



Southwestern Illinois College Police Academy
2500 Carlyle Avenue. Belleville, IL (618) 235-2700 ext. 5396
Full Time Application Due Monday, July 15, 2019!

- Please make sure all blanks are filled in.
- A copy of the Form E (Notice of Appointment) that you sent to the ILETSB must be attached.
- Effective immediately your officer will receive a PTB ID when you submit the Form E to the ILETSB. This ID will be used for all rosters and reports instead of the SSN.
- The medical certificate must be signed by a physician not more than 60 days prior to the POWER test or your recruit will **NOT** be allowed to test.

Name: _____
Last First Middle

Address: _____
Street City State Zip

Cell Phone _____ **PTB ID** _____
Area Code Number

Birth date _____ **E-Mail Address:** _____
Month / Date / Year

Date of Appointment _____ **Caliber of Weapon** _____
Month / Date / Year

Have you served on active duty in the United States military? Yes No

Department: _____

Address: _____
Street City State Zip

Phone: _____ **Chief/Sheriff E-Mail:** _____
Area Code Number

Signature of Department Head

Office Use Only

Application _____ Indemnification Agreement _____ Authorization to Release Info _____

Criminal History _____ Medical Certification (Pre-Power Test) _____ E-Card _____

Caliber of Weapon _____ Optional Training Form _____

Southwestern Illinois College



Please complete and return with registration form.

Indemnification Agreement

It is hereby agreed that in consideration of one of its employee,

(Name)

being granted the opportunity of participating and engaging in police training, operations, functions and other activities sanctioned by Southwestern Illinois College,

(Department/ Agency)

employing the above named trainee shall hold the Southwestern Illinois College harmless as to any injuries or damages incurred by said trainee as a result of such police training, operations, functions and other activities sanctioned by Southwestern Illinois College, regardless of fault or negligence on the part of any official or employee of Southwestern Illinois College, and shall further agree to indemnify the Southwestern Illinois College in full amount as to any judgement or claim awarded to said police trainee, his heirs, dependents and assigns for such injuries or damages sustained by said trainee during the official course of his temporary assignment to Southwestern Illinois College Police Academy.

It is further agreed that should suit or claim be filed by said trainee alleging injury or damage as a result of said Southwestern Illinois College police training, operations, functions or other activities sanctioned by Southwestern Illinois College, reasonable notice of such suit or claim will be given to the employing Department or Agency of the Affected trainee.

IN WITNESS WHEREOF, the undersigned has affixed his hand and seal at _____, Illinois, this _____ day of _____, A.D., 20____.

(Signature)

(Type in Name)

(Title/Office)

Note: This agreement must be signed by an official of the local governmental entity or by an official of the agency involved who has the legal power to enter into such as agreement.

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

TO: ILLINOIS LAW ENFORCEMENT TRAINING AND STANDARDS BOARD

I hereby authorize the Illinois Law Enforcement Training and Standards Board or designated representative to solicit and obtain information from any person or organization concerning my background, including but not necessarily limited to academic, medical, professional, employment, driver's license, criminal history, residency, financial, and personal history.

I also authorize the Illinois Law Enforcement Training and Standards Board or designated representative to release to any criminal justice agency investigating me for employment as a law enforcement officer, any and all information concerning my background, including but not necessarily limited to academic, medical, professional, employment, driver's license, criminal history, residency, financial, and personal history.

A photocopy of this form will be used in order to obtain necessary information in lieu of the original. Original will be kept on file.

Please print the following information:

Name: _____
 Last First Middle Maiden

Permanent Address: _____

Permanent Telephone Number: _____

PTB ID:

Date of Birth:

Driver's License Number: State:

Signature of Applicant

Date





Illinois Law Enforcement Training and Standards Board

STATE OF ILLINOIS

Bruce Rauner, Governor
Brent Fischer, Executive Director

Phone: (217) 782-4540
Fax: (217) 524-5350
Website: <http://www.ptb.state.il.us>

Academy Entrance Standard Basic Training Certification of Recruit Background

Pursuant to Illinois Police Training Act (50 ILCS 705/6) each Illinois police agency and applicant applying for admission to the Police Training Board's Local Law Enforcement Basic Training Academy shall provide certification that the applicant has not committed any felony or a crime involving moral turpitude, and is a person of good character. This requirement and standard must be satisfied before consideration of acceptance into the academy.

Statement of Applicant

Under penalty of perjury, decertification, and disqualification, I certify that I have no felony conviction and no conviction involving moral turpitude.

Date

Applicant's Signature

Name and Address of Agency

Applicant's Address

Criminal and Character Background Investigation Statement of Agency

The above applicant has been subject to a criminal and character background investigation, including the use of fingerprint cards processed through the Department of State Police and the Federal Bureau of Investigation, and such investigation has thus far revealed no felony or crime involving moral turpitude. Moreover, the investigation has verified that the applicant is of good character.

Date

Authorized Signature of Appointing Authority

**THIS FORM MUST BE SIGNED ON BEHALF OF APPOINTING
AUTHORITY AND SUBMITTED UNDER PENALTY OF LAW TO THE
ACADEMY FOR LOCAL LAW ENFORCEMENT OFFICERS BASIC
TRAINING.**

Law Enforcement Training and Standards Board

Medical Certificate

Law Enforcement Pre-Test Peace Officer
Wellness Evaluation Report (P.O.W.E.R.)
Physical Fitness Exam

Recruit's Printed Name _____

Dear Physician/Physician's Authorized Representative:

This person is being considered for enrollment in the Law Enforcement Pre-Service Peace Officer Wellness Evaluation Report (POWER) Physical Fitness Exam. Laws providing compensation for injuries make it imperative that this certificate be accurate and complete. This medical certificate will be used to decide whether the person under consideration is physically qualified for admission to the Law Enforcement Pre-Service Peace Officer Wellness Evaluation Report (POWER) Physical Fitness Exam. Failure to report your findings in this examination might cause this individual great inconvenience.

The physical activity in successive order at the Law Enforcement Pre-Service P.O.W.E.R. Physical Fitness Exam includes measuring flexibility through the sit and reach test, performing a series of sit-ups in one minute, lifting in a bench press and running 1.5 miles under a certain time, depending on the age of the person.

All Basic Law Enforcement students are required to participate in a physical conditioning program which consists of the following physical activities; walking, running (2-5 miles per day), stretching, strength exercises, grip-strength exercises, push-ups, chin-ups, sit-ups and agility drills.

All Basic Law Enforcement students are required to participate in firearms and defensive tactics training which involves; manual dexterity with both hands, punching and blocking drills, and physical takedowns.

The fee for your examination will be paid for by the individual or the department for whom he/she is employed. Electrocardiogram, chest x-ray and blood tests are not necessary unless your examination indicates such tests are desirable or necessary.

Please Complete the Following:

The Examinee ___ is ___ is not qualified to participate in the above described physical training.

Physician/Authorized Representative's Signature _____ Date _____

Physician's Name (printed) _____ Phone _____

This form must be completed and returned to the Academy prior to testing and must be dated within 60 days of the scheduled POWER test.

Please identify the optional training you wish your officer(s) to participate in.

OC Training Yes____ No____ **\$15.00 per student**

Taser Training Yes____ No____ **\$45.00 per student**

Please indicate which Type of Taser your recruit will be using:

X26 ____ **X26P** ____ **X2** ____

Housing:

Candlewood Suites

1332 Park Plaza Dr

O'Fallon, IL, 62269

Phone: (618) 622-9555

www.candlewoodsuites.com/Ofallon

_____ **My recruit does NOT need housing.**

_____ **Please make a hotel reservation for my recruit.**

_____ **Please make a reservation for my recruit for the night before the POWER test. I understand the hotel will bill the department directly for this night.**

Recruit Name _____

Department or Agency _____

Authorized Signature (Chief or Sheriff): _____

Date: _____