

Missouri Sheriffs' Association and Training Academy

APPLICATION

Which location are you applying to? (please circle)

Begins August

Camdenton	Chillicothe	Mt. Vernon	Waynesville	Kirksville	Poplar Bluff	West Plains
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Begins October

Jefferson City – Full time

Begins January

Reed Spring	Union	Salem	JC Part time	St. Joseph	Clinton	Poplar Bluff	West Plains
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You can complete this form on the computer or complete by hand. Please print all requested information legibly in **BLACK / BLUE** ink. Either way, you **MUST PRINT** the completed application form and submit it by mail to:
MSATA, 6605 Business 50 West, Jefferson City, MO 65109

Date	
Social Security No	
Age	
Date of Birth	
Email address	

SECTION A	NAME
Last	
First	
Middle Initial	
Previous last names used	(including maiden name, if applicable) PLEASE INCLUDE A COPY OF DOCUMENTATION IF LAST NAMES ARE DIFFERENT

SECTION B	ADDRESS
Mailing Address	
City, State, Zip	

SECTION C	PHONE NUMBERS
Home Phone No	
Daytime Phone No	
Cell Phone No	

SECTION D	PERSON TO NOTIFY IN CASE OF EMERGENCY
Name	Relationship
Address	
City, State, Zip	
Home Phone	
Daytime Phone	Cell Phone

SECTION E	EDUCATION	HIGH SCHOOL GRADUATION OR GED EQUIVALENCY IS REQUIRED	
High School			
City & State			
Did you graduate?	YES	NO	
If yes, what year?			

IF YOU HAVE A G.E.D., PLEASE COMPLETE THE FOLLOWING

Year Obtained	
City & State	

PLEASE INDICATE BELOW ALL COLLEGES / UNIVERSITIES PREVIOUSLY ATTENDED (if applicable)

Name	State	Dates of Attendance	Major	Date Graduated

SECTION F	EMPLOYMENT
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List all jobs you have had in the past five (5) years *(begin with the current or most recent)*

Name of Employer	Type of Work	Dates	Reason for Leaving



- | | | | |
|----|---|-----|----|
| 1. | Are you a veteran of military service?
If yes, please provide a copy of your DD-214 | YES | NO |
| 2. | Date of Discharge _____ Type of Discharge _____ | | |
| 3. | Do you have a valid driver's license? | YES | NO |
| 4. | Has your driver's license ever been suspended or revoked? | YES | NO |
| 5. | Have you ever been arrested for a felony? | YES | NO |
| 6. | Have you ever been arrested for a misdemeanor? | YES | NO |
| 7. | Have you ever been convicted of a felony, including the receiving of a
Suspended Imposition of a Sentence following a plea or finding of guilty
to a felony charge? | YES | NO |
| 8. | Have you ever been convicted of a misdemeanor involving moral turpitude? | YES | NO |

If you answered "YES" to questions 5 through 8, please explain and provide COMPLETE CERTIFIED COPIES of investigative reports and court disposition documents.

By my signature below, certify that the information given herein is true and accurate to the best of my knowledge. I understand that any omission or falsification of the above information will disqualify me from attending the Missouri Sheriffs' Association Training Academy.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I understand that the Missouri Sheriffs' Association Training Academy will conduct, or cause to be conducted, a law enforcement records inquiry to learn of any criminal record data pertaining to myself. I hereby authorize this inquiry, and the release of such information to the Missouri Sheriffs' Association Training Academy.

Signature

Date

Missouri Sheriffs' Association and Training Academy

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I, (print your name) _____, hereby authorize you to release any and all information regarding my employment, credit, arrest and conviction record, and any other information, whether personal or otherwise, that may be on my records to the:

MISSOURI SHERIFFS' ASSOCIATION TRAINING ACADEMY
6605 BUSINESS 50 WEST
JEFFERSON CITY, MISSOURI 65109-6307

I further release you from all liability for releasing such information.

PLEASE PRINT THE FOLLOWING INFORMATION

Name	
Address	
City, State, Zip	
Driver's License No	
Social Security No	
Date of Birth	
Place of Birth	
Sex	
Race	
Height	
Weight	
Eye Color	
Hair Color	

I sign this agreement voluntarily.

Signature

Date

Missouri Sheriffs' Association and Training Academy

WAIVER

Release of All Liability and Assumption of Risk

1. I hereby waive, release and forever discharge the Missouri Sheriffs' Association Training Academy, its agents, representative, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action rising from any and all foreseen losses or diminished value to personal property such as, but not limited to, firearms, accessories and clothing and any and all physical and/or mental injuries sustained by me during all self-defense, physical, role playing, firearms or other training activities held by me during the Academy held on _____ through _____. This agreement is legally binding upon me, my heirs, executors, administrators and assigns.

2. In signing this release, I assert that:
 - a. I am presently in good physical and mental health
 - b. I am capable of strenuous physical activity
 - c. I am fully aware of, acknowledge and assume all risk of injury during my participation in this training; and
 - d. I have read and fully understand the terms and conditions of this agreement and sign it voluntarily

Print Name _____

Signature _____

Date _____

Witness _____
(can be anyone)

Signature _____

Date _____

Missouri Sheriffs' Association and Training Academy

PRE-ENTRANCE REQUIREMENTS FOR LAW ENFORCEMENT TRAINEES

DIRECTIONS: It is important that you, the applicant, know and understand the entrance requirements in the Missouri Sheriffs' Association Training Academy. Please read and initial each of the following entrance requirements.

1. _____ Must have a high school diploma or GED.
2. _____ Must have visual ability sufficient to operate a vehicle in the State of Missouri (20 / 40) by both day and night, to observe traffic violations, to read and write reports, correspondence, etc.
3. _____ Must have the ability to effectively communicate via radio and telephone.
4. _____ Must complete all phases of the application process.
5. _____ Must have a good driving record.
6. _____ Must have a current valid driver's license.
7. _____ Must be of good moral character and personal habits (good background).
8. _____ Must have no gross misconduct indicating inability to function as a peace officer.
9. _____ **NO FELONY CONVICTIONS**, S.I.S. (Suspended Imposition of Sentence), or S.E.S (Suspended Execution of Sentence)
10. _____ No misdemeanor convictions, S.I.S or S.E.S. involving moral turpitude.
11. _____ Must successfully complete pre-entrance screening and review of Academy application.
12. _____ Must be a citizen of the United States.

By my signature below, I have read and understand the above entrance requirements for the Missouri Sheriffs' Association Training Academy. I understand that failure to comply with any of the above requirements or making any false representation of any kind will result in denial into the Missouri Sheriffs' Association Training Academy or permanent dismissal from the Missouri Sheriffs' Association Training Academy. I also understand that the Missouri Sheriffs' Association Training Academy in no way guarantees a job in law enforcement, but will provide the required training for licensing as a peace officer in the State of Missouri.

I sign this form voluntarily.

Signature _____

Date _____

Missouri Sheriffs' Association and Training Academy

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the Missouri Sheriffs' Association Training Academy to release any and all information contained in my Academy file(s) to any law enforcement agency.

Signature _____

Date _____

Witnessed By _____
(can be anyone)

Missouri Sheriffs' Association and Training Academy

CRIMINAL JUSTICE REFERENCE

Each applicant in the Missouri Sheriffs' Association Training Academy must provide one (1) law enforcement or professional reference in order to be considered for acceptance into the Basic Academy program. The reference must be a law enforcement officer currently active either on a local, state or federal level or a professional reference (i.e. supervisor, pastor, business leader). The individual listed as your reference will be contacted.

PLEASE PRINT ALL INFORMATION CLEARLY

NAME	
TITLE	
AGENCY NAME	
AGENCY ADDRESS	
WORK PHONE NUMBER	
CELL PHONE NUMBER	
EMAIL ADDRESS	

ACADEMY USE ONLY

Date Contacted _____

Comments _____

Please return the application to:

Missouri Sheriffs' Association and Training Academy
6605 Business 50 West
Jefferson City, Missouri 65109-6307



AUTHORIZATION FOR RELEASE OF INFORMATION

10/22/2013

I, _____ hereby authorize any individual, organization, court, or law enforcement agency to release any and all records related to my prior law enforcement training and certification or licensure, and any and all records related to any criminal or internal investigation conducted on me, to the Missouri Department of Public Safety's Peace Officer Standards and Training Program for the purpose of obtaining or retaining a peace officer license.

A photo static copy of this authorization will be considered as effective and valid as the original and shall not expire.

Signature of Applicant or Licensee

Date

Subscribed and sworn to before me this _____ day of _____, 20____. I am commissioned as a notary public within the county of _____, state of _____, and my commission expires on _____, 20 ____.

NOTARY PUBLIC



Missouri Peace Officer License Legal Questionnaire

New Licensure Applicants

Last Revised 10/22/2013

Instructions:

- All basic training applicants shall complete this questionnaire prior to being admitted into a basic training course.
- If the applicant indicates “yes” to the question listed below, submit the questionnaire to the POST Program for review **prior** to admitting the individual into a basic training course.
- Maintain a copy of the completed questionnaire and submit it along with the individual’s Peace Officer License Application.

Licensed Basic Training Center: **Missouri Sheriffs’ Association and Training Academy**

Applicant’s Name: _____ DOB: _____

Social Security Number: _____ Daytime Telephone Number: _____

Home Mailing Address _____

Have you ever been arrested for, charged with, or committed any criminal offense? (§ 590.080.1(2), RSMo)

YES * NO

*If yes, describe the offense(s) below. If needed, you may attach additional pages.

Date	Charge/Offense	City/County/State	Misd/Felony/Ordinance	Disposition	Arresting Agency

Before signing and submitting the notarized questionnaire, please feel free to discuss any questions you might have with a representative of the POST Program by calling 573-751-4905.

I am aware that causing a material fact to be misrepresented for the purpose of obtaining a peace officer license issued pursuant to Chapter 590 RSMo, is a Class B Misdemeanor.

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20__ . I am commissioned as a notary public within the county of _____, state of _____, and my commission expires on _____, 20__ .

NOTARY PUBLIC

POST USE ONLY

Based on the information provided, the above listed applicant is eligible for licensure.

POST Program Representative: _____ Date: _____

\$195.00 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY APPLICATION

DESCRIPTION OF BASIC TRAINING

The Missouri Sheriffs' Association Training Academy meets and exceeds the State of Missouri's minimum basic training requirement for peace officer certification.

Our classes are scheduled to meet Tuesday and Thursday evenings from 6:00 p.m. – 10:00 p.m.; every Saturday 8:00 a.m. – 5:00 p.m.; and some Sundays. Full-time class meets Monday – Friday 8:00 a.m. – 5:00 p.m.

MINIMUM QUALIFICATIONS FOR APPLICANT

- **Age Requirement:** Must be 20 years of age prior to start date of academy
- **Residency:** Must be a citizen of the United States
- **Education:** Documentary proof of high school education or presentation of a "State High School Equivalency" certificate
- **Vision:** Vision in each eye must be correctable to 20 / 40
- **Arrest Record:** Must have no gross misconduct indicating inability to function as a peace Officer

NO FELONY CONVICTIONS, S.I.S. (Suspended Imposition of Sentence), or S.E.S (Suspended Execution of Sentence)

No misdemeanor convictions, S.I.S or S.E.S. involving moral turpitude.
- **Driver's License:** Must possess a valid Operator's License
- **Military:** Must have an "**Honorable**" discharge, or "**Under Honorable Conditions**" discharge if having served in the military

APPLICATION INFORMATION AND PROCEDURES

The following documents need to be included in your completed application packet:

- A copy of your birth certificate
- A copy of your high school OR college diploma, GED certificate or HIGH SCHOOL transcripts
- A copy of your DD 214 if you were in the military
- Missouri Peace Officer License Legal Questionnaire, Authorization Form & License Application
- A copy of your Driver's License
- Check or money order for \$195.00 (non-refundable) made payable to "**Missouri Sheriffs' Association Training Academy**" for the processing and application fee (unless the class being applied for is cancelled then a full refund will be made).

Fingerprinting process is completed through 3M/Cogent. Once you have received an interview letter from the Academy, you will need to complete the following:

- A. You will need to first register with the Missouri Automated Criminal History site (MACHS)
- B. To begin the registration process, go to www.machs.mo.gov and click on the blue tab labeled "TO ACCESS THE MACHS FINGERPRINT SEARCH PORTAL TO SCHEDULE A BACKGROUND CHECK BY FINGERPRINTS"
- C. Select the option requiring the 4 digit registration number to begin your registration process. **Your 4 digit Registration Number is 5989.** You will then follow the prompts as directed. You will receive a receipt at the time of scheduling.
- D. If you do not have access to the internet, you may contact 3M/Cogent at 1-877-862-2425 to have a Fingerprint Services Representative conduct this registration on your behalf.
- E. You will be printing for a standard State **and** FBI search. **You must print for both.** The combined fee for this process is \$44.80.
- F. You will receive a receipt at the time of fingerprinting. Please bring **both** the scheduling receipt **and** receipt received at the time of fingerprinting to the interview.

If notified, you will need to appear for an admissions interview.

If approved, you will be notified of your acceptance to the Missouri Sheriffs' Association Training Academy

Camdenton	(Camden County)	700 – Hour	Class A License	Starts August
Chillicothe	(Livingston County)	700 – Hour	Class A License	Starts August
Poplar Bluff	(Butler County)	700 – Hour	Class A License	Starts January & August
Mt. Vernon	(Lawrence County)	700 – Hour	Class A License	Starts August
West Plains	(Howell County)	700 – Hour	Class A License	Starts January & August
Waynesville	(Pulaski County)	700 – Hour	Class A License	Starts August
Salem	(Dent County)	700 – Hour	Class A License	Starts January
Reeds Spring	(Stone County)	700 – Hour	Class A License	Starts January
Union	(Franklin County)	700 – Hour	Class A License	Starts January
Clinton	(Henry County)	700 – Hour	Class A License	Starts January
Jefferson City – Part Time	(Cole County)	700 – Hour	Class A License	Starts January
Jefferson City – Full Time	(Cole County)	700 – Hour	Class A License	Starts October
Kirksville	(Adair County)	700 – Hour	Class A License	Starts January
St. Joseph	(Buchanan County)	700 – Hour	Class A License	Starts January

❖ EXACT COMPLETION DATE IS AFFECTED BY NUMBER OF ACTUAL MEETINGS ❖

TUITION

700 – Hour	\$4,000.00
Application Processing Fee (NON-REFUNDABLE)	\$ 195.00

➔ VETERANS' BENEFITS ARE AVAILABLE TO THOSE WHO QUALIFY ←
COLLEGE CREDIT and / or FINANCIAL AID IS AVAILABLE

Contact Missouri State University (West Plains Campus) at 417-255-7978 (All other locations)
Contact Three Rivers Community College at 573-840-9511 (Poplar Bluff location ONLY)

SUPPLIES LIST

Uniform Requirements:

- Black BDU pants
- One pair of black, minimum 6" waterproof tactical boots. BDU's will be tucked in the boots and bloused
- Running Shoes
- Shorts / Athletic apparel sweat suit or wind suit
- Gym bag

Classroom

Highly recommended lap top computer (or have access to one) as student course material will be provided on a thumb drive

Firearms Training

Students are required to furnish their own handgun. Acceptable handguns are semi-automatic between 9 mm, 40 and 45. The Academy will provide a handgun for those under 21 years of age.

Supply List

Firearms

- Factory loaded ammunition (**NO RELOADS PERMITTED**) (*you will be advised of quantities prior to firearms training*)
- Full hearing protection (may be purchased at Wal-Mart, police supply stores or sporting goods stores)
- Eye protection may also be purchased at the above mentioned retailers

If you are purchasing or utilizing your own handgun

- All semi-automatic users must have four (4) low (ten rounds or less) capacity magazines or three (3) high (more than 10 rounds) capacity magazines
- Holster
- Duty belt
- Handcuff case
- Double magazine pouch

Defensive Tactics / Physical Training

- Pelvic shield (for females)
- Athletic support cup

Practical Application Exercises

- Tactical Flashlight – Flashlight should have a minimum of 50 LUMS. An **example** of models that would be acceptable would be Surefire models TL-2, NF-3, TL-3, 6P. Streamlight Poly Tac series; Smith & Wesson Delta Force Tactical Flashlight. Flashlights may be obtained from Galls at www.galls.com, OMB Police Supply at www.ombexpress.com, Quarter Master at www.QMuniforms.com, local police supply shops, some gun shops and some sporting goods stores.

For further information, download and print the application information for enrollment. Any questions concerning the application or financial aid, contact the Academy at (573) 635-9644.

APPLICATIONS ARE TO BE MAILED TO:

***Missouri Sheriffs' Association Training Academy
6605 Business 50 West
Jefferson City, MO 65109-6307***



Missouri Peace Officer License Application

Last Revised 01.01.2013



LICENSED TRAINING CENTER INFORMATION

Training Center Name Missouri Sheriffs' Association & Training Academy		Contact Name Mick Covington, Executive Director	
Contact's E-mail Address mick@mosherriffs.com	Phone Number (573) 635-9644 ext 103	Fax Number (573) 636-9917	

APPLICANT INFORMATION

Name (Last, First, Middle)		Social Security Number	
Mailing Address	City	State	Zip Code
Telephone Number ()	Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

ATTESTATION BY APPLICANT

Have you ever been a peace officer in another state? Yes No If yes, where? _____

I am aware that causing a material fact to be misrepresented for the purpose of obtaining a peace officer license issued pursuant to chapter 590 RSMo. is a Class B Misdemeanor.

Signature of Applicant _____

Date _____

PLEASE ATTACH ALL DOCUMENTS LISTED BELOW IN THE ORDER THAT THEY ARE REQUESTED. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE RETURNED

1. Copy of High School Diploma or its equivalent, Associate Arts Degree, Bachelor's Degree, Master's Degree, or Ph.D.
2. Proof of U.S. Citizenship - Birth Certificate, Passport, or Naturalization Documentation.
3. Completed Missouri Peace Officer License Legal Questionnaire.

ADDITIONAL INFORMATION REQUIRED FROM CERTAIN TRAINING CENTERS

In addition to the three items listed above, the following items are required from the Missouri State Highway Patrol, the Missouri Department of Conservation, the St. Louis City Police Department, the Kansas City Police Department, and the Springfield Police Department:

- 1 Agency ORI: _____
- 2 Date Applicant was Commissioned by your department, unless individual is an open enrollment applicant: _____

SEND THIS FORM AND ATTACHMENTS TO POST 35 DAYS PRIOR TO GRADUATION

Missouri Department of Public Safety Peace Officer Standards & Training (POST) Program P.O. Box 749 Jefferson City, MO 65102 Phone: (573) 751-4905 Fax: (573) 751-5399 Email: post@dps.mo.gov Website: www.dps.mo.gov/post	FOR POST USE ONLY:	
	POST Test Date: _____	Proof of U.S. Citizenship: _____
	Graduation Date: _____	Diploma/Degree: _____
	IADLEST Check: _____	Legal Questionnaire: _____
	Basic Training Hours: _____	SID#: _____
	Processed by: _____	Reviewed by: _____ License #: _____
Program Manager Approval: _____	Date: _____	