



APPLICATION FOR SPECIALIZED TRAINING

TENNESSEE LAW ENFORCEMENT TRAINING ACADEMY
3025 LEBANON PIKE
NASHVILLE, TN 37214-2217



Name _____ Social Security No. _____
(First) (Middle) (Last) (full number required)

E-Mail _____

Mailing Address _____ (Zip Code) _____

Home Telephone _____ Age _____ Date of Birth _____
(include area code) (mm/dd/yyyy)

Height _____ Weight _____ Race _____ Sex _____

Notify in Emergency _____ Phone _____
Name Relationship

Do you smoke? Yes _____ No _____

Will you be staying at the Academy? Yes <input type="checkbox"/> No <input type="checkbox"/>
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SPECIALIZED SCHOOL REQUESTED

Give Name of School Requested _____

Date of School Requested _____

If above school is filled, give alternative school and date _____

EMPLOYMENT HISTORY

Name of present employer _____

Are you presently employed as a full-time commissioned law enforcement officer? Yes _____ No _____

Date of full-time commission by present employer _____

Title/Rank of your present position _____

Briefly describe your major duties and responsibilities with your employing agency _____

Total years of law enforcement experience _____

Are you presently a POST certified officer? Yes _____ No _____

If you have prior law enforcement experience (before the above employment date), give name of law enforcement agency and date(s):

What was your occupation prior to entering law enforcement? _____

EDUCATIONAL BACKGROUND

Are you a high school graduate? Yes _____ No _____

If no, do you have a GED Certificate? Yes _____ No _____

Other Schools Attended (use separate page if necessary):

If you attended any of the following schools, please check the box and give the date and location.

School

Date and Location

Instructor Development _____

Emergency Vehicle Operations Instructor _____

Firearms Instructor _____

PPCT Defensive Tactics Instructor _____

Date of Basic Law Enforcement Training completed _____

I certify that the information given in this application is correct and complete to the best of my knowledge, and if I am approved, I will abide by the rules and regulations of the Academy.

Date

Signature of Applicant

THE FOLLOWING IS TO BE COMPLETED BY THE APPLICANT'S EMPLOYMENT AGENCY HEAD

I certify that the above information is correct and the applicant is a full-time law enforcement officer employed by my department and hereby approve the applicant to attend requested school.

Any person who, with intent to deceive, makes any false statement on this document commits the offense of perjury pursuant to T.C.A. §39-16-702.

Signature _____

Title _____

Department _____

Mailing Address _____

City/State _____

Zip Code

Phone # _____ Fax # _____

E-Mail _____

Today's Date _____