplements (e.g., wheat germ, dietary supplements other than commonly available vitamins):

Non-Credit Registration

Individuals who wish to enroll in semester hour credit courses must complete an MGCCC Application for Admission.



Course Name: _____

Course Date: _____

Scheduled Location (check one) ☐ Advanced Manufacturing & Technology Center ☐ George County Center ☐ Jackson County Campus

☐ Jefferson Davis Campus ☐ Keesler Center ☐ Perkinston Campus

☐ Online classes ☐ West Harrison Center ☒ Other HCLETA

Name: _____
Last Name First Name Middle Initial Previous Last Name (optional)

Social Security Number: _____

Date of Birth: _____
Month Day Year

Street Address: _____

City: _____ State: _____ Zip code: _____

County of residence: _____ E-mail address: _____

Home phone: _____ Work phone: _____

In case of emergency, please call: _____ Phone: _____

Race (Only check one):

- ☐ Asian
☐ Black/African American
☐ American Indian/Alaska Native
☐ Hawaiian Native or other Pacific Islander
☐ White

Ethnicity: Would you describe yourself as a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture, regardless of race?

- ☐ Yes
☐ No

Gender:

- ☐ Male
☐ Female

Employment Status (Check one):

- ☐ Employed
☐ Unemployed
☐ Employed, but received Termination of Employment Notice
☐ Not in Labor Force
☐ Not Reported

Educational Level: Please indicate which of the following best describes your level of education (Check one):

- ☐ Attained secondary school diploma
☐ Attained a secondary school equivalency
☐ The participant with a disability receives a certificate of attendance/completion as a result of successfully completing an Individualized Education Program (IEP)
☐ Completed one or more years of postsecondary education
☐ Attained a postsecondary technical or vocational certificate (non-degree)
☐ Attained an Associate's degree
☐ Attained a Bachelor's degree
☐ Attained a degree beyond a Bachelor's degree
☐ No Educational Level Completed

Employment Type: Please tell us if your current or most recent employment is/was (Check one):

- ☐ Part Time
☐ Full Time
☐ Temporary
☐ Seasonal
☐ Not Reported

Name of Employer: _____

Signature: _____

Date: _____
Month Day Year

The Family Educational Rights and Privacy Act provides for the publication or disclosure of certain directory information on students. Check below if you do not want your name, photograph or other directory information included in these publications.

- ☐ Directory Information ☐ News articles for publication in media ☐ Other, specify _____

Mississippi Gulf Coast Community College is an Equal Opportunity Employer and welcomes students and employees without regard to race, religion, color, national origin, sex, age or qualified disability in its programs and activities. For further information, contact the Equal Employment Opportunity Officer at a Mississippi Gulf Coast Community College Campus, Center or the District Office. Compliance is coordinated by the Associate Vice President of Administration, P.O. Box 609, Perkinston, Mississippi 39573, telephone number 601-928-6672, email address compliance@mgccc.edu.



PEACE OFFICER STANDARDS & TRAINING

Full-Time Basic/ Part Time Basic/ Refresher Training Packet

Dear Law Enforcement Administrator and Examining Physician:

This training packet contains a medical evaluation, a reimbursement supplement and an application for enrollment to the academy. Please complete all forms in accordance with the instructions below. Submit the completed packet (pages 1 - 8) to the academy at least two weeks prior to attending a training course (forms that have been completed six months or more prior to training cannot be accepted). With an increased awareness of the importance of physical fitness in the law enforcement profession, as well as in the overall maintenance of quality of life, the Board on Law Enforcement Officer Standards and Training (BLEOST) has enhanced fitness standards for law enforcement candidates. Students will be participating in vigorous physical fitness training and defensive tactics, as well as stress-related training (physical and mental), in such areas as driving, firearms and officer survival. Driving and firing events incorporate seasonal inclement weather with day and night sessions to further enhance stress-related training.

This medical examination report should provide an adequate evaluation of the physical condition of a law enforcement candidate and identify potential problem areas in each candidate's ability to successfully complete training. Agencies are urged to consider carefully any decision to enroll a student in training who has a potential problem. Students with weight problems, who have not been active in a physical fitness program or who have some medical difficulty, will have a greater probability of not completing the course. If at all possible, fitness levels should be at or above the minimum levels established in this packet prior to attending the basic course. **The procedures for completing these forms are as follows:**

<u>Title/Page Number</u>	<u>Usage</u>	<u>Disposition</u>
Memorandum page i	Provide information to the trainee's agency & to the examining physician	To be read and used by the agency and the attending physician, then discarded
Law Enforcement Officer's Duties & Working Conditions page ii	Provide information to the attending physician and to the applicant	To be read by the physician and the applicant, then discarded
Physical Fitness Requirements page iii	Provide information to the physician and to the applicant	To be read by the physician and the applicant, then discarded
Medical Examination Report Health Questionnaire pages 1 & 2	Provide the physician with the trainee's current health information	To be completed by the trainee and agency then given to the physician prior to the trainee's examination
Medical Examination Report Physical Fitness Examination pages 3, 4 & 5	To determine the applicant's ability to participate in the physical fitness program	To be completed and signed by the physician and returned to applicant's agency
NCIC Report and HS Diploma or GED First Aid / CPR Certification Salary Information page 6	Provide information to BLEOST for certification and reimbursement purposes	To be completed by the agency
Law Enforcement Agency's Affidavit and Applicant's Affidavit & Injury Liability Waiver page 7	To swear and affirm the validity of the information given within this document to the training academy and to BLEOST	To be signed and dated by the agency head or authorized signee and by the applicant
Application for Training & Personal Information Summary page 8	Provide training eligibility information to the training academy and to BLEOST	To be completed by the trainee and agency, and returned to the academy at least two weeks prior to training

If you have any questions, please call the BLEOST staff at (601) 977-3777.

FOR THE PHYSICIAN

Duties and Working Conditions Encountered by Law Enforcement Officers

Every law enforcement officer employed by a law enforcement unit must be examined by a licensed physician. **The physician's report must conclude that, in the opinion of the physician, the applicant has the ability to physically perform the duties of a law enforcement officer.**

The duties of a law enforcement officer include, but may not be limited to, performance of the following physical activities:

- | | | |
|---------------------------------|------------------------------|----------------------------------|
| 1. Use of Firearms | 15. Sitting | 29. Hearing Voice Conversation |
| 2. Driving Emergency Vehicles | 16. Standing | 30. Color Identification |
| 3. Handcuff Prisoners | 17. Standing-Long Periods | 31. Close Vision |
| 4. Administer First Aid | 18. Kneeling | 32. Far Vision |
| 5. Rescue Operations | 19. Twisting Body | 33. Side Vision-Depth Perception |
| 6. Lifting & Carrying 0-70 lbs. | 20. Pushing | 34. Night Vision |
| 7. Direct Traffic | 21. Pulling | 35. Maintaining Balance |
| 8. Subdue Prisoners | 22. Running | 36. Operating Passenger Vehicles |
| 9. Pursue Suspects | 23. Sense of Touch | 37. Finger Dexterity |
| 10. Walking-Lateral Mobility | 24. Reaching | 38. Speaking |
| 11. Walking Rough Terrain | 25. Gripping Hands & Fingers | |
| 12. Bending | 26. Climbing Stairs | |
| 13. Stooping | 27. Climbing Ladders | |
| 14. Crouching | 28. Hearing Alarms | |

Working conditions for law enforcement officers may include, but may not be limited to, the following:

- | | | |
|---|---|--|
| 1. Exposure to the Sun | 14. Work on High Ladders | 27. Working with Adult Mental Patients |
| 2. Exposure to Inside Temperature Extremes | 15. Working in Remote Locations | 28. Working Night Shifts |
| 3. Exposure to Outside Temperature Extremes | 16. Wearing Helmets | 29. Working Day Shifts |
| 4. Dampness | 17. Wearing Safety Glasses | 30. Working Weekends |
| 5. High Humidity | 18. Wearing Chemical-Resistant Clothing | 31. Exposure to Tobacco Smoke |
| 6. Noisy Work Areas | 19. Wearing Ear Plugs-Muffs | 32. Exposure to Other Smoke |
| 7. Work at Heights | 20. Wearing Rubber Boots | 33. Working at High Elevation |
| 8. Work in Confined Space | 21. Exposure to Bee Stings | 34. Working with Intellectual Disabilities |
| 9. Work in Crowded Areas | 22. Exposure to Poison Oak | 35. Providing Remote Emergency Medical Assist. |
| 10. Working Alone | 23. Exposure to Dust or Pollen | 36. Scuba Diving |
| 11. Work with Inmates | 24. Exposure to Fumes | |
| 12. Exposure to Intense Light | 25. Air Travel | |
| 13. Exposure to Noxious Odors | 26. Working Long Hours | |

Physical Fitness Requirements

The Board on Law Enforcement Officer Standards and Training (BLEOST), in recognizing the importance of physical fitness for academy performance and subsequent job performance, has established physical fitness training standards that must be achieved in order to successfully complete the training program. The board has established a test that effectively measures cardiovascular endurance and strength. An additional component of fitness, body weight and composition (% of body fat), has a great impact on the examinee's ability to perform the other tests. The evaluation of the candidate's fitness begins with a physician's examination and a determination of the ratio of fat to lean tissue. If an individual's weight exceeds the threshold weight, then a skinfolds caliper measurement should be taken to determine body fat percentage.

The BLEOST will require all board-approved training academies to administer an entry physical fitness test for those students reporting to the training program. The test will be given immediately upon reporting for training and will determine whether a student can remain in the program. This test is an eligibility requirement. A passing score of 50% must be achieved. Those students who fail the test must leave the academy. They may, however, resubmit their application to attend a future training class.

The test is comprised of three components: agility run, push-ups, and a 1½ mile run and is administered to all Full-time, Part-time, and Refresher trainees. It is the same test administered at the end of the program for Full-time and Part-time trainees (Refresher trainees are not required to take the final test) with one exception: The entry test requires 50% to pass while the final test requires 70%. This requirement does not relieve students from participating in P.T. training once they pass the entry requirement. Full time and Part-time trainees will continue to participate in scheduled P.T. training and must also pass a final P.T. test with a minimum score of 70% in order to graduate.

Physical fitness can only be achieved over time. It requires a commitment to regular exercise and good eating habits. Thus it is important to disseminate this information so that all impacted personnel can prepare ahead of time. Scores needed to enter training and to graduate are as follows:

AGE GROUPS ▾				20-29				30-39				40-50+					
	Score	Male		Female		Male		Female		Male		Female					
AGILITY RUN (maximum allowed times for each group measured in seconds)	100%	15:90		17:80		16:40		18:90		17:35		20:55					
	70%	18:60		21:10		19:10		22:20		20:05		23:85					
	50%	20:40		23:30		20:90		24:40		21:85		26:05					
1.5 MILE RUN (maximum allowed times for each group measured in minutes)	100%	9:00		10:48		10:00		12:00		11:00		13:12					
	70%	14:30		17:18		15:30		18:30		16:30		19:42					
	50%	18:10		21:38		19:10		22:50		20:10		24:02					
AGE GROUPS ▾		17-21		22-26		27-31		32-36		37-41		42-46		47-51		52 +	
	Score	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
PUSH-UPS (minimum required in a two minute time limit)	100%	82	58	80	56	78	54	73	52	72	48	66	45	62	41	56	40
	70%	52	28	50	26	48	24	43	22	42	18	36	17	32	13	26	12
	50%	32	13	30	11	28	10	23	9	22	8	18	7	17	6	12	6

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MEDICAL EXAMINATION REPORT HEALTH QUESTIONNAIRE

**To be completed by the applicant & the applicant's agency.
Print or type**

Applicant's Name _____

Doctor's Name _____

Applicant's Department/Agency _____

Name of Office or Clinic _____

Department's Address _____

Clinic's Address _____

Telephone Number _____

Telephone Number _____

TO THE APPLICANT: Medical clearance is required by the Board on Law Enforcement Officer Standards and Training. Your cooperation in completing this questionnaire in a complete and detailed manner will expedite the evaluation and avoid delay. Complete this form (sections A, B, and C) prior to your physical examination and give it to the examining physician at the time of examination. Explain all items answered **Yes** in this questionnaire. Write your own account in **Sections B** and **C**. Include diagnosis and dates.

SECTION A - check each condition or ailment that applies Yes or No.

Explain each **Yes** answer in **Section B** and list physicians consulted in **Section C**.

Condition	No	Yes	Hosp.	Condition	No	Yes	Hosp.
1 Head injury				24 Sensitivity to dust			
2 Back trouble, pain				25 Other allergies			
3 Any defect of bones/joints including amputations, dislocations or breaks				26 Frequent colds			
4 Lameness				27 Cancer, malignancy			
5 Rheumatism, arthritis				28 Tumor, growth, cyst			
6 Trick/locked knee, knee injury				29 Complications from childhood diseases			
7 Foot trouble				30 Polio			
8 Eye injury, surgery, disease				31 Rheumatic fever			
9 Wear or have worn glasses/contacts				32 Heart trouble, circulatory trouble			
10 Hard of hearing, hearing problems				33 High, low blood pressure			
11 Wear or have worn a hearing aid				34 Varicose veins			
12 Headaches				35 Pernicious anemia, leukemia, other blood disorders or ailments			
13 Mental illness, nervous breakdown				36 Hepatitis, jaundice, other liver ailments			
14 Addiction to drugs, alcohol				37 Diabetes, sugar in urine			
15 Fainting, dizzy spells				38 Ulcers, other stomach trouble			
16 Epilepsy, fits				39 Colitis			
17 Any disorder of the nervous system				40 Gall bladder trouble			
18 Tuberculosis, other lung trouble				41 Kidney/bladder trouble			
19 Shortness of breath				42 Piles/hemorrhoids			
20 Asthma				43 Rupture/hernia			
21 Bronchitis				44 Mononucleosis			
22 Allergic reaction to poison oak, ivy				45 HIV/ARC/AIDS			
23 Skin trouble							

Health QUESTIONNAIRE - CONTINUED

SECTION A (contd.)		No	Yes
46	Have you ever had or been advised to have an operation?		
47	Have you ever been a patient (committed or voluntary) in a mental hospital?		
48	Have you had any other illness, injury or physical condition not previously named (other than in childhood)?		
49	Have you had an injury within the last 5 years which caused you to lose time from work?		
50	Have you ever been denied employment or insurance for medical reasons?		
51	Have you ever been deferred from military service for medical, emotional or health reasons?		
52	Have you ever been discharged or released from employment or from the armed forces for medical, emotional or health reasons?		
53	Have you ever received or applied for pension or compensation for disability or injury?		
54	Are you presently under the doctor's care for any condition?		
55	Have you taken any prescribed medication in the last 12 months for any reasons?		
56	Do you or have you ever had any physical or emotional limitations?		

[illegible][illegible]

NOTE: Any falsification, withholding or failure to answer all questions completely and accurately may cause revocation of certification and/or expulsion from training. MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.

PHYSICAL FITNESS EXAMINATION

Name _____ Age _____ Male _____ Female _____ Height _____ Weight _____

THRESHOLD WEIGHT TABLE			
Height in Inches	Threshold Weight	Height in Inches	Threshold Weight
52	75	69	176
53	80	70	184
54	85	71	192
55	89	72	200
56	94	73	209
57	99	74	217
58	105	75	226
59	110	76	235
60	116	77	245
61	121	78	255
62	128	79	265
63	134	80	275
64	141	81	285
65	147	82	297
66	154	83	307
67	161	84	318
68	168		

Threshold weight (height in inches divided by 12.3, then cubed) shall be utilized to evaluate an individual's fitness as it relates to body fat composition. Individuals who exceed the threshold weight will then be checked by skinfolds for percent body fat.

BODY FAT LIMITS				
MALE	AGE GROUPS			
	20-29	30-39	40-49	50-59
% of Body Fat	20.4	23.5	25.5	27.1
FEMALE	AGE GROUPS			
	20-29	30-39	40-49	50-59
% of Body Fat	27.7	28.9	32.1	35.6

Considering the threshold weight, body fat percentage and other individual characteristics, I consider this Individual's present weight of _____ pounds to be: _____ satisfactory; _____ excessive; _____ deficient. Under Proper medical supervision, the applicant should _____ lose/ _____ gain- _____ lbs.

Comments: _____

1. **Visual Acuity** If applicant wears glasses, test and record with and without glasses.)
 With Glasses right 20/____ left 20/____ both 20/____ Field of Vision right ____ left ____
 Depth ____ Color ____
 Without Glasses right 20/____ left 20/____ both 20/____ Perception ____ Perception ____
 Note any abnormalities or comments: _____

2. **Hearing** right 15/____ left 15/____
 Drum perforation or damage: _____
 Hearing aid ____ (Normal hearing is generally considered to be able to distinguish the words in
 A whispered conversation from ten (10) feet away.)
 Note any abnormalities or comments: _____

3. **Head** Note any injury, deformity or disease involving;
 Nose and sinus _____ Throat and neck _____
 Teeth and jaw _____
 Note any abnormalities or comments: _____

4. **Lungs** Note any abnormalities or comments: _____

5. **Cardiovascular System**

<u>Action</u>	<u>blood pressure</u>	<u>pulse</u>	<u>sounds</u>	<u>rhythm</u>
At rest	____/____	____	____	____
After moderate Exercise	____/____	____	____	____
Two minutes after Moderate exercise	____/____	____	____	____

Circulation to extremities: _____
 EKG results: _____
 (The trainee cannot start P.T. without undergoing an EKG examination.)

Note any abnormalities or comments: _____

6. **MUSCULO-SKELETAL SYSTEM** (Test by bending, stooping and squatting. Also, test by head, arm, hand, finger, leg and foot motions.)

Spine: Mobility _____ Symmetry _____ Posture _____ Upper Extremities _____ Lower Extremities _____

Note any abnormalities or comments: _____

7. **NERVOUS SYSTEM** Note any abnormalities or comments: _____

8. **ABDOMEN, RECTAL** Note any abnormalities or comments: _____

9. **GENITO-URINARY** Urinalysis: Specific gravity _____ Sugar _____ ALB _____

Note any abnormalities or comments: _____

10. **SKIN** Note any abnormalities or comments: _____

11. Are there any conditions physical, mental or emotional which in your opinion suggest a need for further examination? _____ If yes, explain on a separate 8½ by 11 inch sheet of paper.

12. With respect to the duties and conditions listed on page ii. do you have any reservations about this candidate's ability to physically perform the duties of a law enforcement officer? _____ if so, explain on a separate 8½ by 11 inch sheet of paper.

13. Does the examinee have any defects or injuries that would prohibit safe operation of a motor vehicle under adverse or stressful situations? _____ If so, please explain.

14. Does the examinee have any physical defects or injuries that would prohibit participation or represent a safety hazard while participating in firearms training? _____ If so, please explain.

15. Is the examinee capable of or able to perform the physical exercises listed on page iii at the levels that are indicated? _____ If not, please explain on a separate 8½ by 11 sheet of paper.

PHYSICIAN'S AFFIDAVIT

I, the undersigned, do hereby swear and affirm that on the date stated below I completed a physical examination of the applicant named in this Medical Examination Report. Further, it is my medical opinion that the examinee is physically able to successfully complete basic training and physically able to perform the duties of a law enforcement officer.

Print or Type the Name of Attending Physician _____

Date of Examination _____

Signature of Attending Physician _____

Attach a copy of the applicant's NCIC Report, proof of successful completion High School education (e.g. - High School Diploma or GED) and First Aid/CPR Certification to the top left corner of this page.

Salary Information

Any reimbursement of training expenses will be authorized only for those agencies and subdivisions of the state who are in compliance with all provisions of the Law Enforcement Officers Training Program (LEOTP) to include those policies and procedures established by the Board on Law Enforcement Officer Standards and Training pursuant to the LEOTP. The board staff shall review all the information available on each graduating class and determine the eligibility and amount of reimbursement to each agency.

NOTE: As of July 1, 2013 any officer (law enforcement trainee) who is not certified within one year (within two years for Part-time certification) from his or her date of hire is not authorized to be paid a salary. Accordingly, the Board will not reimburse any salaries paid under such circumstances. However, any person, who, due to illness or other events beyond his or her control, could not attend the required school or training as scheduled, may serve with full pay and benefits in such a capacity until he or she can attend the required school or training.

Attach a copy of the applicant's payroll voucher in the blank space below or complete the following statement. The voucher must show the number of regular hours worked and the amount of pay for those hours.

The person named in this application will be paid a base (circle one) hourly, weekly, biweekly or
monthly salary in the amount of \$_____ during his or her basic training.

Attach the applicant's payroll voucher below, if needed

NOTE: MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.

LAW ENFORCEMENT AGENCY'S AFFIDAVIT

I, the undersigned, do hereby swear and affirm that on the date stated below I reviewed the results of this candidate's Medical Examination Report, to include all comments and/or abnormalities, the Application for Training and Personal Information Summary. I certify that to the best of my knowledge the applicant is physically qualified to perform the duties of a law enforcement officer and that he or she has passed a physical examination, that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, that all statements and answers are true and correct to the best of my knowledge and belief, that the fingerprints of the applicant are on file with the Department of Public Safety/Criminal Investigation Bureau and with the FBI. Further, I certify that the applicant is a law enforcement officer as defined in MCA § 45-6-3 (c) and that he or she has been recruited pursuant to Chapter 474, Sections 6 and 11 of the General Laws of the State of Mississippi and is approved, by me, for attendance at the Academy and will be considered on active duty status, with my organization, during his or her training period.

Print or Type the Signee's Name

Signature of the Agency Head or Authorized Signee

Date

APPLICANT'S AFFIDAVIT & INJURY LIABILITY WAIVER

I, the undersigned, do hereby swear and affirm that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, and that all statements and answers are true and correct to the best of my knowledge and belief. I agree to obey the Academy regulations and understand that I am subject to dismissal from the Academy for any infraction. Should a question of my integrity or that of a fellow student arise because of some incident while attending the Academy, I will voluntarily submit to a polygraph examination upon request. I understand that any reported criminal violation will be turned over to the appropriate law enforcement agency for investigation. I understand that I will only be covered to the extent that I would be covered for any illness or injury incurred while on duty at my employing agency under personal or department medical insurance. Further, I certify that I am in good health, physically fit, and of good moral character. I hereby release the Board on Law Enforcement Officer Standards and Training (BLEOST) and any department officially associated or connected with the academy of attendance from liability in case of illness or accident.

I also understand that by gaining entrance into _____ Academy, this facility has become my academy of record. If I withdraw voluntarily, or am dismissed by the academy staff, I cannot attend any other academy unless I am released to do so by the academy director. Any previous attempts to complete the Law Enforcement Officers Training Program must be disclosed to the academy staff before admittance.

Signature of Applicant

Date Signed

APPLICATION FOR TRAINING AND PERSONAL INFORMATION SUMMARY

Agency or Department			
Dept.'s Address			Dept.'s Phone Number
	Street or Post Office Box	City	Zip
Name of Applicant			Social Security Number
	Last, First Middle		
Date of Employment	Place of Birth		Date of Birth
Home Address			Home Phone Number
	Street or Post Office Box	City	Zip

Total criminal justice experience (years) _____. Criminal justice training completed ____ /hrs.

Does the applicant have current (check if yes): Intoxilyzer Certification? ____ First Aid Card? ____

High School

Graduate ____ or G.E.D. ____

Name of School	City	State
----------------	------	-------

College Attended _____

Degrees held or College Units (credit hours) earned _____

Military Experience _____

# of Years	Rank	Branch of Service
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Spouse's Name _____ Child's Name(s) _____

Special Skills _____

Languages _____ Hobbies _____

Family Doctor _____ Known Allergies _____

Emergency Contact & Phone Number	Alternate Contact & Phone Number
----------------------------------	----------------------------------

Attach the applicant's photograph below. Trim the photograph to fit.