

# Lincoln University Law Enforcement Training Academy

## APPLICATION

### CERTIFICATION OF APPLICATION AUTHORIZATION FOR RELEASE OF INFORMATION *(Read Carefully Before Signing)*

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I, (PRINT FULL NAME HERE) \_\_\_\_\_ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omission of material facts will cause forfeiture on my part of all rights to admission as a recruit in the Academy

I hereby authorize all law enforcement agencies, the veterans administration, all military agencies, all federal, state, or local government agencies, state and federal tax bureaus, credit bureaus, medical agencies, schools and universities, to furnish the holder of this release with all and any available information regarding me to determine my suitability for police work.

I authorize the holder of this release to make inquiry of my present and past employers regarding my character, integrity and reputation, and work performance.

I authorize the release of any and all information regarding my employment, credit, arrest, conviction record, or any other information, whether personal or otherwise, that may or may not be on their records, and release said company, person and Academy from all liability for any damage, whatsoever that may issue from furnishing such information to the holder of this release.

I authorize this application to be released to any law enforcement agency.

I authorize the Lincoln University Law Enforcement Training Academy to obtain arrest information from records that may be confidential or closed.

A Photostat copy of this authorization will be considered as effective and valid as the original.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I am commissioned as a notary public within the county of \_\_\_\_\_, state of \_\_\_\_\_ and my commission expires on \_\_\_\_\_, 20\_\_\_\_.

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NOTARY PUBLIC



# Lincoln University Law Enforcement Training Academy

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### INSTRUCTIONS FOR COMPLETING APPLICATION

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**READ** and **FOLLOW** the information in the **APPLICATION DIRECTIONS** at the beginning of this document.

Read every question carefully and answer each question as accurately, completely and neatly as possible. **ALL ENTRIES IN THIS APPLICATION**, except signatures, **MUST BE PRINTED legibly BY THE APPLICANT**.

If a question does not apply to you, write N/A in that space.

The information requested on this application will be used for reference by those who will be considering your application for acceptance to the LULETA. A background investigation will be conducted into your personal and/or criminal history.

Applicants may be requested to take a polygraph test or CVSA (lie detector) examination to confirm the information supplied in this application. Any false, misleading, or incomplete information will be grounds to disqualify you for any academy position.

Please confirm that you have read and understand the above by signing below.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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



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*If additional space is needed for any Section, use Page 12 to complete.*

**PERSONAL DATA (SECTION I)**

Last Name		First Name			Middle Name	
Street Address		City			State & Zip Code	
Home Telephone Number		Cell Telephone Number			Email Address	
Age	Height	Weight	Hair Color	Eye Color	Date of Birth	Place of Birth
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latin American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other _____				
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Were you naturalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List ANY names/aliases you have <u>ever</u> used:						
List all Social Media ID(s) you currently have:						
Starting with your present address, list all addresses where you have lived for the past ten (10) years, including military addresses:						
Dates From                      To		Street Address	City			State & Zip Code

**FAMILY & EMERGENCY INFORMATION (SECTION II)**

Check one: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Beginning with your spouse, list the full names of your immediate family (father, mother & her maiden name, brothers, sisters):					
Name	Relationship	Address	Telephone	Occupation	Date of Birth

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List the full names of your spouse's immediate family include, father, mother, brothers and sisters:					
Name	Relationship	Address	Telephone	Occupation	Date of Birth
Marriage Information (list all marriages)					
Date Married	City/State	Spouse's Full Name			
If divorced or separated, list current name and address of former spouse(s) if known:					
Name	Address			Telephone	
Separated, Annulled or Divorced	Date of Order or Decree	Where Issued (Court of State)	Offending Party as Decreed by Law	Reason	
List all children and dependents, include step-children and adopted children					
Name	Date of Birth	Place of Birth	Address	Resides with whom	Supported by whom
If you claim income tax exemptions for support of dependents other than spouse and children, provide the following:					
Name	Address		Relationship	% of Support Provided	

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What does your spouse or significant other think of you becoming a police officer?

\_\_\_\_\_

\_\_\_\_\_

### RECREATION & REFERENCES (SECTION III)

List your principle recreation and social activities:

\_\_\_\_\_

\_\_\_\_\_

List four (4) character references---responsible adults who have known you well for three (3) years or more.  
DO NOT list relatives or in-laws.

Name	Known how long?	Address	Telephone	Occupation

### DRIVING HISTORY (SECTION IV)

List all driver's licenses you now hold or have previously held. Indicate if you have ever had your license revoked or suspended.

State	Type of License	Expiration	License Number	Revoked or Suspended?

Have you ever been sentenced to a driver improvement school?     Yes     No

If Yes:	When?	Where?
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List all driving citations or summons you have received, starting with the most recent:

Month/Year	Charge	Issuing Agency/City/ State	Disposition

List all traffic accidents in which you have been involved in the past five (5) years:

Date	Location

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Name and address of your current automobile insurance company:				
Name	Address		Telephone	
Have you ever been denied automobile insurance or had your insurance cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, explain: _____				
_____				
List all vehicles which you own, lease or have access to for personal use:				
Year	Make	Model	License Number	State

### FINANCIAL & CREDIT STATUS (SECTION V)

List all sources of income at the present time:			
Type of Income	Amount	Source	
Salary	\$		
Support from others	\$		
Dividends/Interest	\$		
Pension	\$		
Other (Itemize)	\$		
For the following questions (a-i), itemize details for any "Yes" answers on Page 12			
a) Have you ever been delinquent in any of your financial obligations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Have you ever been refused credit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Have you ever had a garnishment or wage assessment placed against you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Have you ever had any of your property repossessed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Have you ever filed bankruptcy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Have you ever been evicted from any dwelling or apartment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Have you ever had any gambling debts?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) Have you ever used an employer's money to gamble with?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
i) Have you ever worked for a gambling operation or booked any bets?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
List two (2) credit references:			
Name	Address	Telephone	Date Established



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### CRIMINAL HISTORY (SECTION VI)

Have you ever been arrested, charged, questioned, accused, warned or detained for any offense, or alleged violation for any statute, ordinance, law, or regulation by any civil or military authority, either in this country or any other country?

Yes       No

Date	Charge	City/State/Country	Arresting Agency	Disposition

Have you ever been convicted of any crime other than a traffic offense?     Yes       No      If Yes, explain in detail:

\_\_\_\_\_

\_\_\_\_\_

Have you ever committed or been a participant in an undetected crime?     Yes       No      If Yes, explain in detail:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been served with a criminal or civil subpoena or summons (other than traffic)?     Yes       No

If Yes, explain:

\_\_\_\_\_

\_\_\_\_\_

Have you ever applied to any other law enforcement academy?     Yes       No

Date	Name of Academy	What was the outcome?

Are you acquainted with any law enforcement officers?     Yes       No

If Yes, list names and the agencies they work for:

Officer's name	Agency

If the necessity arose for you to legally and justifiably shoot a human being in the course of your duties as a police officer, would you have any reluctance to do so?

\_\_\_\_\_

\_\_\_\_\_

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### MILITARY STATUS (SECTION VII)

Have you ever served in the active or reserve forces of the Army, Navy, Marine Corps, Air Force, Coast Guard or the National Guard of any state? <input type="checkbox"/> Yes <input type="checkbox"/> No      List all service and time periods for each:				
Month/Year Entered	Branch or Organization	Discharge Date	Type of Discharge	Rank
Have you ever served in a military or naval organization with any foreign government? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, explain in detail: _____ _____ _____				
List all military service numbers:				
Were you ever reduced in rank in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, explain in detail: _____ _____				
Were you ever court-martialed, tried on charges, subject to a summary court, or non-judicial proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, explain in detail: _____ _____				

### EDUCATION (SECTION VIII) *(Use page 12 if additional space is needed)*

	Date Earned	Name of School/Location
<input type="checkbox"/> GED certificate		
<input type="checkbox"/> High School Diploma		
<input type="checkbox"/> College Degree		
<input type="checkbox"/> Other Schooling		
If you are currently attending school, list the following information:		
Name of Institution	Address	Number of Courses Enrolled In
How many college credit hours have been earned to date?		
Have you ever been suspended, expelled or asked to leave any school for disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, explain detail: _____ _____		

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List all extracurricular activities from high school and/or college (clubs, varsity sports, offices held, honors, etc.)

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### EMPLOYMENT HISTORY (SECTION IX)

List all the places you have worked starting with your current or most recent employer. Also include periods of school attendance, military service, and unemployment, along with all full time, part time, temporary, seasonal and/or contractual employment. List everything for the past ten (10) years. OMIT NOTHING.

DATES: From  To	EMPLOYER	EMPLOYER ADDRESS  TELEPHONE	DUTIES
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From  To	EMPLOYER	EMPLOYER ADDRESS  TELEPHONE	DUTIES
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From  To	EMPLOYER	EMPLOYER ADDRESS  TELEPHONE	DUTIES
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From  To	EMPLOYER	EMPLOYER ADDRESS  TELEPHONE	DUTIES
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From  To	EMPLOYER	EMPLOYER ADDRESS  TELEPHONE	DUTIES
SUPERVISOR		JOB TITLE	REASON FOR LEAVING

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DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING







# Missouri Peace Officer License Legal Questionnaire



New Licensure Applicants  
Last Revised 09.26.2023

## Instructions:

- All basic training applicants shall complete this questionnaire prior to being admitted into a basic training course.
- If the applicant indicates “yes” to the question listed below, submit the questionnaire to the POST Program for review **prior** to admitting the individual into a basic training course.
- Maintain a copy of the completed questionnaire and submit it along with the individual’s Peace Officer License Application.

Licensed Basic Training Center: \_\_\_\_\_

Applicant’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

## Have you ever been arrested for, charged with, or committed any criminal offense? (§ 590.080.2(2), RSMo)

YES \*    NO

\*If yes, describe the offense(s) below. If needed, you may attach additional pages.

Date	Charge/Offense	City/County/State	Misd/Felony/Ordinance	Disposition	Arresting Agency

Before signing and submitting the notarized questionnaire, please feel free to discuss any questions you might have with a representative of the POST Program by calling (573)751-3409.

I am aware that causing a material fact to be misrepresented for the purpose of obtaining a peace officer license issued pursuant to Chapter 590 RSMo, is a Class B Misdemeanor.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. I am commissioned as a notary public within the county of \_\_\_\_\_, state of \_\_\_\_\_, and my commission expires on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

## \*POST USE ONLY\*

Based on the information provided, the above listed applicant is eligible for licensure.

POST Program Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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# AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ hereby authorize any individual, organization, court, or law enforcement agency to release any and all records related to my prior law enforcement training and certification or licensure; any and all records related to any criminal or internal investigation conducted on me; and any and all pre-employment application or employment records pertaining to me, to the Missouri Department of Public Safety's Peace Officer Standards and Training Program for the purpose of obtaining or retaining a peace officer license.

A copy of this authorization will be considered as effective and valid as the original and shall not expire.

\_\_\_\_\_  
**Signature of Applicant or Licensee**

\_\_\_\_\_  
**Date**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. I am commissioned as a notary public within the county of \_\_\_\_\_, state of \_\_\_\_\_, and my commission expires on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

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## Physical Examination Form

NOTE: This form is only a guide. A form with a health care agency's letterhead may also be used. If this form is used, a health care professional's typed or printed name and signature must also be applied.

---- PLEASE PRINT ----

\_\_\_\_\_ **Last Name**

\_\_\_\_\_ **First Name**

\_\_\_\_\_ **Middle**

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

\_\_\_\_\_ **Home Address**

\_\_\_\_\_ **City**

\_\_\_\_\_ **State**

\_\_\_\_\_ **Zip Code**

\_\_\_\_\_ **Male/Female**

\_\_\_\_\_ **Date of Birth**

\_\_\_\_\_ **Height**

\_\_\_\_\_ **Weight**

\_\_\_\_\_ **Pulse**

\_\_\_\_\_ **BP**

\_\_\_\_\_ **Allergies**

\_\_\_\_\_ **Insect/bee allergies:**

\_\_\_\_\_ **Epi-pen?**

### HEALTH HISTORY (check any that apply)

\_\_\_\_ Ongoing medical condition(s) *Details:* \_\_\_\_\_

\_\_\_\_ Hospitalization(s) *Details:* \_\_\_\_\_

\_\_\_\_ Head trauma/injury *Details:* \_\_\_\_\_

\_\_\_\_ Seizures *Details:* \_\_\_\_\_

\_\_\_\_ Eye or vision problems *Details:* \_\_\_\_\_

\_\_\_\_ Stress fracture *Details:* \_\_\_\_\_

### MUSCOLOSKELETAL

**Normal**

**Abnormal findings:**

Back		
Neck		
Shoulders/Arms		
Elbows/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knees		
Leg/Ankle		
Feet/Toes		
Abdomen (include hernia)		

# Lincoln University Law Enforcement Training Academy

## Physical Examination Form - Page 2

### MEDICAL

✓  
Normal      Abnormal findings:

Head, Face, Neck, Scalp		
Eyes: R/20 corrected to L/20 corrected to		
Ears, general		
Nose, Sinuses		
Mouth, Throat		
Lymph nodes		
Heart		
Murmurs		
Lungs, Chest		
Genitalia		
Abdomen		
Skin		

Applicant is \_\_\_\_\_ pounds overweight. Please indicate the number of pounds per month this applicant can lose without jeopardizing his/her health. ( \_\_\_\_\_ pounds per month)

### Comments:

\_\_\_\_\_  
*Health Care Professional Signature*

\_\_\_\_\_  
*Date signed*

\_\_\_\_\_  
*PRINT NAME of Health Care Professional / Office Address or Stamp*