

STUDENT SIGNATURE

# PUBLIC SAFETY TRAINING CENTER LAW ENFORCEMENT ADVANCED TRAINING PROGRAMS

# **OPOTC TRAINING INFORMATION FORM**

# TYPE OR PRINT LEGIBLY IN BLACK OR DARK BLUE INK - FILL IN ALL SECTIONS

NAME:				\$	SN:		
LAST		FIRST	MIDDLE NAI	ME (FULL)			
HOME ADDRESS	S:						
	STREET	CITY		STATE	ZIP	CO	UNTY
HOME PHONE: (	))	CEL	L PHONE: (	)			
E-MAIL ADDRES	SS:						
<b>D.O.B.</b> (MM/DD/Y	YYY)				MALE	FEM	1ALE
PLACE OF BIR	TH:	COUNTY		STATE U.S	. CITIZEN:	No	Yes
DRIVER'S LICEN	ISE NUMBER:		ISSU	JING STATE:			
LICENSE EXPIRA	ATION DATE:		CURR	ENTLY SUSP	PENDED?	No	Yes
AGENCY INFOR EMPLOYING AG	MATION: ENCY:			_ PHONE: (_	)		
AGENCY ADDRE	E <b>SS</b> : STREET	CITV		STATE	7ID	CO	IINITV
DATE OF APPOINTMENT/EMPLOYMENT:			STATE ZIP COUNTY POSITION/TITLE:				
PLEASE CHECK	X APPROPRIATE BOX:						
RACE: Ame	erican Indian/Alaska Native	Black/Africa	an American	Asian	His	spanic/La	itino
Nati	ve Hawaiian/Pacific Island	er White		Other			
PLEASE CHECK	ONLY THE HIGHEST LE	VEL OF EDUCATIO	N:				
High School	ol Diploma	GED					
ACADEMY FOR	WHICH YOU ARE ENROI	_LING:					
Choose one:	Corrections Academy		Court Office	er Bailiff Firear	ms Training		
	20 Hr. Private Security F	Security Firearms		Private Security Firearms Re-qualification			
Private Security	Firearms Only						
Choose one: Choose one:	Utilizing my own we Semi-Automatic	eapon and ammo		Utilizing Tri-C's weapon and ammo Revolver			
	gnifies that all informatio true representation of m		application and	d any accom	panying do	cumenta	ntion is

DATE

# PUBLIC SAFETY TRAINING CENTER: ADVANCED TRAINING REGISTRATION

# **REGISTRATION OPTIONS**

# BY FAX: (216) 987-0639

Credit card or Department purchase order only

#### SCAN TO EMAIL: Carrie.Havens@Tri-C.edu

Credit card or purchase order only

#### IN-PERSON:

Credit card, purchase order, check or money order at our Western Campus, Public Safety Training Center located at: 7029 Homewood Avenue

Parma Heights, Ohio 44130

#### BY MAIL:

Credit card, purchase order, check or money order to: Cuyahoga Community College KeyBank PSTC, ATTN: Carrie Havens 11000 Pleasant Valley Road Parma, Ohio 44130-5113

\*Tri-C is not responsible for lost or misdirected mail

#### BY PHONE: (216) 987-3033

Signature (required)

Police Agility Exam, Written Cognitive, and/or Pre-Screening Psychological Assessments ONLY.

Credit card only- have your payment information available

# **REGISTRATION INFORMATION**

# APPLICANTS WILL NOT BE SENT NOTIFICATIONS OR CONFIRMATIONS.

#### **REGISTRATION / CANCELLATION DEADLINES:**

Police Agility Exam, Written Cognitive, and/or Pre-Screening Psychological Assessments each have deadlines of 4PM the Wednesday prior to the Assessment date. ALL OTHER Advanced Training courses have deadlines of one (1) week prior to their start dates.

#### REFUND POLICY:

Participants will receive a full refund if cancelled by the registration deadline date. There will be NO refunds thereafter. If you register for the test and do not cancel by the registration deadline, you WILL be billed for the test.

#### PARKING:

Available in front & back lots of the KeyBank Public Safety Training Center building on Western Campus.

#### **DIRECTIONS TO CAMPUS:**

Exit I-71 at Bagley Road and go East Exit I-77 at Pleasant Valley Road and go West Exit the Ohio Turnpike at Exit 10 to I-71 North

The Campus is located at the corner of Pleasant Valley and York Roads.

PERSONAL INFORMATION	
Name Last First FULL Initial	Date of Birth:
Social Security Number- last 4 digits REQUIRED	Month Day Year  Have you ever been convicted of a sexual related
Address  Number Street Apt. No.	offense or a violent crime against a minor?
City State Zip County  Home Phone Area Code  Cell Phone Area Code	Gender: Male U.S. Citizen: Yes No Female Are You a Veteran: Yes No  Ethnic Background:  BLACK AMERICAN INDIAN OR ALASKAN WHITE ASIAN, PACIFIC ISLANDER, OR INDIAN SUBCONTINENT  HISPANIC OTHER
Email	
EMPLOYMENT INFORMATION	Complete this area if you are testing for a Department/Agency
Department Name P	Complete this area if you are testing for a Department/Agency  thone  Area Code  Ext.
Department Name P  Address Number Street	thone Area Code
Department NameP  Address  Number Street	Phone Area Code Ext
Department Name	Phone Area Code Ext
Department Name	chone Area Code Ext

TOTAL

- 1. Have you ever been convicted of a felony offense in any jurisdiction, including any conviction that has been sealed or expunged? (If so, you may not attend any portion of a Peace Officer Basic Training Academy.)
- 2. Are you a fugitive from justice?
- 3. Have you ever been convicted of a felony offense of violence as defined in ORC 2901.01?
- 4. Have you ever been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense of violence?
- 5. Have you ever been convicted of any felony offense involving a drug of abuse?
- 6. Have you ever been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense involving a drug of abuse?
- 7. Are you drug dependent, in danger of drug dependence, or a chronic alcoholic?
- 8. Are you under adjudication from any court for mental incompetence?
- 9. Have you been adjudicated by a court as a mental defective?
- 10. Have you been committed by a court to a mental institution?
- 11. Have you been found by a court to be a mentally ill person subject to hospitalization by court order, or have you been an involuntary patient other than one who is a patient only for purposes of observation?
- 12. Have you ever been convicted of a crime that had a possible sentence of more than one year?
- 13. Are you an alien, illegally or unlawfully in the United States?
- 14. Have you been discharged from the Armed Forces under dishonorable conditions?
- 15. Have you renounced your United States citizenship?
- 16. Are you under a court order that restrains you from harassing, stalking, or threatening an intimate partner or the child of such intimate partner, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child?
- 17a. Have you been convicted of a misdemeanor crime of domestic violence?
- 17b. Have you been convicted of a misdemeanor crime that has, as an element of that crime, the use or attempted use of physical force, or the threatened use of a deadly weapon?

If yes, please explain your relationship with the victim (stranger, present or former spouse, h	ousehold member
child, other family member, other – please describe).	