



**Part Time Application**  
**Southwestern Illinois College Police Academy**  
2500 Carlyle Avenue. Belleville, IL (618) 235-2700 ext. 5396

- 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.

**TO:** Illinois Law Enforcement Training and Standards Board and its  
Certified Academies

**SUBJECT:** Authorization to Obtain and Release Information

I hereby authorize the Illinois Law Enforcement Training and Standards Board to solicit information from any person or organization relative to my background, including but not necessarily limited to academic, medical, professional, employment, and historical biography.

I also authorize the Illinois Law Enforcement Training and Standards Board or designated representative to release to any criminal justice agency investigating me for certification as a law enforcement officer, any and all information regarding my academic, medical, professional, and historical biography.

**PLEASE PRINT**

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Number and Street  
\_\_\_\_\_, \_\_\_\_\_  
City State ZIP

Personal Telephone Number: \_\_\_\_\_

PTB ID: \_\_\_\_\_



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Illinois Law Enforcement Training and Standards Board

**JB Pritzker, Governor**  
**Brent Fischer, Executive Director**

**Phone: 217/782-4540**  
**Fax: 217/524-5350**  
**TDD: 866-740-3933**

## **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 prior felony conviction and no conviction involving a crime of moral turpitude.

_____	_____
Date	Applicant's Signature
_____	_____
_____	_____
Name and Address of Agency	Applicant's Home Address

### **Criminal and Character Background Investigation Statement of Agency**

The above applicant has been subject to a criminal and character background investigation by this agency, 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 prior conviction of a felony, qualifying misdemeanor, 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.**



## Illinois 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's Name (printed)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Physician/Authorized Representative's Signature

\_\_\_\_\_  
Date

***This form must be completed and returned to the Academy prior to recruit testing.***



**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](mailto: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