

APPLICATION FOR ADMISSION

PRE-EMPLOYMENT TRAINING PROGRAM

Date of Application: _____

Full Legal Name: _____
Last First MI Social Security #: _____

Current Mailing Address: _____
Street City State/Zip Code

Have you reached your 20th birthday? Yes ___ No ___ Telephone: (H) _____ (W) _____

Type of pre-employment training for which you are making application:

___ Law Enforcement ___ Jailor/Court Security/Civil Process ___ Dispatcher ___ Animal Control

EDUCATION

High School:

Name of School: _____ Date of Graduation: _____

Location of School (*Diploma or transcripts must be attached*): _____

GED Completion:

Agency where GED requirement was met: _____

Date of completion of GED requirements (*GED certificate must be attached*): _____

College/University Education:

Name of college/university which you attended: _____

Location: _____ Credit Hours Completed: _____

Date of Graduation: _____ Type of Degree Received: _____

(*Official transcripts must be attached*)

MILITARY EXPERIENCE

Are you a veteran of the United States Armed Forces? ___ Yes ___ No Branch of Service: _____

Type of Discharge: _____ Date of Discharge: _____

EMPLOYMENT HISTORY

Use *Supplementary Employment History Form(s)* for additional space. Starting with the most recent, describe all paid and applicable voluntary experience. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? ____ Yes ____ No

Supplementary Employment History Form attached ____ Yes ____ No

a. Job Title _____
Employer _____
Address _____

Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Salary (start) _____ (end) _____
Dates (m/yr) _____ (to) _____
Full-time ____ Part-time ____ Hr/wk _____

Duties: _____

Number and type of employees supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

b. Job Title _____
Employer _____
Address _____

Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Salary (start) _____ (end) _____
Dates (m/yr) _____ (to) _____
Full-time ____ Part-time ____ Hr/wk _____

Duties: _____

Number and type of employees supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

c. Job Title _____
Employer _____
Address _____

Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Salary (start) _____ (end) _____
Dates (m/yr) _____ (to) _____
Full-time ____ Part-time ____ Hr/wk _____

Duties: _____

Number and type of employees supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

d. Job Title _____
Employer _____
Address _____

Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Salary (start) _____ (end) _____
Dates (m/yr) _____ (to) _____
Full-time ____ Part-time ____ Hr/wk _____

Duties: _____

Number and type of employees supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

Attach a separate sheet to describe any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or special skills.

OTHER

Are you a United States citizen? _____

(An ORIGINAL birth certificate from the government agency in the state which you were born must be attached.)

If you are not a natural U.S. citizen, are you actively seeking U.S. citizenship? _____

What is your current state of residency? _____

Are you licensed to operate a motor vehicle? ____ Yes ____ No State from which license is issued: _____

Do you have a disability which is recognized under the Americans for Disabilities Act? ____ Yes ____ No

If admitted to the pre-employment training program, will you make a request for ADA accommodation? ____ Yes ____ No

If Yes, type of request? _____

List all states of residency beyond your fourteenth (14) birthday (*Attach a separate sheet if necessary*):

1. _____	Dates (m/y): _____
2. _____	Dates (m/y): _____
3. _____	Dates (m/y): _____
4. _____	Dates (m/y): _____
5. _____	Dates (m/y): _____

CRIMINAL HISTORY

List all traffic violation for which you have been convicted (*Attach a separate sheet, if needed*):

Violation	Location	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

List all criminal violations (both felony and misdemeanor) for which you have been convicted or found not innocent since your fourteenth birthday (*Attach a separate sheet, if needed*):

Violation	Location	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

TRAINING AGREEMENT STIPULATIONS

Have the Cardinal Criminal Justice Academy pre-employment training program rules, procedures and guidelines been explained to you? ____ Yes ____ No

Read the following items and initial after each to indicate that you understand each of the stipulations:

Successful completion of the Cardinal Criminal Justice Academy pre-employment training program does not guarantee an applicant a position or job with any criminal justice agency. Initial ____

Prior to admission to the Academy pre-employment training program and subsequent to employment as a law enforcement officer the applicant shall meet all requirements specified under 15.1-131.8 Code of Virginia. I further understand that the Academy admissions standards also must be met to matriculate to any pre-employment training program. Initial ____

All pre-employment candidates will be financially responsible for program application fees, tuition, and equipment necessary to participate in the training program. Pre-employment candidates shall pay for these costs prior to program opening. Initial ____

All pre-employment candidates shall be required to complete, at their expense, specific background and medical checks to certify that they may participate in the training program. These application requirements must be completed in full prior to the application being processed. Initial ____

Specific medical, physical, and drug testing requirements must be met to matriculate to pre-employment training courses. Initial ____
Pre-employment admissions evaluation cost are not refundable. Initial ____

Following successful completion of the Academy pre-employment training program and subsequent to employment you must comply with state training mandates for; field training, firearms training, and driver training. Initial ____

I understand that the falsification or omission of any information on this application may be grounds for disqualification from the application process.

Applicant Signature: _____ Date: _____

Received By: _____

Title: _____

Date Received: _____

Cardinal Criminal Justice Academy Does Not Discriminate on the Basis of Race, Color, National Origin, Gender, Handicap, Age, or Any Other Non-merit Factors in Admissions, Access, or Treatment in its Programs.

SUPPLEMENTARY EMPLOYMENT HISTORY

Applicant _____

e. Job Title _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (end) _____
 Dates (m/yr) _____ (to) _____
 Full-time ____ Part-time ____ Hr/wk ____

Duties: _____

 Number and type of employees supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

f. Job Title _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (end) _____
 Dates (m/yr) _____ (to) _____
 Full-time ____ Part-time ____ Hr/wk ____

Duties: _____

 Number and type of employees supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

g. Job Title _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (end) _____
 Dates (m/yr) _____ (to) _____
 Full-time ____ Part-time ____ Hr/wk ____

Duties: _____

 Number and type of employees supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

h. Job Title _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (end) _____
 Dates (m/yr) _____ (to) _____
 Full-time ____ Part-time ____ Hr/wk ____

Duties: _____

 Number and type of employees supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

i. Job Title _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (end) _____
 Dates (m/yr) _____ (to) _____
 Full-time ____ Part-time ____ Hr/wk ____

Duties: _____

 Number and type of employees supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____