



APPLICATION TO ATTEND THE TBI STATE ACADEMY

Privacy Act- Solicitation of information on this form is authorized by Public Law 93-83, Section 404. The furnishing of this information is voluntary on your part. The purpose of soliciting this information and the routine use to be made of it are to determine your eligibility for enrollment in the TBI State Academy. Refusal on your part to furnish all of the information requested will result in no further consideration being given to your application for the State Academy. You should be aware that willfully making a false statement or concealing a material fact on this application can be basis for rejection as a candidate for the State Academy. Your social security number is requested on a voluntary basis. It will only be used as a student number to assist in record keeping procedures.

NOTICE: If space provided is not sufficient for complete answers or you wish to furnish additional information, you may attach a sheet to this application and number answers to correspond with questions.

Date			
Name of Law Enforcement Agency Where Candidate is Employed			
City	State	Zip Code	
I. PERSONAL DATA			
1. Name in full			
_____	_____	_____	_____
Last Name	First Name	Middle Name	Social Security Number
a. List all other names you have used, including nicknames. If you have ever used any surname other than your true name, during what period of time and under what circumstances were these names used?			
b. Have you ever legally changed your name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If answer is "Yes", designate _____			
Date	Place	Court	
2. Residence Address			
_____	_____	_____	_____
Street	City	State	Zip Code
Telephone Numbers			
Residence: (____) _____ - _____ Business: (____) _____ - _____			
Email Addresses			
Residence:		Business:	

3. Date of Birth (MM/DD/YYYY)	4. Birthplace (city, state)	5. Age	6. Height	7. Weight
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8. Marital Status
 Single Married (Full Name of Spouse) _____

9. Do you have any known allergies? Yes No If yes, please explain.
 Physician's Name _____ Physician's Phone Number (____)____- _____

APPLICANT PHYSICAL DATA (PLEASE SELECT ONE ANSWER FOR EACH.)

1.	Can you run 1 ½ miles?	Yes	No
2.	Can you do push-ups?	Yes	No
3.	Can you do sit-ups?	Yes	No
4.	Can you do flexible exercises?	Yes	No

II. EDUCATION

Name & Location of School	Dates Attended	Diploma or Degree Received
a. High School of Graduation		
b. College(s)		

c. If high school equivalency certificate was obtained, provide date, name, and location of facility.

III. FORMER ADDRESSES

(List chronologically all addresses for past 5 years, including street address, city, state, and dates of residence.)

IV. EMPLOYMENT

a. List chronologically all civilian & military law enforcement experience with various ranks or positions held.

Law Enforcement Agency	Position or Rank	Dates	
		From	To

b. Have you ever been dismissed or asked to resign by any employer? Yes No
If answered "Yes", provide:

_____ Dates of Employment
Employer's Name

Please provide circumstances and reason:

V. COURT RECORD

a. Have you ever been arrested or charged with any violation including traffic, but excluding parking tickets?
 Yes No If yes, list all such matters even if not formally charged or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral. Attach additional sheets as necessary to provide details.

Date	Place	Charge	Disposition

b. Have you ever been a party to a civil court action? Yes No If yes, please provide the requested information below.

Month/Year	Nature of Action	Result of Action	Names of parties (plaintiff & defendant); court & address (city/county/state)

c. Are you presently the subject, or a party, of any investigation (including administrative inquiry) or pending litigation, civil or criminal? Yes No If answer is "Yes", please provide explanation.

VI. SUBVERSIVE MEMBERSHIP OR DATA

Are you now or have you ever been a member of any organization which seeks to deny other persons their rights under the Constitution of the United States, which violates the laws of the United States?
 Yes No If answer is "Yes", please give explanation.

VII. REFERENCES OR SOCIAL ACQUAINTANCES

Please list the names and contact information of three (3) individuals who have known you well during the past five (5) years.

a. Complete name		Home Address	
		Home Phone () -	
		Employer Address	
# Yrs. Known	Occupation	Employer Phone () -	
b. Complete name		Home Address	
		Home Phone () -	
		Employer Address	
# Yrs. Known	Occupation	Employer Phone () -	
c. Complete name		Home Address	
		Home Phone () -	
		Employer Address	
# Yrs. Known	Occupation	Employer Phone () -	

VIII. MILITARY SERVICE

Branch	Service Number	Date & Place of Enlistment	Date, Type & Place of Discharge
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If not honorably discharged, please provide details:

IX. MISCELLANEOUS

a. While attending the TBI State Academy, advise if your salary is being continued, if any incidental expenses are being paid by your department or by any individual, group or organizations, or if you are paying your own expenses and transportation. Please provide details.

b. Will you abide by the rules and regulations of your department and the TBI State Academy if accepted?
 Yes No

c. Do you agree to remain in law enforcement for a minimum of three (3) years after graduation from the TBI State Academy? Yes No

X. CONSENT FOR DISCLOSURE OF INFORMATION

If information is developed which would indicate that you are not eligible for enrollment in the State Academy, the reason for your rejection may be furnished to the head of your agency or his/her representative.

Following graduation from the TBI State Academy, information may be periodically solicited from you for inclusion in the TBI State Academy Directory of Graduates. Provision of this information will be on a voluntary basis.

By furnishing your signature below, you are providing your consent for the disclosure and/or release of this information by the TBI.

XI. CERTIFICATION

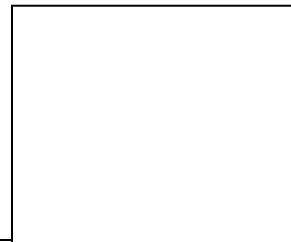
I certify that the foregoing answers are true and correct to the best of my knowledge and belief.

Signature of Applicant

Date

ALL APPLICANTS

Please attach an unmounted full-face photograph of yourself, not large than 2 ¼ x 2 ½ inches. Print your name and the date the photograph was taken plainly on the back of the photograph. The photograph must have been taken not more than 3 months Prior to the date of this application.





**NOMINATION OF LAW ENFORCEMENT OFFICER
TO ATTEND THE STATE ACADEMY OF THE
TENNESSEE BUREAU OF INVESTIGATION**

**INSTRUCTIONS- THIS NOMINATION FORM SHOULD BE COMPLETED AND
SIGNED BY THE CHIEF OF POLICE, SHERIFF, OR HEAD OF A MUNICIPAL
LAW ENFORCEMENT AGENCY. THE NOMINATION FORM SHOULD BE
SUBMITTED WITH THE OFFICER'S APPLICATION.**

TO: Director, Tennessee Bureau of Investigation

I hereby nominate the below-named representative of this law enforcement agency to attend the TBI State Academy at the Tennessee Fire and Codes Enforcement Academy in Bell Buckle, Tennessee.

NOMINEE

LAST NAME	FIRST NAME	MIDDLE NAME
RANK OR TITLE	NAME OF LAW ENFORCEMENT AGENCY	

I realize the primary purpose of the TBI State Academy is to train outstanding law enforcement officers to be better criminal investigators and instructors. Further, I believe the officer nominated herein is basically qualified to fulfill this purpose upon return to his/her organization after graduation. Specifically, I understand the nominee meets the following minimum requirements:

1. Must have at least five (5) years of experience as a full-time commissioned officer of a duly constituted law enforcement agency of a municipality, city or county;
2. Must be at least 25 years of age;
3. Must be of excellent character and enjoy a reputation of professional integrity;
4. Must exhibit an interest in law enforcement as a public service; a seriousness of purpose; qualities of leadership; and enjoy the confidence and respect of fellow officers;
5. Must have a high school diploma or high school equivalency certificate; and
6. Must agree to remain in law enforcement a minimum of three (3) years after graduation from the TBI State Academy.

When a vacancy exists in a session for which the officer's application can be considered, I authorize the TBI to make a complete and thorough investigation of the nominee to confirm his/her suitability as a candidate. To assist in this regard, there is attached and executed application by the nominee. I have been assured by the nominee that he/she will remain in law enforcement for a minimum of three (3) years following graduation from the TBI State Academy.

I hereby assure that the law enforcement agency making this nomination for a representative to attend the TBI State Academy is in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d – 2000d-4), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et. seq.), and the Regulations of the Department of Justice (28 CFR 42.010 et. seq.), issued pursuant to that title to the end that **no person in the United States shall**, on the grounds of race, color, national origin, or sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which this agency receives federal financial assistance from the Department. This agency recognizes the right of the United States to seek judicial enforcement of this assurance.

I certify that I have reviewed the attached application and that it reflects information which is accurate to the best of my knowledge.

Signature of Nominating Official	Date	

Name and Title (Type or Print)		

Law Enforcement Agency		

City	State	Zip Code

(Forward this executed nomination form and the completed application of the nominee to the TBI Training Division, 901. R.S. Gass Boulevard, Nashville, TN 37216.)

Updated May 2012



Tennessee Bureau of Investigation



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Tennessee Bureau of Investigation, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, records of commercial or retail credit agencies; and other financial statements and records wherever filed; medical and psychiatric treatment; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and records of lawsuits, criminal or civil, in which I presently have, or have had, an interest.

I also certify that any persons who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said persons from any and all liability which may be incurred as a result of furnishing such information. I further release the Tennessee Bureau of Investigation and the State of Tennessee from any and all liability which may be incurred as a result of collecting such information.

I hereby give this Authorization freely, voluntarily, and without threats or promises of any kind. I have read and fully understand the contents of this Authorization for Release of Information.

Print Full Name of Applicant
(Include maiden name, if applicant)

Address _____

Signature

Phone Number

Witness

Date of Birth

Date

SSN

BI-0146



To obtain CEUs
for this academy,
contact
TSU Division of
Academic Affairs
at 615-963-5301
or
mhardy@tnstate.edu

Tennessee Bureau of Investigation STATE ACADEMY



THE NET.WORK™ Cumberland University Online

Contact for Documenting
Undergraduate Credit:
Dr. Robert "Skip" Grubb,
Director Forensic and Criminal
Justice Sciences
(615) 257-9504
rgrubb@cumberland.edu

Contact for Admission Information:
Jake Sander or Jessica Kolasa
Online Admissions Office
Online@cumberland.edu
(866) 477-8795



TBI State Academy
901 R.S. Gass Blvd.
Nashville, TN 37216

Tennessee Bureau of Investigation - Authorization
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Get the most practical,
professional and
progressive law
enforcement training
available.

And earn college credits
toward a degree.

Apply and attend the
TBI STATE ACADEMY.



Tennessee Bureau of Investigation STATE ACADEMY

The TBI State Academy was created as a professional and prestigious training ground for Tennessee law enforcement officers who long for the opportunity to expand their education and training in the criminal justice field. The TBI State Academy was developed with the Tennessee Bureau of Investigation's origin, tradition and mission in mind and is geared toward advancing techniques, science and strategy for the law enforcement community.



THE TBI STATE ACADEMY WILL EXPOSE THOSE CURRENTLY EMPLOYED IN THE LAW ENFORCEMENT PROFESSION TO A WIDE ARRAY OF SUBJECTS INCLUDING:

- Ethics for management
- Leadership
- Interview and interrogations
- Constitutional law
- Courtroom testimony and protocols
- Communications intelligence
- Online investigations, sexting and computer intrusions
- Crime scene and search warrant practicals
- Financial investigations
- Firearms competition
- Undercover investigations



The TBI State Academy is a five day a week commitment for six weeks and will be held at the Fire Service and Codes Enforcement Academy in Bell Buckle, Tenn. It begins every year the week after Labor Day at no cost to applicants and includes meals and lodging.

TBI STATE ACADEMY ELIGIBILITY REQUIREMENTS INCLUDE:

- Must have a minimum of five years experience as a full-time commissioned officer of a Tennessee law enforcement agency
- Must be at least 25 years of age
- Must have a high school diploma or high school equivalency certificate
- Must be of excellent character and have a professional reputation
- Must exhibit an interest in law enforcement as a public service
- Must agree to stay in law enforcement for a minimum of three years after graduation from the TBI State Academy
- Must have the ability to perform a limited amount of physical training
- Must fully complete the applications accurately
- Must pass a background investigation including a criminal history
- Must be nominated by the head of the law enforcement agency where currently employed

TO APPLY:

- Download the application, nomination form and authorization to release information from the Law Enforcement Only section of the TBI website located at www.tbi.tn.gov
- Fully complete the application accompanied by a nomination form from agency head
- Send original hard copy and completed and signed package via mail to TBI Attn: Training Division
- Applicants will be notified when application is received and will be notified with an official letter if accepted

For more information contact the Tennessee Bureau of Investigation's Training Division:
901 R.S. Gass Blvd., Nashville, Tenn. 37216
P: 615.744.4374 F: 615.744.4666