



Southwestern Illinois College Police Academy
2500 Carlyle Avenue. Belleville, IL (618) 235-2700 ext. 5396

Application for Admission
Full-Time Police Officers
(Please Print Legibly)

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: () _____ **Birth date** _____ **SSN** _____
Area Code Number Month / Date / Year

E-Mail Address: _____

Date of Appointment _____ **Caliber of Weapon** _____
Month / Date / Year

Department: _____

Address: _____
Street City State Zip

Phone: () _____
Area Code Number

Signature of Department Head

To: Chiefs/Sheriffs

The Board's Form E (Employment) card is required to be sent to the Board office when a new Illinois peace or correctional officer is hired by a unit of local government. Effective immediately, the Form E card will be sent along with the application package, as a copy of the Form E Card must verify the full time status of the officer enrolled at the academy and to establish a training record for the officer. This copy must be returned with the application.

If due to last minute appointments the above procedure is not possible, the recruit shall bring with him the Form E Card to the academy on first reporting day of class and present the card to the course coordinator. The coordinator will then immediately submit it to the Board's Office.

Any deviation or omission to this procedure will require the Academy Director to notify the Board's Executive Director as soon as possible as to the reason.

Office Use Only

Application _____ Indemnification Agreement _____ Authorization to Release Info _____

Criminal History _____ Medical Cert.(Pre-Power Test) _____ Medical _____ E-Card _____

Caliber of Weapon _____ Optional Training Form _____

Southwestern Illinois College



Please complete and return with registration form.

Indemnification Agreement

It is hereby agreed that in consideration of one of its employee,

(Name)

being granted the opportunity of participating and engaging in police training, operations, functions and other activities sanctioned by Southwestern Illinois College,

(Department/ Agency)

employing the above named trainee shall hold the Southwestern Illinois College harmless as to any injuries or damages incurred by said trainee as a result of such police training, operations, functions and other activities sanctioned by Southwestern Illinois College, regardless of fault or negligence on the part of any official or employee of Southwestern Illinois College, and shall further agree to indemnify the Southwestern Illinois College in full amount as to any judgement or claim awarded to said police trainee, his heirs, dependents and assigns for such injuries or damages sustained by said trainee during the official course of his temporary assignment to Southwestern Illinois College Police Academy.

It is further agreed that should suit or claim be filed by said trainee alleging injury or damage as a result of said Southwestern Illinois College police training, operations, functions or other activities sanctioned by Southwestern Illinois College, reasonable notice of such suit or claim will be given to the employing Department or Agency of the Affected trainee.

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

(Signature)

(Type in Name)

(Title/Office)

Note: This agreement must be signed by an official of the local governmental entity or by an official of the agency involved who has the legal power to enter into such as agreement.

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

TO: ILLINOIS LAW ENFORCEMENT TRAINING AND STANDARDS BOARD

I hereby authorize the Illinois Law Enforcement Training and Standards Board or designated representative to solicit and obtain information from any person or organization concerning my background, including but not necessarily limited to academic, medical, professional, employment, driver's license, criminal history, residency, financial, and personal history.

I also authorize the Illinois Law Enforcement Training and Standards Board or designated representative to release to any criminal justice agency investigating me for employment as a law enforcement officer, any and all information concerning my background, including but not necessarily limited to academic, medical, professional, employment, driver's license, criminal history, residency, financial, and personal history.

A photocopy of this form will be used in order to obtain necessary information in lieu of the original. Original will be kept on file.

Please print the following information:

Name: _____
 Last First Middle Maiden

Permanent Address: _____

Permanent Telephone Number: (_____) _____

Social Security Number:

Date of Birth:

Driver's License Number: State:

Signature of Applicant

Date





**Academy Entrance Standard
Basic Training**

Pursuant to Public Act 87-182 each Illinois police agency and applicant applying for admission to the Police Training Board's Local Law Enforcement Basic Training Academy shall provide certification that the applicant has not committed any felony or a crime involving moral turpitude, and is a person of good moral character. This requirement and standard must be satisfied before consideration of acceptance into the academy.

STATEMENT OF APPLICANT

Under penalty of perjury, decertification, and disqualification, I certify that I have no felony conviction or a crime involving moral turpitude.

_____	_____
Date	Applicant's Signature
_____	_____
_____	_____
_____	_____
Name and address of agency	Applicant's address

**Criminal and Character Background
Investigation Statement of Agency**

The above applicant has been subject to a criminal and character background investigation, including the use of fingerprint cards processed through the Department of State Police and the Federal Bureau of Investigation, and such investigation has thus far revealed no felony or crime involving moral turpitude. Moreover, the investigation has verified that the applicant is of good moral character.

_____	_____
Date	Authorized Signature of Appointing Authority

**THIS FORM MUST BE SIGNED ON BEHALF OF APPOINTING
AUTHORITY AND SUBMITTED UNDER PENALTY OF LAW TO
THE ACADEMY FOR LOCAL LAW ENFORCEMENT OFFICERS
BASIC TRAINING.**

OPTIONAL TRAINING

Dear Chief or Sheriff:

Training is available for your recruit to become O.C. and/or Taser certified. These training sessions are purely optional. The cost of the O.C. training is \$15.00, plus the department must provide one canister of spray for each recruit. The cost of the Taser training is \$55.00 and will include two training cartridges for each recruit. You will be billed for this training. Please Note: In order to conduct this training we must have a minimum of 10 students enrolled. We will not conduct the training unless the minimum numbers of students are enrolled.

In addition, we would like to offer to certify your recruit in the two courses required for your agency to be NIMS compliant. These two classes are FEMA IS-700: NIMS, An Introduction and ICS-100: Introduction to ICS. Both are online courses and we would direct the recruits to complete the courses between or after regular academy classes. These classes are free of charge.

Please identify the optional training you wish your officer(s) to participate in and sign the Authorization Signature line.

OC Training **Yes**____ **No**____ **\$15.00 per student**

Taser Training **Yes**____ **No**____ **\$55.00 per student**

IS-700 **Yes**____ **No**____ **Free**

ICS-100 **Yes**____ **No**____ **Free**

Recruit Name_____

Department or Agency_____

Authorized Signature (Chief or Sheriff):_____

Date: _____



Medical Certificate

Law Enforcement Pre-Test Peace Officer Wellness Evaluation Report (POWER) Physical Fitness Exam

Name _____ (Date of Birth)

Address _____

Agency _____

Dear Examining Physician:

This person is being considered for enrollment in the Law Enforcement Pre-Service Peace Officer Wellness Evaluation Report (POWER) Physical Fitness Exam. Laws providing compensation for injuries make it imperative that this certificate be accurate and complete. This medical certificate will be used to decide whether the person under consideration is physically qualified for admission to the Law Enforcement Pre-Service Peace Officer Wellness Evaluation Report (POWER) Physical Fitness Exam. Failure to report your findings in this examination might cause this individual great inconvenience.

The physical activity in successive order at the Law Enforcement Pre-Service Peace Officer Wellness Evaluation Report (POWER) Physical Fitness Exam includes lifting in a bench press, stretching, performing a series of sit-ups in one minute, and running 1.5 miles under a certain time, depending on the age of the person.

The fee for your examination will be paid for by the individual or the department for whom he/she is employed.

Electrocardiogram, chest x-ray and blood test are not necessary unless your examination indicates such tests are desirable or necessary.

Please Complete the Following

The Examinee () is () is not qualified to participate in the above described physical training.

NOTE: If the answer is in the negative, explain: _____

Thank You.

(Signature of Physician)

(Typed or Printed Name)

(Date)

Medical Examination Package

Illinois Law Enforcement Training and Standards Board

This medical examination package is prepared for the Illinois Law Enforcement Police Basic Training Academy Recruit-Applicant. All enclosures and forms should be read carefully, and then properly completed. Forms must be returned, to the academy where the officer will attend, before the starting date of the course.

ATTENTION: It is the employing agency, not the Illinois Law Enforcement Training and Standards Board, that sets minimum employment standards as to health, background, and written examination.

Form:

- I Medical History Background (8 pages). To be completed by training applicant and reviewed by the examining physician.
- II Medical Examination (2 pages). To be completed and signed by the examining physician.
- II Physician's conclusion (2 pages). To be completed by the examining physician and, when appropriate, by the training applicant and his/her agency administrator.
- IV General Information for Physical Training Areas (1 page). To be signed by the training applicant.

Physical examination(s) must be conducted not more than 60 days prior to the starting date of the Basic class.

Incomplete forms will be automatically returned which may cause a delay in scheduling the recruit into the academy.

THE ENTIRE MEDICAL EXAMINATION PACKAGE, INCLUDING ALL THE ATTACHED FORMS, MUST BE COMPLETED, SIGNED (AS APPROPRIATE) AND RETURNED TO THE ACADEMY PRIOR TO THE CLASS STARTING DATE.

**Illinois Law Enforcement Training and Standards Board
Medical History Form I.**

(To be completed by Training Applicant and Reviewed by the examining physician.)

Please Print or Type

Date _____

Name _____
 Last First Middle Age

Agency/Employer _____ City _____

NOTE: The training applicant must be in good physical condition, capable of sustained exertion and regular participation in activities involving the use of firearms, physical training and defensive tactics. This is to be confirmed through a complete physical examination by a medical doctor of the employing agency's choice and at the employment's expense.

Who has been your physician(s) for the last five years? Provide name and address.

INSTRUCTIONS: Please answer all questions and check the appropriate box for each question. Provide any explanatory information and/or comments deemed appropriate.

Section I - General Medical History

Have you had or do you now have:			Yes	No	Do Not Know	If Yes, When Onset	Physician's Comment
1.	High Blood Pressure		()	()	()	_____	_____
2.	Heart Attack or Coronary		()	()	()	_____	_____
	a. within past year ()						
	b. within past 1-2 ()						
	c. within past 2-5 ()						
	d. Over 5 years ()						
3.	Chest Pain or Discomfort		()	()	()	_____	_____
4.	Heart Murmur		()	()	()	_____	_____
5.	Rheumatic Fever		()	()	()	_____	_____

Have you had or do you now have:		Yes	No	Do Not Know	If Yes, When Onset	Physician's Comment
6.	Heart trouble a. specify type _____	()	()	()	_____	_____
7.	Hardening of the arteries	()	()	()	_____	_____
8.	Persistent ankle swelling	()	()	()	_____	_____
9.	Phlebitis	()	()	()	_____	_____
10.	Varicose veins	()	()	()	_____	_____
11.	Cold feet and hands when other people are comfortable in same room	()	()	()	_____	_____
12.	Shortness of breath a. with exertion b. while sitting still c. when lying down	() () () ()	() () () ()	() () () ()	_____ _____ _____ _____	_____ _____ _____ _____
13.	Asthma	()	()	()	_____	_____
14.	Bronchitis	()	()	()	_____	_____
15.	Emphysema	()	()	()	_____	_____
16.	Daily cough or raising phelgm which has persisted three months or longer	()	()	()	_____	_____
17.	Cough up Blood	()	()	()	_____	_____
18.	Anemia	()	()	()	_____	_____
19.	Abnormal Bleeding or clotting	()	()	()	_____	_____
20.	High Cholesterol a. Provide value, if known _____	()	()	()	_____	_____
21.	High Triglycerides or Blood Fats: a. Provide value, if known _____	()	()	()	_____	_____

Have you had or do you now have:		Yes	No	Do Not Know	If Yes, When Onset	Physician's Comment
22.	Diabetes	()	()	()	_____	_____
23.	High blood sugar	()	()	()	_____	_____
24.	Low blood sugar	()	()	()	_____	_____
25.	Thyroid trouble	()	()	()	_____	_____
26.	Gout	()	()	()	_____	_____
27.	Stroke	()	()	()	_____	_____
28.	Double vision	()	()	()	_____	_____
	Blurred vision	()	()	()	_____	_____
29.	Fainting	()	()	()	_____	_____
30.	Epilepsy, seizures, or convulsions	()	()	()	_____	_____
31.	Headaches	()	()	()	_____	_____
	a. provide frequency					

32.	Trouble sleeping	()	()	()	_____	_____
	a. How many hours a night does he/she sleep?					

33.	Fatigue easily	()	()	()	_____	_____
	a. specify cause if known					

34.	Any localized weakness, numbness or tingling in the extremities	()	()	()	_____	_____
35.	Frequently or chronically depressed or anxious	()	()	()	_____	_____
36.	Hot, Swollen, Stiff, or painful joints:	()	()	()	_____	_____
37.	Rheumatoid arthritis	()	()	()	_____	_____
38.	Back trouble	()	()	()	_____	_____

Have you had or do you now have:		Yes	No	Do Not Know	If Yes, When Onset	Physician's Comment
39.	Muscle weakness	()	()	()	_____	_____
40.	Stomach trouble such as heartburn, indigestion, pain, ulcers vomiting blood, gas, fatty food tolerance	()	()	()	_____	_____
41.	Cirrhosis	()	()	()	_____	_____
42.	Blood in stool, hemorrhoids, or colitis	()	()	()	_____	_____
43.	Any kidney problems such as stones, blood in urine, burning, infection, etc.	()	()	()	_____	_____
44.	Difficulty starting and stopping your urinary system	()	()	()	_____	_____
45.	Prostate trouble	()	()	()	_____	_____
46.	Visual problems	()	()	()	_____	_____
47.	Glaucoma or increased pressure in the eyes	()	()	()	_____	_____
48.	Hearing problems	()	()	()	_____	_____
49.	Ear, nose, throat trouble	()	()	()	_____	_____
50.	Cancer a. specify type _____	()	()	()	_____	_____
51.	Drug allergies a. specify type of drug(s) _____	()	()	()	_____	_____
	b. identify reactions to each drug _____				_____	_____
52.	Allergies: hayfever, skin a. specify type _____ b. specify reaction(s) _____	()	()	()	_____	_____
53.	Hepatitis	()	()	()	_____	_____
54.	Lung disease	()	()	()	_____	_____

55. Musculoskeletal injuries () () () _____

I-5

56. Are there any other medical problems not previously mentioned?
a. If yes, please explain _____

57. What prescribed or self-prescribed medication are you taking presently?
(Include oral contraceptives and dietary supplements)

Medications	Dosage	Purpose	When started	Frequency/Day
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____

58. If the answer to any of the questions in Section I is yes, please indicate the question number and give a brief explanation. (Use additional sheets if necessary)

Section II - Family Medical History

1. Family Diseases: Have your parents, grandparents, sisters or brothers, aunts or uncles, or your children developed any of the following. Exclude cousins, relatives by marriage or adoption, and half relatives.

	Yes	No	Family Relation	Age at Onset	Current Health
1.	<input type="checkbox"/>	<input type="checkbox"/>	Heart attacks under at age 50	_____	_____
2.	<input type="checkbox"/>	<input type="checkbox"/>	Heart attacks between ages 50-70	_____	_____
3.	<input type="checkbox"/>	<input type="checkbox"/>	Heart attacks at age 70 or over	_____	_____
4.	<input type="checkbox"/>	<input type="checkbox"/>	Congenital heart disease (Heart defects present at birth)	_____	_____
e.	<input type="checkbox"/>	<input type="checkbox"/>	Heart surgery or coronary Bypass surgery over age 50	_____	_____
f.	<input type="checkbox"/>	<input type="checkbox"/>	Heart surgery or coronary Bypass surgery over age 70	_____	_____
g.	<input type="checkbox"/>	<input type="checkbox"/>	Strokes under age 50	_____	_____
h.	<input type="checkbox"/>	<input type="checkbox"/>	Strokes at age 50 or over	_____	_____
i.	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	_____	_____
j.	<input type="checkbox"/>	<input type="checkbox"/>	Elevated cholesterol	_____	_____
k.	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	_____
l.	<input type="checkbox"/>	<input type="checkbox"/>	Obesity (20 lbs. or more overweight)	_____	_____
m.	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or convulsions	_____	_____
n.	<input type="checkbox"/>	<input type="checkbox"/>	Asthma or hayfever (allergy)	_____	_____
o.	<input type="checkbox"/>	<input type="checkbox"/>	Leukemia or cancer under age 60	_____	_____

2. Any deaths of immediate family members in the last year? If so, identify person by relationship and cause? _____

Section III - Health Habits

1. Smoking

1. Do you currently smoke? Yes () No () (if no, go to question 2)

(1) If you smoke cigarettes now, how many per day? _____

When did you start? Year 19____

(2) If you smoke cigars now, how many per day? _____

When did you start? Year 19____

(3) If you smoke a pipe now, how many pipefuls per day? _____

When did you start? Year 19____

2. Diet and Weight

a. What is considered a good weight for yourself? _____ lbs.

b. What is the most you have ever weighed (including when pregnant)? _____ lbs.

Age _____

c. Current weight: _____ lbs.

d. Weight one year ago: _____ lbs.

e. Weight at age 21: _____ lbs.

f. Number of meals eaten per day _____

g. At any time in the past year were you a heavy drinker (consumption of 6 oz. of hard liquor per day or more)? Yes () No ()

3. Exercise Habits

a. How would you rate the physical activity of yourself as compared to others of the same age and sex? Include both leisure and work activities.

() Extremely inactive

() Somewhat active

() Inactive

() Active

() Somewhat inactive

() Extremely active

b. For the last three months, which of the following activities have you regularly performed?

(1) Walking, running or jogging

() Yes a. How many workouts/week? _____

b. How many miles/workout? _____

c. What is your average time/mile? _____

() No

(2) Playing a strenuous racket sport (Tennis, Paddleball, etc.)

() Yes Hours/week _____

() No

- _____ 19. Spine, other musculoskeletal _____
- _____ 20. Skin _____
- _____ 21. Lymphatic system _____
- _____ 22. Neurological system _____
- _____ 23. Rectal examination _____
- _____ 24. Vaginal Examination (female only) _____
- _____ 25. Endocrine and metabolic system _____

26. Height _____ 27. Weight _____ 28. Temperature _____

29. Blood pressure (arm at heart level)

a. Sitting Sys. _____ b. Recumbent Sys. _____ c. Standing Sys. _____

Dias. _____

Dias. _____

Dias. _____

30. Pulse (arm at heart level)

a. Sitting _____ b. 3 minutes jogging in place _____ c. Immediately after _____

d. 1 minute after _____ e. 2 minutes after _____

31. High density Lipoprotein Ratio to total cholesterol _____

32. Summary of defects and diagnosis (list diagnosis with item numbers)

33. Recommendations - - further specialist examinations indicated (specify)

**Illinois Law Enforcement Training and Standards Board
Physician's Conclusions (Form III)**

An officer must have certain physical capabilities in order to satisfactorily participate in police basic training.

The following are examples of disabilities that render an officer unable to satisfactorily participate (the list is not intended to be all-inclusive):

- Hearing impaired to the extent that the officer cannot understand instructions.
(Such as on firing range)
- Blind in one or both eyes.
- Significant impairment of straight ahead or peripheral vision.
- Speech impaired to extent that the officer cannot be understood.
- Significant part of arm, hand, leg or foot missing. For example, each hand must have a thumb (with no more than one joint missing) and at least three fingers.
- Joint fused or otherwise impaired to extent that officer lacks normal range of mobility.
- Lack of flexibility, strength, or aerobic capacity to undergo strenuous physical activity.

Physician's Conclusion

I have on this day, examined _____ and conclude that he/she (CHECK THE ONE APPROPRIATE BLOCK)

- () Is physically able to participate in the physical activities of police basic training as described in the "General Information for Physical Training Areas: Police Basic Training" attached form. I find no physical limitations that might make participation in the physical activities especially difficult for the applicant.
- () Is physically able to participate, but I find there is/are physical limitation(s) that might make participation especially difficult for the applicant. The limitation(s) is/are described above in the CLINICAL EVALUATION section of this report, (Form II) and the possible problem(s) has/have been explained to the applicant. If this second block is checked, the following statements must be signed by the applicant and his agency administrator:

Dr. _____ has explained to me the possible problems I might have with physical training activities due to the physical limitation(s) described in the CLINICAL EVALUATION section of this report. (Form II)

Signature of Applicant _____ Date _____

Officer _____ has discussed with me the possible problems he/she might have with physical training activities due to the physical limitation(s) described in the CLINICAL EVALUATION section of this report. (Form II)

Signature of Agency Administrator _____ Date _____

OR

() Is not physically able to participate in the physical activities of police basic training as described in the “General Information for Physical Training Areas: Police Basic Training” attached form.

Signature of Physician _____ Date _____

Attention Physician: IMPORTANT

I understand this medical document consists of:

1. One instruction sheet (cover sheet)
2. Form I., Medical History Questionnaire, pages I-1 through I-8
3. Form II., Report of Medical Examination, pages II-1 through II-2
4. Form III., Physician’s Conclusion, pages III-1 through III-2
5. Form IV., General information for Physical Training Areas, page IV-1
If any pages are missing, do not complete the report. Please contact the Illinois Law Enforcement Training and Standards Board at the address and/or phone number listed on the instruction sheet.

Signature of Physician _____ Date _____

**Illinois Law Enforcement Training and Standards Board
General Information for Physical Training Area:
Police Basic Training (Form IV)**

The physical fitness program, during police basic training, is comprised of two segments:

1. Physical Fitness Assessment
 2. Physical Fitness Exercise Training Curriculum
-

1. Fitness Assessment Activities:
 1. A sit-and-reach test to measure flexibility
 2. A one-minute sit-up test to measure dynamic strength
 3. 1.5 mile run/walk to measure cardiorespiratory endurance
 4. One repetition maximum bench press
2. The physical fitness curriculum is designed to develop and maintain fitness to include the following activities:
 1. Walking
 2. Running
 3. Stretching
 4. Agility drills
 5. Strength exercises

TRAINEE ENDORSEMENT

I have thoroughly read the General Information sheet and the required Medical Questionnaire, to the best ability, and understand the physical activity which is involved in the police basic training, I know of no reason for not actively participating in the physical training areas, as required.

Signature of Applicant _____

Date _____