

## APPLICATION FOR ADMISSION

### PRE-EMPLOYMENT TRAINING PROGRAM

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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

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#### 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

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Are you a veteran of the United States Armed Forces?  Yes  No

Branch of Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

## EMPLOYMENT HISTORY

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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** 

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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** 

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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

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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 \_\_\_\_\_

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