

The Illinois Law Enforcement Intern Training Program Application for Admission

Instructions for completion of application:

1. Please print or type in black ink.
2. Do not leave any question blank. If the question does not apply to you, write "not applicable" or NA.
3. Attach an additional sheet of paper if you need more space to answer a question. Be sure to include your name at the top of any additional pages.
4. Return your application, copy of your driver's license, proof of insurance and DD 214, if applicable, to Southwestern Illinois Police Academy, 2500 Carlyle Avenue, Belleville, IL 62221.

Application Costs:

You will be required to turn in two separate checks or money orders on the day of the P.O.W.E.R. Test:

1. Prior to the P.O.W.E.R. Test - check or money order for \$100.00 made out to the Illinois Law Enforcement Training and Standards Board. Cash will not be accepted.
2. Prior to the written cognitive and psychological test - check or money order for \$350.00 made out to the Illinois Law Enforcement Training and Standards Board. Cash will not be accepted.
3. Transcript Fees: You will to contact all colleges or universities you have attended to request a certified copy of original transcripts. Transcripts must be mailed directly by the college or university to Southwestern Illinois Police Academy. You are responsible for all fees associated with transcripts.

Dates to remember:

March 29, 2019.....	Applications Due
April 6, 2019.....	P.O.W.E.R., Cognitive and Psychological Testing, and
May 15, 2019	Interviews, Drug Testing and Fingerprinting Begin
July 16, 2019	Physical Fitness and Orientation
August 5, 2019	Session 139 Classes Begin

Office Use Only

Application _____ Proof of Health Insurance _____ Applicant Certification _____
Driver's License _____ Fitness Examination Form _____ Indemnification _____ Transcripts _____
DD214 _____

Name: _____
Last First Middle Maiden

List all other names used: _____

Date of Birth: _____ *Applicants must be 21 years of age
Month Day Year

Place of Birth: _____
City County State

Social Security #: _____ - _____ - _____ Driver's License #: _____

FOID Card #: _____ Expires: _____

Current Mailing Address: _____

Permanent Mailing Address: _____

Permanent home telephone: (____) _____ Current cell telephone: (____) _____

E-Mail Address: _____

**Information regarding sex, race and ethnicity will be used for statistical purposes only.*

Race/Ethnicity:

- American Indian
- Asian
- African American
- Hispanic
- Caucasian (Non-Hispanic)

Sex: Male Female

Are you a United States Citizen? Yes No

If not, have you been admitted as a permanent resident? Yes No

If you are not a U.S. citizen, what date do you expect to become one?

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

Branch of service: _____

Date of service: From: _____ To: _____

Type of Discharge: honorable other (explain)

Are you now, or were you ever a member of the National Guard? Yes No

Date of Service: From: _____ To: _____

State _____ Regiment: _____ Unit _____

(If you have served actively, please remember to attach a copy of your DD-214).

EDUCATION

List all schools attended, beginning with high school. State the type of school, i.e., high school, community college, university. If you need more space, please include additional sheets.

Type of school	Name and address of school	Dates Attended	Diploma or Degree	Major/Minor

Have you ever been dismissed or suspended from a school? Yes No

If yes, please attach an explanation, including name of school, date and reason for suspension or dismissal.

LANGUAGE

Do you speak any language(s) other than English (including American sign language)? Yes No

If yes, please indicate language and proficiency level.

Language	Proficiency Level (beginner, intermediate, advanced, or fluent/native)

WORK EXPERIENCE

List all jobs you have held in the last TEN years. Place your present or most recent job FIRST, listing other jobs going back in chronological order. Include military service and all temporary and/or seasonal employment. Please note if you were self-employed. If you need more space, you may include additional sheets.

Name of Employer	Dates of Service	Address	Phone Number	Job Title/Duties	Separation reason

SPECIAL SKILLS AND QUALIFICATIONS

Do you have any special licenses, such as a pilots, radio operator, etc.? Yes No
 If yes, please list below, indicating license type, license number, issuing agency, and issuing state.

Indicate special qualifications not covered. For example, any important publications (do not submit copies), patents or inventions, public speaking, honors and fellowships received.

List your interests, hobbies, extracurricular activities, and any community service work below (give dates where applicable).

DRIVER’S LICENSE: # License Number _____
Please attach a copy of your driver’s license

Was your driver’s license ever suspended in Illinois or any other state? Yes No
 If yes, give reasons, date and length of suspension.

Was your driver’s license ever revoked in Illinois or any other state? Yes No
 If yes, give reasons, date and length of suspension.

PERSONAL REFERENCES

Please list three personal references, excluding family members.

1.) Name: _____ Telephone Number: (_____) _____

Address:

Business: _____ Nature of Relationship

Length of time acquainted:

2.) Name: _____ Telephone Number: (_____) _____

Address:

Business: _____ Nature of Relationship

Length of time acquainted:

3.) Name: _____ Telephone Number: (_____) _____

Address:

Business: _____ Nature of Relationship

Length of time acquainted:

BASIC OBLIGATIONS OF A PARTICIPANT IN THE ILLINOIS LAW ENFORCEMENT INTERN TRAINING PROGRAM

The following is a summary of the basic obligations of an Illinois Law Enforcement Intern Training Program Participant. If you have questions about the program or your obligations, please call the Southwestern Illinois Police Academy at (618) 222-5653 or (618) 222-5265.

A participant who is accepted into the Intern Training Program:

- Agrees to cooperate with all application procedures
- Agrees to pay the cost of selection and training
- Agrees to maintain major medical health insurance coverage
- Agrees to satisfactorily complete the Basic Law Enforcement Training program. This program is both physically and mentally demanding. Participants are evaluated during training for physical, mental, and emotional fitness and must meet high standards as set by the Illinois Law Enforcement Training and Standards Board

Proof of Health Insurance Coverage

I certify that I have major medical health and emergency room insurance coverage with the following company and that I will maintain this coverage throughout the Illinois Law Enforcement Intern Training Program.

I hereby release and hold harmless the providers of this program from any expenses or liability that may incur or result from any injury caused or sustained by the undersigned applicant.

Name of Insurance Company _____

Signature of Applicant _____ Date _____

Printed Name of Applicant _____

Please attach a copy of your current medical health insurance coverage

APPLICANT’S CERTIFICATION

(Please do not sign the following until in the presence of a notary public)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based upon my inquiry, and my personal knowledge, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false or misleading information, including the possibility of fine and imprisonment. I am aware that willfully withholding information or making false statements on this application will result in removal from consideration, or if appointed, will be the basis for dismissal from the Illinois Law Enforcement Intern Training Program and may possibly affect subsequent applications for employment in law enforcement.

Signature of Applicant

Date

Printed Name of Applicant

The language is subscribed and sworn to me on _____ day of _____, 20 ____.

Notary Public

Past Testing History:

Please list all Law Enforcement Departments that you have tested for and include the dates.

Additional Comments:

ILLINOIS LAW ENFORCEMENT INTERN TRAINING PROGRAM:

FITNESS EXAMINATION FORM

This form must be completed, signed by the examining physician and mailed back to the Illinois Law Enforcement Training and Standards Board prior to the day of testing. The date of this examination must be **within 60 days** of the actual testing date.

Please print or type the following information:

Applicant Name:

Examining Physician:

Physician's Address:

Physician's Telephone Number:

All applicants must pass a physical fitness test prior to being admitted. This P.O.W.E.R. test consists of:

- Sit and reach test to measure flexibility
- One minute sit up test to measure dynamic strength
- 1.5 mile run to measure cardiorespiratory endurance
- One repetition maximum bench press to measure upper body strength

During Basic Training, all applicants are required to participate in a daily physical conditioning program which consists of the following physical activities:

- | | |
|-------------------------|----------------------|
| Walking | Chin ups |
| Strength exercises | Agility Drills |
| Stretching | Push ups |
| Grip strength exercises | Running(2.5mile/day) |
| Sit ups | |

During Basic Training, all recruits are required to participate in firearms and control and arrest tactics training which involves:

- Manual dexterity with both hands
- Punching and blocking drills
- Physical take-downs

Based on my examination I conclude the above named applicant: Please Check One

- is able** to participate in the physical activities described above
- is not** able to participate in the physical activities described above

Comments (if any):

Physicians Signature: _____ Date:

Southwestern Illinois College



Please complete and return with registration form.

Waiver/Release, Certification of Insurance and Indemnification Agreement

I, _____, do hereby certify, under oath, as follows:
(name)

1. This is a legally binding Waiver/Release, Certification of Insurance and Indemnification Agreement (hereinafter collectively referred to as "Agreement"), made voluntarily by me, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively referred to as "I" or "me").

2. I fully recognize that there are dangers and risks to which I may be exposed by participating and engaging in police training, operations, functions and other activities sanctioned by Southwestern Illinois College (hereinafter referred to as the "police training"), including but not limited to personal injury or death, and property damage or loss.

3. I understand that Southwestern Illinois College does not require me and has not encouraged me to participate in the police training, but I want to do so despite the possible dangers and risks and the requirement that I sign this Agreement.

4. I affirm that I have consulted with a medical doctor with regard to my personal medical needs and that there are no health-related issues which preclude or restrict my participation in the police training. I affirm that I have adequate health/medical insurance to cover any medical assistance that I may require.

5. With informed consent and in consideration of Southwestern Illinois College granting me the opportunity to participate and engage in the police training, I hereby release, waive, discharge and covenant not to sue Southwestern Illinois College, its trustees, officers, servants, agents and employees, from any and all liability claims, demands actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in the police training, I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my participation in the police training, and I further hereby agree to indemnify and save and hold harmless Southwestern Illinois College, its trustees, officers, servants, agents and employees and each of them, from any loss liability, damage or costs it may incur during my participation in the police training.

6. I shall maintain accident, health/medical and automobile insurance (with minimum limits in accordance with applicable law) that will cover me while participating and engaging in the police training, including but not limited to insurance coverage extending to the use of SWIC vehicles, in full force and effect for the duration of such police training.

7. With informed consent and in consideration of Southwestern Illinois College granting me the opportunity to participate and engage in the police training, I do hereby further agree to indemnify, protect and hold harmless Southwestern Illinois College, its trustees, officers, supervisors, agents, servants, employees, and all private persons or organizations volunteering services without charge to supervise the police training, from any claim or liability whatsoever, including, but not limited to, personal injury, property damage, court costs, attorneys'

fees and interest, however caused, as a result of my participation and engagement in the police training.

8. It is my express intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assignees and personal representative, if I am deceased.

9. I agree that this Agreement shall be governed for all purposes by Illinois law. Notwithstanding anything herein to the contrary, I understand that all terms and conditions of this Agreement shall be construed or interpreted as consistent with, and not as a waiver, express or implied, of any of the immunities, rights, benefits, protection, or other provisions of the Illinois Local Governmental and Governmental Employees Tort Immunity Act (745 ILCS 10/1 *et seq.*) as now or hereafter amended.

10. I agree that should any provision of this Agreement be found to be unenforceable, that all remaining provisions of this Agreement will remain in full force and effect.

11. I agree that any dispute and/or legal action arising out of this Agreement and/or concerning my participation in the police training must be resolved by binding arbitration through the American Arbitration Association in Belleville, Illinois. In the event of such arbitration, each party shall bear its own costs, including attorney's fees, except that I agree to fully indemnify Southwestern Illinois College, for all of its costs (including attorney's fees) if I commence an action nor claim against Southwestern Illinois College, upon claims I have previously released or waived under this Agreement.

12. I have read and fully understand this entire Agreement, I acknowledge that I have had the opportunity to review this Agreement with an attorney of my choosing if I so desire, and I agree to be legally bound by this Agreement.

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

(Signature of applicant)

(Type in Name of applicant)

Notary Public: _____