



Southwestern Illinois College Police Academy

2500 Carlyle Avenue. Belleville, IL (618) 235-2700 ext. 5396

- **Applications Due – Friday, August 05, 2022**
- 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.
- 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

Home Phone: (____) _____ **Cell Phone** (____) _____

Area Code

Number

Area Code

Number

Work Phone (Other than Police Department) (____) _____

Area Code

Number

E-Mail Address: _____ **PTBID** _____

Birth date _____ **Appointment Date** _____

Month / Date / Year

Month / Date / Year

Department: _____ **County:** _____

Address: _____

Street

City

State

Zip

Phone: (____) _____ **Chief E-Mail:** _____

Area Code

Number

Chief Cell: (____) _____ **Signature of Department Head** _____

Area Code

Number

Office Use Only

Application _____ Indemnification Agreement _____ Authorization to Release Info _____

Crim. History _____ Medical Cert.(Pre-Power Test) _____ Statement of Understanding _____

E-Card _____ Employment Verification _____ Optional Training _____



Academy Entrance Standard Basic Training

Pursuant to Public Act 87-182 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 moral 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 or a crime 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 moral 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.**

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: () _____

Social Security Number:

Date of Birth:

Driver's License Number: State:

Signature of Applicant

Date



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.

MOBILE ASSIST TEAM 14 PART TIME POLICE ACADEMY
PART TIME POLICE OFFICER MEDICAL APPROVAL

(Must Be Completed Within 60 Days of Academy Start Date)

(Please Print or Type)

Name of Officer _____

Department/Agency _____

Age _____ Height _____ Weight _____ Sex _____

To Examining Physician:

The Mobile Assist Team 14 Part Time Police Officer Training Academy, under the auspices of the Illinois Law Enforcement Training and Standards Board, conducts part time officer training over a 12 month period. In conjunction with the overall program, the part time officer will be required to complete a Physical Fitness Assessment and subject Control Techniques (includes arrest scenarios).

The Physical Fitness Assessment Activities include:

- A. A sit-and-reach test to measure flexibility
- B. A one-minute sit-up test to measure dynamic strength
- C. 1.5-mile run/walk to measure cardiorespiratory endurance
- D. One repetition maximum bench press

Should there be any questions concerning the program, feel free to contact the Academy Director at 235-2700 Ext. 5396.

I certify that I have examined this Part Time Officer and that, on the basis of the examination requested by the Police Department authorities and the officer's medical history find no reason which would make it medically inadvisable for this Officer to participate in the above scheduled activities.

Physician's Signature _____

Physician's Name _____
Print or Type

Physician's Address _____

Physician's Telephone _____ Date of Exam _____



Police Academy

2500 Carlyle Avenue • Belleville, IL 62221-5899

800-222-5131, ext. 5396 • (618) 235-2700, ext. 5396 • Fax (618) 236-1094

E-mail: Van.Muschler@swic.edu

CONFIRMATION

TUITION/DUTY HOURS – PART-TIME BASIC LAW ENFORCEMENT TRAINING

I, _____, enrolled in the Part-Time Basic Law Enforcement Course, class number _____, confirm that I have not paid any part of the class tuition to my employing agency, for enrollment and participation in the 560 Hour Part-Time Basic Law Enforcement Program.

I am actively working as a sworn police officer _____ hours per month, and if necessary, I will provide Mobile Team Unit #14's Program Coordinator with documentation verifying my employment and monthly work hours.

Officer Appointment Date: ____/____/____

Employing Agency: _____

Training Cycle: ____/____/____ through ____/____/____

Officer's Signature

Date



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STATEMENT OF UNDERSTANDING & CERTIFICATION

AGENCIES AND POLICE OFFICERS ENROLLED IN PART-TIME BASIC LAW ENFORCEMENT COURSE

The Illinois Police Training Act (50 ILCS 705/8.2) mandates that a person hired as a part-time police officer must be certified by the Illinois Law Enforcement Training and Standards Board, and must receive a waiver of this training or complete the Part-Time Officer Basic Training Course. Our records indicate that the _____ Police Department currently has Officer _____ enrolled in the upcoming Part-Time Officer Basic Training Course being presented by Mobile Team Unit #14.

The Illinois Law Enforcement Training and Standards Board instituted a new reimbursement policy for the Part-Time Officer Basic Training Course, effective July 1, 1999. That policy provides that local police agencies or local governmental agencies employing part-time police officers must pay the full course tuition fee to the Mobile Team unit prior to the start of the course, and then provides that the department or local governmental agency may claim reimbursement for the course tuition fee at the conclusion of the course. The Illinois Law Enforcement Training and Standards Board would then provide tuition reimbursement to the department or local governmental agency.

This is to give notification to both the department and to the part-time police officer enrolled in the Part-Time Officer Basic Training Course that the Illinois Law Enforcement Training and Standards Board, consistent with State Statute, can only provide reimbursement to local governmental agencies and departments following expenditure of appropriated local government monies. In short, the tuition monies paid to the Mobile Team Unit for part-time police training must be local government funds. There is no provision for creating a scenario whereby the officer would pay the tuition fee to the department, who would in return issue a check to the Mobile Team Unit, and then claim reimbursement from the Illinois Law Enforcement Training and Standards Board.

Please certify below, by signature, that all monies paid in tuition fees to the Mobile Team Unit for the above-named officer for the Part-Time Officer Basic Training Course are indeed appropriated local government funds. The undersigned persons also agree that no monies will be claimed for reimbursement that have been received from the part-time officer or from any other source to offset the local governmental unit's expenditures for basic training with the Illinois Law Enforcement Training and Standards Board.

Signature of Chief Law Enforcement Administrator

Signature of Part-Time Police Officer Enrolled in Training

Print of Type Name

Print or Type Name

Date

Date

Optional Training

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

Email or fax to:

Kathryn.Carlton@swic.edu

Fax: 618-236-1094

1. **OC Training** Yes____ No____
2. **Taser Training** Yes____ No____
 - a. **Please indicate which Type of Taser your recruit will be using, department must supply two (3) cartridges:**
 - b. **X26** _____ **X26P** _____ **X2** _____ **X7** _____

Recruit Name_____

Department or Agency_____

Authorized Signature (Chief or Sheriff):_____

Date: _____