



Riverside Community College District- Moreno Valley Campus  
**Law Enforcement Training Programs**



# Basic Peace Officer Training Academy Application

CHECK ONE:	Basic <input type="checkbox"/>	Module 3 <input type="checkbox"/>	FOR OFFICE USE ONLY:
	Module 2 <input type="checkbox"/>	Module 1 <input type="checkbox"/>	

**INSTRUCTIONS:** Please print clearly or type. Answer all questions accurately and completely.

## 1. PERSONAL INFORMATION:

NAME: (Last, First, Middle)		Date of Birth:	Age:
MAILING ADDRESS: (Number & Street)		Home #:	
(City, State, Zip)		Cell #:	
E-MAIL ADDRESS:		Height:	Weight:
GENDER: M <input type="checkbox"/>	F <input type="checkbox"/>	MARITAL STATUS:	# OF CHILDREN:

## 2. EDUCATION/TRAINING:

High School Graduate: YES <input type="checkbox"/> NO <input type="checkbox"/> GED <input type="checkbox"/>		Name & Location of High School:		
Schools Attended Other Than High School:	Location:	Course of Study:	Units Earned:	Degree or Certificate

Please describe any additional coursework or training which may assist you in the Basic Academy: (i.e. military experience, ROTC, Explorer program, etc.)

Please list any special certificates or other competencies which may assist you in the Basic Academy:

Have you ever attended a law enforcement Academy?  
 YES  NO  If yes, when & where:  
 \_\_\_\_\_

Did you graduate? YES  NO  If no, explain why:  
 \_\_\_\_\_

**3. PHYSICAL CONDITIONS/LIMITATIONS:**

Do you have any physical conditions/limitations that would prevent you from performing physical activities required for certification in the Basic Academy? YES  NO  If yes, please explain:

List any athletic disciplines or sports training that you currently participate in or have previously participated in:

**4. EMPLOYMENT:**

Are you currently employed? Yes  No  If yes, complete the information below. If no, skip to #5.  
(either Paid or Voluntary)

Exact Title or Position:	(Month/Year) From: To:
Name, Phone & Address of Employer:	Duties/Responsibilities:
Name & Title of Supervisor:	
Are you planning on retaining this employment while attending the Academy? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Exact Title or Position:	(Month/Year) From: To:
Name, Phone & Address of Employer:	Duties/Responsibilities:
Name & Title of Supervisor:	
Are you planning on retaining this employment while attending the Academy? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**5. FIREARM DISCLOSURE:**

Have you ever been arrested or convicted of any public offense that would restrict or prohibit you from possessing a concealable firearm? Yes  No

If yes, please explain:

I certify that the foregoing information is true, complete, and correct. I understand that any omission of facts or falsification of information on this application may result in disqualification from attending the Academy. I hereby authorize the Riverside Community College and Riverside County Sheriff's Department to investigate all statements contained in this application.

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

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

How did you hear about the Academy?

Referral by a police agency

College Website

Academy flyer

Training Center Website

Sheriff's Website

Referral by former Academy student

Other (specify):

**After you have completed the form,  
mail it to:**

Riverside Community College District- Moreno Valley Campus  
Law Enforcement Training Programs  
Ben Clark Public Safety Training Center  
16791 Davis Avenue • Riverside, CA 92518 • (951) 571-6316