APPLICATION PACKET

LAW ENFORCEMENT

AND

CORRECTIONAL OFFICER

BASIC RECRUIT ACADEMY

IRSC Treasure Coast Public Safety Training Complex
INDIAN RIVER STATE COLLEGE

4600 Kirby Loop Road Fort Pierce FL 34981

www.tcpublicsafetytraining.com

CRIMINAL JUSTICE INSTITUTE
BASIC RECRUIT ACADEMY

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Indian River State College
Criminal Justice Institute - Basic Recruit Academy

Welcome Students:

The Selection Center is an affiliate of the Criminal Justice Institute at Indian River State College whose responsibility is to process applicants through various means of testing to determine if the applicant possesses the highest standards and ethics including; honesty, accountability, and integrity, to become a first responder in the State of Florida. Students applying to the Law Enforcement or Corrections Academy must first be processed through the Selection Center.

*~You forfeit your chance for life at its fullest when you withhold your best effort in learning. When you give only the minimum to learning, you receive only the minimum in return. Even with your parent's best example and your teachers' best efforts, in the end it is **your** work that determines how much and how well you learn. When you work to your full capacity, you can hope to attain the knowledge and skills that will enable you to create your future and control your destiny. If you do not, you will have your future thrust upon you by others. Take hold of your life, apply your gifts and talents, and work with dedication and self-discipline. Have high expectations for yourself and convert every challenge into opportunity.*

~ The National Commission on Excellence in Education

Minimum Eligibility Requirements

- Be at least 19 years of age by the time of academy completion for Law Enforcement Academy and at least 18 years of age for Corrections Academy.
- Must be a citizen of the United States.
- Must have graduated from an accredited High School recognized by the FDOE or have obtained a state-issued GED certificate or equivalent, as determined acceptable by the Florida Criminal Justice Standards and Training Commission.
- Possess a valid driver's license. The applicant must have a valid Florida Driver License at the time of the Academy entry.
- Be of good moral character, as defined in the Selection Center Policy Manual and Florida state law.
- Not have been convicted of ANY felony, or of a misdemeanor involving perjury or false statements as the terms are defined by law, regardless of whether or not adjudication has been withheld.
- Not have been dishonorably discharged from the Armed Forces of the United States.
- Not have falsified their application or personal history forms.
- Not have used marijuana (including medical marijuana) for **one year** prior to application.
- Not have ever used, transported, grown, manufactured or sold any illegal substance other than the marijuana exception as previously noted.
- Not have had a suspended driver’s license for **one year** prior to application. (Except for DMV or financial errors.)
- Other eligibility requirements are defined in greater depth in the Selection Center Policy Manual.

INDIAN RIVER STATE COLLEGE

Criminal Justice Institute

Region XI Selection Center

Policy and Procedure Manual

Academy Criteria

I. Purpose

The purpose of this Policy and Procedure Manual is to establish the criteria under which an applicant's suitability for Basic Recruit Training will be decided.

II. Scope

The Policy and Procedure Manual applies to all applicants of the Indian River State College (IRSC) Criminal Justice Institute's Selection Center who apply for Basic Law Enforcement or Corrections Academy training at the Criminal Justice Institute.

III. Discussion

It is the intent of the IRSC Criminal Justice Institute's Selection Center to seek out those applicants who possess the best qualities available for candidates seeking future employment in the law enforcement and corrections occupations. For this reason, criteria has been established which must be met by an applicant prior to entering criminal justice training.

The Selection Center is an affiliate of the IRSC Criminal Justice Institute. The sole purpose of the Selection Center is to test applicants through various means to determine if the applicants are trainable and possess those traits that might make them hirable after academy training.

Neither the Selection Center, nor the Criminal Justice Institute of IRSC, does any hiring. The hiring of individuals who have entered into or graduated from the Criminal Justice Institute is the responsibility of the criminal justice agencies that may become interested in an applicant.

The Criminal Justice Institute makes no promise of employment, but as a result of the training provided, it is hoped it will make an applicant desirable for future employment.

The Selection Center and Criminal Justice Institute follow guidelines established by the Florida Department of Law Enforcement (FDLE), the Criminal Justice Standards and Training Commission (CJSTC), the Region XI Training Council, and applicable Florida State Statutes (FSS) and Florida Administrative Codes (FAC) pertaining to officer employment guidelines.

Each Selection Center applicant will undergo a background investigation, as required by FDLE and FSS.

It will be the responsibility of the Selection Center Coordinator to verify the following for completeness, suitability, and/or make appointments for the same:

1. Basic Ability Test
2. Physical Ability Test
3. Personal History Questionnaire
4. Birth Certificate, naturalization papers, or United States passport
5. Social Security Card

6. FDOE Accredited High School Diploma or GED Equivalency with Transcripts
7. Driver's license
8. Driving report from each state where licensed
9. Fingerprint check on state and national level
10. Present employment checks
11. Interviews with neighbors either by mail, phone, or in person.
12. CVSA evaluation report
13. Integrity Testing
14. FDLE medical report
15. Drug test
16. Military form DD214 (if applicable)
17. Autobiography of 750 words or more - See Section K

IV. Criteria for Basic Academy Entrance

A. **Age requirement**

Law Enforcement applicants will be permitted to submit their application prior to the applicant's 19th birthday for Academy training if that applicant will turn 19 during the Academy applied for. Corrections Recruits will be permitted to submit their application on or after their 18th birthday.

B. **Citizenship**

The applicant must be a citizen of the United States. Verification may be accomplished by a copy of a birth certificate, naturalization papers, or passport (non-expired).

C. **Education**

An FDOE accredited high school diploma or an equivalency diploma or certificate (GED) with transcripts recognized by the CJSTC is required prior to being considered for admission into the basic recruit academy.

D. **Criminal conduct**

An applicant shall be disqualified if the applicant has been convicted of ANY felony, or of a misdemeanor involving perjury, a false statement, or domestic violence. An applicant, likewise, shall be disqualified if the applicant has committed a misdemeanor which involves "moral turpitude." Legally, moral turpitude has been defined as "conduct contrary to justice, honesty, modesty, or good morals."

E. **Gang affiliation-**

Applicants shall not:

1. have been, or currently be, members of any formal or informal criminal gang, as defined by FSS 874.03;
2. associate with known gang members.
3. Affiliation or membership in or with any formal or informal gang, as defined by FSS 874.03) shall be cause for rejection of application.

F. Felon affiliation-

Applicants shall have no ongoing affiliation or contact with convicted felons. This shall be cause for rejection of application.

G. Medical requirements

An applicant will be disqualified if they are unable to meet the requirements as stated in FSS 943.13(6) "Have passed a physical examination by a licensed physician, physician assistant, or certified advanced registered nurse practitioner, based on specifications established by the commission."

H. Military service record

An applicant will be disqualified if the applicant has been released or discharged under dishonorable conditions from any of the Armed Forces of the United States.

I. Tattoos

Tattoos include any tattoo, scar, branding, mark or other permanent body art or modification deliberately placed on the body for purposes of decoration, ornamentation or adornment. Any of the following shall be cause for an applicant's denial into any BRT program:

i. Tattoo(s) on the hands, neck (visible when wearing a collared shirt), face or head; and/or

ii. Tattoo(s) commonly associated with gangs, organizations or groups which advocate hate, intolerance or discrimination; and/or

iii. Tattoo(s) which depict, describe or otherwise refer to sexual conduct, acts, organs or preferences; and/or

iv. Tattoo(s) which depict, describe, or refer to intolerance of, or discrimination against any race, religion, gender or national origin

J. Drug Policy - An applicant shall also be disqualified from the admissions process if:

i) During the prior one (1) years, the applicant has:
- Used marijuana or THC (including medical marijuana).

ii) During the prior three (3) years, the applicant has:
- Abused any prescription drug prescribed to the applicant.
- Used any prescription drug not prescribed to the applicant.
- Illegally used any Schedule I, II, III, IV or V drug, as listed in FSS 893.01 or, any non-prescribed steroids.
- Grown or cultivated marijuana

iii) An applicant will be permanently disqualified if they distributed, sold, manufactured, or delivered, any Schedule I, II, III, IV or V drug, to include, marijuana.

iv)During the application process or while at the academy, an applicant is subject to a random drug test at anytime. Failure to comply will result in the dismissal of the applicant from the pre-admissions process or academy.

v) A failure of the drug test will result in the disqualification of the applicant for a three (3) year period of time, even if the positive results are for marijuana.

K. False information

The applicant will be disqualified if they knowingly presented false, inaccurate or untruthful oral or written information, or omitted essential information for consideration during the applicant's entrance processes into the Academy.

L. Written and physical selection profile

An applicant will be disqualified if the applicant is unable to show competence in the writing and physical assessment profiles as administered by the IRSC Selection Center or <u>any other Selection Center</u>.

The applicant will be required to take and successfully pass the Basic Ability Test. Per FDLE, the results of this test will be valid for four years from the date of the test.

The applicant will be required to take a Physical Agility Test (PAT), see selection center website for test details. The PAT test will be valid for six months from the date of the test. The selection center will only accepted PAT tests given at IRSC. The PAT will be given by members of the selection center or designated instructors approved by the Criminal Justice Institute Director or the Selection Center Coordinator.

M. Work history record

An applicant's employment history may also be considered for application purposes. For example, if the applicant's employment history indicates an inability to maintain consistent work, or if an undue number of separations exist, the applicant may be at risk of disqualification due to future employment potential.

An applicant may also be disqualified if, during the prior three (3) years, the applicant has been terminated, or resigned in lieu of termination. This can include:

- neglect of duties or violation of work procedures.
- violation of rules or standards regarding job safety, inappropriate conduct towards the public or coworkers, or issues of punctuality and dependability.
- an inability to meet established performance standards.

N. Moral character

The applicant will be disqualified if satisfactory evidence exists to show that an applicant's moral character, as it relates to sobriety, honesty, loyalty, trustworthiness, reliability, discretion, and associations, is beyond the bounds of acceptable moral standard.

O. Driver's license:

The applicant may be disqualified if they have not possessed a valid operator's license for one (1) year prior to the date of their application. The applicant must possess a valid Florida operator's license or chauffeur license by the date of their entrance to the Academy.

P. Social Media

A thorough review of all social media accounts shall be conducted as part of the background investigation. Failure to provide all account information shall be grounds for disqualification.

An applicant shall not have had, or currently have, any postings in any social media that could reasonably be considered by the public as offensive, discriminatory, defamatory, obscene, illegal, or damaging to the reputation, confidentiality, or interests of Indian River State College or its affiliates.

Q. Traffic convictions

Applicants with traffic convictions may be rejected, based on type and number of convictions reported in the driver's license history report.

1. Court rulings of "adjudication withheld" for certain traffic offenses (e.g.: moving violations, careless or reckless driving, DUI, etc.) will be considered the same as a conviction or plea of guilty.
2. Applicants with ANY felony traffic conviction will be disqualified immediately.
3. Applicants shall be disqualified if, within the past three (3) years, the applicant has:
   i. Multiple convictions singly or in combination which demonstrates a pattern of recklessness or driving negligence;
   ii. A suspension or revocation of their driver's license, unless the suspension/ revocation was due to an administrative or financial error;
   iii. Driven a motor vehicle while their driver's license was suspended or revoked with knowledge;
   iv. Been convicted of, pled guilty to, pled no contest/nolo contendere to: reckless

driving, DUI, attempting to elude the police, or any other misdemeanor driving offense.

R. Resolution of disqualifying background information

i. The applicant will be disqualified if they fail to successfully resolve potentially

disqualifying information that has surfaced as a result of the background investigation to include, resolving any outstanding debt with creditors.

S. CVSA

As a condition for entry into the Academy, all applicants shall be administered a CVSA examination by a qualified examiner skilled in the evaluation of data resulting from the exam. The results will be valid for six months. The Selection Center Coordinator has the authority to extend the validity of results. The results of the examination will not stand alone as a single detriment for selection, except in cases where admissions by the applicant clearly fall beyond the standards established by the Selection Center.
If an applicant fails the exam, they can request a follow-up polygraph at their own additional expense; the polygraphist will be assigned by Selection Center personnel.

T. Integrity examination

All applicants will receive a Integrity test. The evaluations are designed to screen the applicants for emotional stability, maturity, suitability for a career in law enforcement or corrections, and the ability to function under stressful conditions. Results of the exam will be valid for six months. The Selection Center Coordinator has the authority to extend the validity of results.

A low suitability rating on the Integrity exam CANNOT BE APPEALED.

V. Records

Each applicant will have a separate file which will contain all of the background information gathered, to include the CVSA and Integrity exams. The applicant files will be kept in a safe place under the control of the Selection Center Coordinator and/or the Training Center Director or designee, such as the Academy Coordinators.

Each applicant will sign a waiver to allow criminal justice agencies the opportunity to review the applicant's file for employment consideration. Once an applicant has finished basic recruit training, the applicant's Selection Center file will be moved to the records room.

VI. Appeals Committee

If the Selection Center Coordinator determines, in their absolute discretion based upon the Selection Center testing and investigation, that an applicant is not suited for entrance into a criminal justice career, the applicant will no longer be considered for Academy entrance and shall be notified in writing thereof and a summary of the reasons for the finding (the "Discontinuance Notice").

If an applicant disagrees with the Selection Center Coordinator findings, You may request to appeal this decision with the Criminal Justice Institute Director, pursuant to the Selection Center Policy and Procedure Manual. Exceptions to this policy are for any failure on the psychological evaluation/Integrity Inventory, a violation of F.S.S. 943.13, or F.A.C. 11B-27. The applicant may file one written appeal, email is acceptable, to the Selection Center Coordinator within five (5) business of the date of the applicant's Notice of Discontinuance. Notification of an appeal request can be made by emailing the Selection Center Coordinator.

VII. Selection Center Notification by Academy Applicants

If after being being notified by email by the Criminal Justice Institute of being accepted into a law enforcement or correction academy, ANY law enforcement contact thereafter must be reported to a staff member. This contact will include but is not limited to arrests, traffic stops, pedestrian stops, calls for assistance, or the police being dispatched to your location.
This notification will be done within 24 hours. It will be made by calling the selection center at 772-462-7943. The notification will include a complete overview of the law enforcement interaction. Failure to follow this guideline may result in the revocation of your acceptance into the academy.

INDIAN RIVER STATE COLLEGE
Criminal Justice Institute

ACKNOWLEDGEMENT OF UNDERSTANDING

I, _____(print name) have received the Selection Center Policy and Procedure Manual.

_____
Print Name

_____
Signature

_____
Witness Signature

_____
Date

Indian River State College

Treasure Coast Public Safety Complex
Criminal Justice Training Institute

Region XI Selection Center

Personal History Questionnaire*

(PHQ - Pages 1 - 23)

*Revised 2/5/26

- Prior to starting this application, please read the Selection Center Policy Manual, and sign the letter of understanding on the last page.

- The Personal History Questionnaire (PHQ) must be completed by the applicant.Print neatly so all answers are legible. Read the "Reminder Page"

- Do not leave anything unanswered, complete all questions. If a question does not apply to you, please put N/A. An incomplete application will not be accepted.

- Please follow all instructions. No White-Out allowed.

- MAKE A COPY OF COMPLETED APPLICATION BEFORE SUBMITTING. This application will be the primary source when applying to other agencies.

- Applicant must notify the selection center if there are any changes regarding the information provided in the application (PHQ).

Selection Center Testing Fees:

The total fee for the Region XI Selection Center Process is $600.00. This covers the cost of the CVSA evaluation, Integrity exam, fingerprinting and background check. You are responsible for paying the medical doctor of your choice for your medical exam. An additional fee of $30.00 will be charged by the company providing the drug screen. All tests will be arranged for you by this office EXCEPT the medical exam. If you have not already done so, you must first take the Basic Ability (BAT) and Physical Ability (PAT) tests. You can schedule these tests online at www.tcpublicsafetytraining.com The BAT test is $39.00 and the PAT test is $40.00. You must have a Physician's Release form to take the PAT.

All applicants returning the Personal History Questionnaire must make an appointment and must include all documents requested. This process could take an hour or longer and includes an interview with the Selection Center Coordinator. Professional dress is required for this formal interview.

REGION XI
SELECTION CENTER
Personal History Questionnaire

(PHQ)

LE ☐

CO ☐

Willfully or knowingly falsifying this application will result in disqualification from the selection center process or if discovered during or after testing can/will result in termination of the selection center process.

Attach a full face passport style photograph of yourself.

Photo

Photo - Must be **no more than six months** prior to submitting this application

NOTICE OF COLLECTION OF SSN: FDLE has asked that you provide your social security number (SSN). The decision to provide your SSN is not mandatory and at your option, but failure to provide your SSN may result in a delay in processing your application or reque st. If you provide your SSN, FDLE will use it for purposes of identification, and may share the information with other agencies for the same purpose. FDLE's request for your SSN is authorized by state law because it is imperative for the performance of FDLE's duties and responsibilities pursuant to Section119.071(5)(a)2.a.II,F.S.

NAME:

First Name _____ Middle Name _____ Last Name _____

ALIAS (S), Maiden Name, Nickname, or other changes in name. Include official document(s) to show name change.

ADDRESS:

STREET ADDRESS _____ APARTMENT NUMBER _____

CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

Mailing Address if Different that Street Address

HOME PHONE/CELL PHONE _____ SOCIAL SECURITY NUMBER _____

E-MAIL _____ DATE OF BIRTH _____ AGE _____ PLACE OF BIRTH _____

ETHNIC ORIGIN

White _____
Asian or Pacific Islander _____
Hispanic _____
Black, Non-Hispanic _____
American Indian or Alaskan Native _____
Other _____

CITIZENSHIP: United States Citizen? Yes_____ No_____

Naturalized Certificate No. _____

Country of Origin_____

Date, Place and Court _____

HEIGHT: WEIGHT: COLOR OF EYES: COLOR OF HAIR: _____

SCARS, TATTOOS, AND/OR DISTINGUISHING MARKS: (INCLUDE LOCATION &

DESCRIPTION):

_____ _____ _____

_____

MARITAL STATUS:

1. Single _____
2. Married _____
3. Engaged _____
4. Separated _____
5. Divorced _____

Are you currently living with your spouse? If not, state reason _____

Boyfriend/Girlfriend:

Name	Address	Telephone	Date of Birth	Employer's Name and Address

Cohabitant - A person cohabiting with whom you share a bond of affection or roommate.

Name	Address	Telephone	Date of Birth	Employer's Name and Address	Roommate Yes or No

Information concerning marriages: (List all marriages)

Date Married	Where Performed (City & State)	Spouse's Complete Name (include Maiden Name)	DOB

Name and Address of Spouse(s) if divorced or separated. (ATTACH COPIES OF DIVORCE)

Name	Address	Date of order or decree where Issued (Court & State)	Phone Number

List all your children, natural or adopted, to include step children, and give the following information:
If you need more room, use a sepearate sheet of paper

Name	DOB	POB	Address	Living With	Supported by

Are you now supporting all natural, adopted and stepchildren Yes ☐ No ☐ If not, give details:

OTHER DEPENDENTS: If you claim income tax exemptions for support of dependents other than your spouse and children, provide the following information:

Name	Address	Relationship	% of Support Provided

FAMILY: List in the order given, all immediate family members even though deceased. Include any others you have resided with.

Relationship	Name	Present Address	Phone	Birthdate	Occupation
Father					
Mother-Maiden					

RESIDENCES: List chronologically all addresses for the past 15 years including residences while at school and in military. For college on-campus residences, give dormitory name, city and state. If residence in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office. IF YOU RENT, PLEASE PROVIDE LANDLORD NAME AND TELEPHONE NUMBER

Own/Rent	Your Address: Include Street, City, County and State	
From: To: Own ☐ Rent ☐		
From: To: Own ☐ Rent ☐		
From: To: Own ☐ Rent ☐		
From: To: Own ☐ Rent ☐		
From: To: Own ☐ Rent ☐		

From: To: Own ☐ Rent ☐		
From: To: Own ☐ Rent ☐		
From: To: Own ☐ Rent ☐		
From: To: Own ☐ Rent ☐		
From: To: Own ☐ Rent ☐		
From: To: Own ☐ Rent ☐		
From: To: Own ☐ Rent ☐		

List Neighbors OR References (At Least TWO): Give complete names and mailing addresses. Do not list relatives.

Name	Street Address, City, State & Zip Code	Telephone No.

EDUCATION: List all elementary, junior high, and high schools attended: (Attach copies of high school, GED Diploma & Scores) NOTE: IF HOME SCHOOLED documentation that the education program has met the requirements of Section 1002.41, F.S., or of the Department of Education from the state where the home school program was completed. [11B-27.0021 (1) (d)].

Full Name	Complete Address	Dates Attended		Years Completed	Graduated	
		From	To		Yes	No
					☐	☐
					☐	☐
					☐	☐
					☐	☐

HIGHER EDUCATION: List Information below for all colleges or universities attended: (Attach copies of transcripts and/or diploma) (YOU ARE RESPONSIBLE FOR HAVING TRANSCRIPTS SENT TO IRSC'S ADMISSIONS OFFICE)

Name and Location of College or University	Dates Attended		Credit Hours	Degree Received & Year it was Received
	From	To		

Other schools or training (trade, vocational, business, specialized, or military): Give the name, location, dates attended, subjects studied, certificate, and any other pertinent data. (Attach copies of certificates)

Dates		Name of School and Location (Complete Address)	Courses Studied	Certificate	
From	To			Yes	No
				☐	☐
				☐	☐
				☐	☐

FOREIGN LANGUAGE: Do you speak, read, write or understand any foreign languages? Yes ☐ No ☐
If "Yes", provide information below.

Language	Reading			Speaking			Understanding			Writing		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

EDUCATION CONTINUED: Please answer the following questions. **If you answer "YES", provide details at the bottom of this page.**

	YES	NO	
1			Were you ever suspended or expelled from an education facility in high school or college?
2			Were you ever subject to disciplinary action while in high school or college?
3			Were you ever held back in a high school year?
4			Did you ever receive any awards or honors in school? (attach copies)
5			Have you had any specialized training or courses? (attach copies)
6			Do you have any special skills?
7			Can you operate any special equipment?
8			Are you currently enrolled in school?

Comments:

MILITARY – (Attach your DD214 with separation codes)

1. Have you ever served in the military of the United States? Yes ☐ No ☐

2. If you have not served in the military, are you registered for Selective Service? Yes ☐ No ☐

   (To find your Selective Service information, please go to www.sss.gov . Males between 18-26 should be registered. Look under History or Records to retrieve your information.)

   If yes, Selective Service Number _____ Date Registered: _____

3. Branch of Service _____ Company _____ Ship _____

4. Highest Rank Held _____

5. How many periods of active military service have you had? _____

6. List all medals and decorations awarded to you as a member of the armed forces.

   _____ _____
   _____ _____
   _____ _____

7. Type of discharge?

   Honorable _____
   General _____
   Medical _____
   Honorable Conditions _____
   Dishonorable _____
   Other _____

8. Give date and location of entrance to active duty. _____

9. Give period or periods of active military service:
From: _____ To: _____ From: _____ To: _____

10: Are you know or were you ever on active or inactive duty of any branch of the United States Reserve Forces? Yes ☐ No ☐ State Which: Active ☐ Inactive ☐

11. Are you now or were you ever a member of the National Guard? Yes ☐ No ☐

State _____ Regiment _____ Unit _____ Rank _____

From: _____ To: _____ Type of Discharge _____ Clearance _____

12. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the Armed Forces? Yes No If Yes please explain on a separate sheet of paper.

13. List any disciplinary action taken against you in the National Guard or other reserve unit:

EMPLOYMENT:

1. Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service (except military) Yes ____ No ___If yes, explain, giving name and address of employer, approximate date, and reasons in each case on a separate paper.
2. Have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in workplace?
3. Do you object to wearing a uniform? Yes ____ No_____
4. Do you object to working nights? Yes ____ No_____
5. Have you had experience with shift work? Yes_____ No____
6. List all the jobs you have held in the last 15 years to include part-time, temporary, seasonal and voluntary jobs, placing your present or most recent job FIRST. Include military service in proper sequence and also all periods of unemployment and if you were self-employed, provide copies of tax returns.

FROM DATE	NAME OF EMPLOYER (Company)	PART-TIME ☐ FULL-TIME ☐	JOB TITLE
TO DATE	MAILING ADDRESS	DESCRIPTION OF DUTIES	TELEPHONE NUMBER
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR

SALARY END	REASON FOR LEAVING		FAX NUMBER

FROM DATE	NAME OF EMPLOYER (Company)	PART-TIME ☐ FULL-TIME ☐	JOB TITLE
TO DATE	MAILING ADDRESS	DESCRIPTION OF DUTIES	TELEPHONE NUMBER
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
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SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
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TO DATE	MAILING ADDRESS	DESCRIPTION OF DUTIES	TELEPHONE NUMBER
SALARY BEGIN	CITY, STATE, ZIP CODE		NAME OF SUPERVISOR
SALARY END	REASON FOR LEAVING		FAX NUMBER
FROM DATE	NAME OF EMPLOYER (Company)	PART-TIME ☐ FULL-TIME ☐	JOB TITLE
TO DATE	MAILING ADDRESS	DESCRIPTION OF DUTIES	TELEPHONE NUMBER

POLYGRAPH EXAMINATION

Have you ever taken a polygraph, Computer Voice Stress Analyzer (CVSA) or any other truth verification examination for a job or other reason?

Yes ☐ No ☐ If "yes" please submit details below.

Date	Examiner's Name	Location	Purpose

Did you pass the polygraph? Yes ☐ No ☐ If "no" explain on a separate sheet of paper.

A. Have you previously submitted an application for employment with any Law Enforcement/Corrections agency?

Yes _____ No_____ If yes, please fill in the following information.

Date	Name of Agency	Position	Disposition

B. Have you ever had a background check done on you through a law enforcement/corrections agency?

Y ☐ N ☐ If yes, give details

C. Have you ever had a background check started by or completed through this or any Selection Processing Center? (Testing/Assessment) Center (example: Palm Beach Community College or other FDLE authorized training school)?

Yes ☐ No ☐ If yes, give Center/Agency

D. Have you ever been denied entry to a law enforcement or corrections academy or agency? YES ☐ NO ☐

E. Are you now on any other agency's eligibility list? Yes ☐ No ☐ If yes, give details below:

F. Have you ever been denied employment with a law enforcement/corrections agency? Yes ☐ No ☐

If yes, give details_____

ADDITIONAL INFORMATION:

VEHICLE OPERATOR'S LICENSE: The purpose of the following questions is to determine general driving ability. If you answer "YES" to #1 though #3 and/or #7 through #11, give details on a separate sheet of paper.

		Yes	No
1.	Have you ever been refused a driver's license by any State? - If YES, please explain on separate sheet		
2.	Has your driver's license ever been revoked or suspended? - If YES, please explain on separate sheet		
3.	Was your driver's license ever restored? - If YES, please explain on separate sheet		
4.	Have you ever received a traffic citation?		
5.	Have you ever been involved in a motor vehicle accident?		
6.	Have you ever had any accident while operating an emergency vehicle?		
7.	Do you have any traffic citations, which you failed to pay? If Yes, please explain on separate sheet		
8.	Do you have any parking tickets you failed to pay? If yes, please explain on separate sheet		
9.	Have you ever had automobile insurance withdrawn or revoked, or have you ever been refused automobile insurance? If yes, please explain on separate sheet		
10.	Have you ever been charged with driving a motor vehicle while under the influence of alcoholic beverages, chemical substances, or controlled substances? If yes, explain on separate sheet		
11.	Have you ever refused to submit to a breath, blood, or urine test to determine the influence of alcoholic beverages, chemical substances, or controlled substances? If yes, explain on separate sheet		

Have you ever been licensed to drive in another state? Yes ☐ No ☐

If "Yes" please give states.

State: _____ State: _____ State: _____

(You must submit a copy of your driving record from all the states in which you have held a driver's license.)

You must obtain a copy of your complete Florida driver history from the Department of Highway Safety and Motor Vehicles. Records may be obtained in person or online (www.flhsmv.gov). DMV records are the only Florida driving records that will be accepted.

If you answered "yes" to questions 5 or 6, give details for each accident whether collision, non-collision or hit and run.

Date:	Location:	Cause of Accident (for example ran red light, careless driving etc.)
Police Investigation Yes ☐ No ☐	Who was charged with accident and court disposition?	
Injury ☐ Non-injury ☐		

Date:	Location:	Cause of Accident (for example ran red light, careless driving etc.)
Police Investigation Yes ☐ No ☐	Who was charged with accident and court disposition?	
Injury ☐ Non-injury ☐		

List all traffic citations you have received - (include parking tickets) - Question #4

Location (Street, City, & State)	Approximate Date	Nature of Violation	Penalty or Disposition

List all vehicles that you currently own or operate:

YEAR	MAKE	MODEL	COLOR	TAG NUMBER	OWN	
					YES	NO

Do you presently have automobile Liability insurance Yes ☐ No ☐ List the following information:

NAME OF COMPANY	POLICY NUMBER	COMPANY ADDRESS and PHONE NUMBER	DATES OF COVERAGE
			From: To:
			From: To:

If no auto insurance, please provide details below:

ARREST, DETENTION, AND LITIGATION: INCLUDE TRAFFIC ARREST

If you answer "yes" to any of the below questions, YOU MUST SUBMIT ARREST REPORTS AND/OR GIVE DETAILS ON A SEPARATE SHEET OF PAPER. If any of questions resulted in a court case please PROVIDE COPIES OF THE COURT CASE DISPOSITION.	Yes	No
1. Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty for any criminal violation or detained by ANY law enforcement agency? (Provide court copies for any arrest including arrest(s) where records were expunged or sealed i.e., juvenile records.)		
2. Have you ever been advised of your Miranda rights?		
3. Have you ever been the subject of a criminal police investigation?		
4. Have you ever been convicted of a crime?		
5. Have you ever been required to pay a fine? (other than traffic)		
6. Have you ever been reported as a missing person?		
7. Have you ever been fingerprinted by a law enforcement agency for criminal reasons?		
8. Have you ever had a criminal record sealed or expunged?		
9. Have you ever committed perjury or made a false statement or affirmation of any type?		
10. Have you ever been placed on probation?		
11. Have you ever been served with a domestic violence protective order restraining order or a no contact order?		
12. Have you EVER been arrested for an offense involving domestic violence or a crime of violence against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse or legally recognized civil union/domestic partner, or someone with whom you share a child?		
13. Have you ever committed or been involved in an undetected crime of any type? Undetected crime is any criminal act for which you have not been caught, i.e., underage drinking, petit theft, shoplifting, stealing from your employer, burglary, use of illegal substance, or anything else illegal.		
14. Have you ever been investigated for animal, child or elder abuse?		
15. Have you ever had to call the police to your home?		
16. Has a neighbor ever had to call the police on you ?		
17. Do you have an on-going affiliation or contact with a convicted felon?		

NOTE

Criminal records ordered sealed under Section 943.058, Florida Statutes, are available from the FCIC System for inspection by a criminal justice agency for purposes of criminal justice employment. The applicant is to be advised that applicant may not lawfully deny arrests or convictions, notwithstanding adjudication being withheld or the sealing or expunged of arrest/conviction records. The applicant is being advised that a misdemeanor arrest or conviction may not necessarily disqualify applicant.

CIVIL

1. Have you or your spouse ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes ☐ No ☐

   If yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

   _____

   _____

MEDICAL -

A. Are you presently under doctor's care?

B. Doctor's Name, Address, & Phone number:

_____

C. Are you taking a prescribed medicine? (Please list and for what treatment?)

_____

D. Past and Present Personal Health History (check if applicable)

1. Diseases of the heart and arteries
2. Diabetes _____
3. High blood pressure _____
4. Anemia _____
5. Angina Pectoris (Chest Pains) _____
6. Asthma _____
7. Epilepsy _____
8. Lung Disease _____
9. Orthopedic or muscular problems _____
10. Stroke _____
11. Abnormal chest x-ray _____
12. Cancer _____
13. Smoker _____
14. Eye _____

MENTAL HEALTH- IF ANSWERED YES, PLEASE PROVIDE INFORMATION BELOW.

1. Have you ever consulted with, been cared for, or hospitalized by a mental health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, etc.)? Yes or No
2. Have you EVER been diagnosed by a physician or other health professional (for example, a psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner) with psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, bipolar mood disorder, borderline personality disorder, or antisocial personality disorder? Yes or No
3. Have you ever attempted suicide or had suicidal thoughts? Yes or No

PERSONAL DATA

Are you acquainted with any members of law enforcement or correctional agencies located in Indian River, Okeechobee, St. Lucie, and Martin Counties? Yes No If so, list who and what agency:

Name of Officer	Relationship to you	Agency Name

List all clubs and societies of which you are or have been a member.

Name	Address	Phone	Position	Date To	Date From

SOCIAL MEDIA

Have you ever had, or currently maintain, any social networking accounts? If yes, please list them all below - This includes but is not limited to spam, alternative profiles, burner accounts.

Platform Name	User or Screen Name	URL (Web address)	Are you active?

1. Have you ever accessed any adult website that depicted illegal material or activity, even if the depiction was in cartoon form? Yes____ No_____

2. Have you illegally or without proper authorization accessed or attempted to access any information technology system? Yes____ No_____

3. Have you ever publically posted any photos or videos which depict any overt, conspicuous, or public act of a sexual or simulated sexual nature? YES___ NO____

DRUG USAGE

If you answer "Yes" to any drug below; on a separate sheet of paper indicate drug, first time use, last time use, and number of times used. Be specific. This is not necessary if the drug was prescribed by a doctor.

Drug	Common Slang Names	Yes	NO
Cannabis/Marijuana	Hashish, Has, THC, Dig, Weed, Grass, Green, Bud, Sinse, Sinsemillia, gold, Jamaican, Gainesville Green, Greenbud, Rosemary, Stick, Columbian Tai		
Artificial Marijuana – as identified by Florida State Statute	Spice, K2, etc.		
Fentanyl			
Heroin	Black, Tar, Smack, Codeine, Boy, Methadone, Horse		
Cocaine	Coke, Blow, Snow, Powder, Flake, Rock, Girl, White, Roxanne, Bolo, Crack, Cookie, Weasel, C, Stardust		
LSD	Acid, Sugar, Dot, Microdot, Blotter, Blotter Acid, Big D,		
Phencycledine	PCP, PCPY, PEC, Angel Dust, Dust		
Psilocybin Mushrooms	Tea, Shrooms, Bull		
Methaqualone	Ludes, 747's, Lemons, Quaaludes, Captain Quaalude		
Hydromorphone	Dialudid, D, Big D		
Diazepam	Valium		
Oxycodone	Percodan, Percocet		
Rohypnol	Roofies		
Ketamine	Special K, K		
Methylenedioxymethamphet -amine	Ecstasy, MDMA, MDA, X		
Gamma-Hydroxy Butyrate	GHB, Super-G, Liquid-G, Liquid Ecstacy		
Barbiturate	Goofballs, Goofies, gofers, Barbs, Yellows, Yellow Jackets, Blues, Bluebirds, Reds, Red Devils, Tues, Rainbows, Tunial, Butbarbital,Phenobarbital, Nembutal, Seconal, Amytal		
Amphetamine/ Mehamphetamine Biphetamine	Bennies, Dexies, Speed, Wake-ups, UPS, Pep Pills, Meth, Crystal, Crystal Meth, Benzedrine, Dexe, Drine, Dexedrine, Desoxyn, Medrine, Phen-Di-Metrizine, Methamphetamine, Phentemine,		
Miscellaneous other substances	Nitrous Oxide, Nitrous, Glue, Gasoline, Freon, Pam, or any other inhalant/propellant, i.e., whipped cream, computer cleaner		
Designer drugs by other names	ICE, GHB, GBL, NEXUS, FANTS-I, EVE, Double Stack, PMA, DXM, CAT, YABA, China White		
Steroids	Anabolic, Androgenic, Testosterone, Roids, Juice		
Abuse any over the counter medications	Any over the counter medications		
Other			

1. In your lifetime, have you EVER illegally manufactured, cultivated, trafficked, produced, transferred, shipped, or sold of any drug or controlled substance?

2. Have you EVER used a prescription drug that was NOT PRESCRIBED for you?

3. Have you EVER used or been prescribed legal marijuana?

If you answer "Yes" to question 1, 2 or 3 above, please PROVIDE SPECIFIC AND COMPLETE DETAILS FOR EACH DRUG USED ON A SEPARATE SHEET OF PAPER to include dates. Sign and date the sheet of paper.

ALCOHOL USAGE

1. Do you drink alcohol? Yes ☐ No ☐ If yes, number of drinks weekly_____

2. Have you been drunk in the past month? Yes ___ No ___ If yes, how many times? _____

3. Have you ever felt a need to drink to function normally? Yes ___ No ___
   If yes, when? _____

4. Do you ever drink alcohol excessive amounts at one time or drink often? Yes ___ No ____

   If yes, how often? _____ Reason _____

5. Have you ever consumed an alcoholic drink while driving a vehicle? Yes ___ No ___
   If yes, when was the last time? _____

6. Do you ever drive when too drunk to drive safely? Yes ___ No___
   If yes, when was the last time? _____

7. Have you ever provided alcohol to a minor? Yes ___ No____
8. Have you ever had an encounter with the police due to alcohol? Yes ___ No____
9. Have you EVER been ordered, advised, asked or voluntarily sought, counseling or treatment as a result of your use of alcohol?

GAMBLING

1. What types of gambling/waging have you done? _____
2. What is the amount you bet? _____
3. Do you owe any gambling debts now? _____
4. Have you ever borrowed money to gamble? _____
5. What is the largest amount you have ever lost? _____
6. What is the largest amount you have ever won? _____

FINANCIAL RECORD

1. Have you ever filed a petition under any chapter of the bankruptcy code?
2. Have you ever been delinquent on alimony or child support payments?
3. Have you ever had a lien placed against your property for failing to pay taxes or other debts?
4. Have you ever had any possessions or property voluntarily or involuntarily repossessed or foreclosed or had bills or debts turned over to a collection agency?
5. Have you ever had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed?
6. Have you had wages, benefits, or assets garnished or attached for any reason?
7. Are you currently delinquent on any debt or financial obligation to include credit cards or utilities?

If yes to any of the above, give details on a separate sheet of paper.

Are there any incidents in your life not mentioned herein, which may reflect upon your suitability to perform the duties which may be required of you in law enforcement/corrections capacity or which might require further explanation? Yes_____ No_____

If yes, give details on a separate sheet of paper.

THE FOLLOWING IS TO BE EXECUTED PRIOR TO SUBMISSION.

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the statements and answers to questions. I am aware that should this investigation disclose such misrepresentations, falsifications or omission, my application will be rejected; I will be disqualified from applying in the future for any Basic Law Enforcement/Correction Academy training at the Criminal Justice Training Institute of Indian River State College or, if after my acceptance to the Academy Training Program, subsequent investigation should disclose misrepresentations, falsifications or omissions, it will result in immediate dismissal from the training program.

_____ _____

Date Signature of Applicant

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ OR Online Notarization ☐
this day of _____, year_____, By _____

_____

Signature of Notary Public – State of Florida

_____

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced_____

I understand that Indian River State College's Region XI Selection Center will be gathering information in connection with my application to enroll in the Criminal Justice Training Program. Any information obtained by a personal history background investigation will be considered in determining my suitability for entrance into the Criminal Justice Training Program.

I hereby knowingly and voluntarily release and agree to defend, indemnify and hold harmless Indian River State College, the Florida Department of Law Enforcement, and the State of Florida (including, without limitation, their respective executives, directors, trustees, employees, agents, insurers, attorneys, assigns, affiliates, predecessors in interest, successors in interest) from and against all liabilities, claims, losses, damages and expenses (including reasonable attorneys' fees and costs) which directly or indirectly arise out of, relate to, or are in any way connected with or based upon the receipt or furnishing of my information, or photograph including without limitation, any and all claims involving personal injury, reputational injury, loss of income, violation of any laws, negligence, gross negligence, breach of warranty, statutory liability, regulatory liability, strict liability, contract, third-party liability or any other theory of law. (Initial) _____

I understand that Indian River State College's Region XI Selection Center is not a hiring agency, and there is no guarantee of enrollment or employment. (Initial) _____

I understand that law enforcement/correctional agencies seeking new employees will have the right to examine all information gathered by the Region XI Selection Center, including, without limitation, the results of my polygraph (CVSA) test, psychological evaluation, Integrity testing and medical evaluation. (Initial) _____

I further knowingly and voluntarily waive any right whatsoever to any information received in connection with my application including, without limitation, the background investigation report, medical report, contact letters, Integrity exam report and polygraph (CVSA) results and report developed through the Selection Center process, including specifically any rights to obtain such information and records pursuant to the Florida Public Records Act, Chapter 119 of the Florida Statutes. I understand that I am waiving statutory rights and do so of my own free will without any coercion whatsoever. The information obtained or accrued through the testing process will be the exclusive property of the Indian River State College Region XI Selection Center.
(Initial) _____

I also understand that all fees paid to the date of the termination are non-refundable for any reason whatsoever, and I knowingly and voluntarily waive any right to make a claim for or receive a refund of such funds. (Initial) _____

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF THIS BACKGROUND RELEASE AND WAIVER FORM. Having been fully informed by reading and understanding this document, I hereby knowingly and voluntarily agree that the administration of the "Selection Center" has the sole and absolute discretion and right, authorization, and my concurrence to terminate me from the program at any time during the process, with or without cause. I understand I have the opportunity to appeal such a decision except based upon a low suitability rating on my Integrity test.

Applicant Signature _____

A photocopy of this background release and waiver form will be valid as an original thereof, even though the said copy does not contain an original writing of my signature. (Initial) _____

I understand and agree that I have the right to receive a copy of this Background Release and Waiver form. (Initial) _____

State of _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization on this __ day of _____, 20_ by _____ who is Personally Known to me or has produced _____ (type of identification) as identification.

_____

Notary Public Signature

Notary Seal (Name of Notary typed, printed or stamped)

AFFIDAVIT
NO MILITARY SERVICE

State of _____

County of _____

I, _____ , do hereby swear (or affirm)

that I have never served in any branch of the Armed Forces of the United States of America.

_____ _____

Signature Date

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ OR Online Notarization ☐
this _____ day of _____ , _____,

by _____, who is personally known to

me or has produced _ _____ as identification.
(Type of identification)

_____

(Signature) Notary Public - State of Florida

_____

(Name of Notary typed, printed or stamped)
(SEAL ABOVE)

Indian River State College

Treasure Coast Public Safety Training Complex
Criminal Justice Institute

NOTICE OF LAW ENFORCEMENT INTERACTION

It is understood by the undersigned that, upon applying to the Criminal Justice Institute, ANY law enforcement contact thereafter must be reported to a staff member. This contact will include, but is not limited to, arrests, traffic stops, pedestrian stops, calls for assistance, or the police being dispatched to your location.

This notification will be done within 24 hours. It will be made by emailing the selection center staff, pmccormick@irsc.edu This notification will include a complete overview of the law enforcement interaction. Failure to follow this guideline may result in the discontinuance of the application.

_____ _____

Applicant Date

APPLICATION CHECKLIST - BEFORE SUBMITTING APPLICATION, ENSURE THE FOLLOWING IS INCLUDED.

- Pages 1 - 24 of the PHQ completed
- Notice of Law Enforcement interaction
- 2x2 Passport photo
- Following PHQ pages notarized - Page 21,23,24 and CJSTC Form 58.
- PAT Score
- FL Driving Record - Included driving records from any state you were licensed in.
- Driver License, Social Security Card and Medical Insurance. (Copy of all three documents on one sheet)
- High School Diploma
  - If you have a GED, you must supply the transcripts.
- College Degree - If applicable
- DD214 - If applicable
- Marriage/Divorce paperwork - If applicable
- Vehicle Insurance Cards
- Any certificates/ awards you have received.
- Credit Report - Print one report from https://www.annualcreditreport.com/index.action
- Policy Manual Acknowledgment form
- Birth Certificate
- HIPPA Release Form
- CJSTC 75 Form - Must be filled out by a licensed physician.
- Make a copy of the application for yourself.

REMINDERS -

PLEASE PROVIDED COPIES OF THE FORMS REQUESTED, UNLESS OTHERWISE STATED

- Do Not Print On Both Sides. *Print single page only*.
- If you need to submit any additional information on a separate piece of paper, make sure you put your name on each piece, sign, and date that page.

- NO WHITE - OUT ALLOWED.

NOTICE OF COLLECTION OF SSN: FDLE has asked that you provide your social security number (SSN). The decision to provide your SSN is not mandatory and at your option, but failure to provide your SSN may result in a delay in processing your application or request. If you provide your SSN, FDLE will use it for purposes of identification, and may share the information with other agencies for the same purpose. FDLE's request for your SSN is authorized by state law because it is imperative for the performance of FDLE's duties and responsibilities pursuant to Section119.071 (5)(a) 2.a.II,F.S.

Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION
(Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022, F.A.C.

CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS: _____

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

_____

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. ***Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.***

_____ _____

Applicant's Signature **Date**

_____

Applicant's Address

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ **COUNTY OF** _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ **OR Online Notarization** ☐ **this** _____

day of _____**, year** _____**, By** _____

_____

Signature of Notary Public – State of Florida

_____

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known ☐ **OR Produced Identification** ☐

Type of Identification Produced _____

FDLE

Florida Department of Law Enforcement

PHYSICIAN'S ASSESSMENT

Incorporated by Reference in Rules 11B-27.002(1)(d) and 11B-35.001(11)(c)14., F.A.C.

CJSTC 75

1. Applicant's Name: _____
   Last First MI

2. Last Four Digits of the Applicant's Social Security Number: _____

3. Hiring Agency: _____

4. Training School: _____

5. The Applicant Is Requesting Employment and/or Admission Into a Basic Recruit Training Program in One of the Following Disciplines:

   Law Enforcement ☐ Correctional ☐ Correctional Probation ☐

   Note: For employment, a position description that describes the job duties the applicant will perform must be provided.
   For training, the physical fitness conditioning program developed by the training center must be provided.

6. Student Participation in Basic Recruit Training Program. A student enrolled in a basic recruit training program (BRTP) is required to participate in the following activities:

   A. Defensive tactics and firearms high-liability training is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission. Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).

   B. Physical Fitness Conditioning and Physical Fitness Testing: A BRTP student shall participate in physical fitness conditioning and a fitness test and includes the following measures:

   - Vertical Jump
   - One Minute Sit Ups
   - 300 Meter Run
   - Maximum Push Ups
   - 1.5 Mile Run/Walk

   C. The training center director has attached the training school's physical fitness conditioning program: Yes ☐ No ☐

**********TO BE COMPLETED BY THE STUDENT**********

7. Medical Conditions Regarding OC/CS Contamination. A BRTP student should be aware of the following personal considerations that may restrict participation in the chemical agent contamination of the BRTP and could possibly be aggravated to a severe degree during the contamination: Recent eye surgery, heart problems, panic disorder or stress, respiratory disorder, emphysema (loss of elasticity/thinning of lung tissues), bronchial asthma, x-ray evidence of pneumoconiosis (black lung), evidence of reduced pulmonary (lung) function, chronic obstructive pulmonary disease, coronary (heart) artery disease, cerebral (brain) blood vessel disease, severe or progressive hypertension (high blood pressure), epilepsy, generalized seizures, pernicious anemia (severe reduction in red blood cells), diabetes (any form), pnueumomediastinum gap (air in the sac surrounding lungs), history of skin allergies, or any condition for which the student is presently taking medication.

8. BRTP Student Certification. I certify that I have reviewed the above information and I do ☐ or do not ☐ have any medical restrictions that would prevent me from participating in the basic recruit training program activities outlined in item numbers 6A and 6B above.

9. Student's Printed Name: _____

10. Student's Signature: _____ Date _____

11. To the Examining Physician:

    The examination of this applicant is for employment or training as an officer, and shall include a complete physical examination at a level of specificity sufficient to determine whether there is any medical or physiological reason that would prevent the applicant from performing the essential functions for employment or training as an officer for the discipline indicated in number 5 above. Disabilities, impairment, or limitations identified by the examination, which would prevent the applicant from performing the essential functions for the officer position, should be reported to the employing agency.

12. Physician's Attestation:

    ☐ I hereby attest that I have examined the above named applicant and find him/her CAPABLE of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.

    ☐ I hereby attest that I have examined the above named applicant and find him/her NOT CAPABLE of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.

13. Pre-existing Conditions: Sections 112.18 and 943.13, F.S., require agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment.
    Please respond to the following "in my professional opinion, this examination":

    13a. Did ☐ or did not ☐ reveal evidence of tuberculosis.

    13b. Did ☐ or did not ☐ reveal evidence of heart disease.

    13c. Did ☐ or did not ☐ reveal evidence of hypertension.

14. _____ _____ _____
    Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature — Printed Name — Examination Date

15. _____ _____
    Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number — Licensing State

16. _____
    Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75

Use this form to document and verify the applicant's compliance with the employment requirements of Section 943.13, F.S., and Rule 11B-27.002(1)(d), F.A.C., and/or with the Basic Recruit Training Program entrance requirements of Rule 11B-35.001(14)(b), F.A.C.

GENERAL INSTRUCTIONS

- The physical examination must be performed by a physician licensed under Chapters 458 or 459, F.S., a certified advanced registered nurse practitioner, or a physician assistant.
- This form or an equivalent form, indicating that the officer is capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment, is required for each new employment or appointment of an officer and may ~~shall~~ be used in conjunction with the Patient Information form CJSTC-75A or an equivalent form, to assist the physician, certified advanced registered nurse practitioner, or physician assistant, by providing testing guidelines to examine the applicant. The physical examination shall not be completed more than one year prior to the officer's date of employment or appointment and a CJSTC-75 form completed for one employing agency may not be used by any other employing agency. If the examination is for employment only, sections 6 – 10 are not required.
- This form, indicating that an applicant is capable of participating in a Basic Recruit Training Program (BRTP), is required if the applicant is entering a BRTP and must be completed prior to entrance into a BRTP. The completed form must be maintained in the BRTP course file.
- If an applicant is entering a Basic Recruit Training Program and gaining employment with a criminal justice agency at the same time, a single CJSTC-75 form may be completed for the employing agency and for the training center. The original CJSTC-75 form should reside at the employing agency with a copy being provided to the training center.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

1. Applicant's Name: Enter the applicant's full legal name.
2. Last Four Digits of the Social Security Number: Enter the last four digits of the applicant's social security number.
3. Hiring Agency: Enter the hiring agency's name (if applicable).
4. Training Center: Enter the training center's name (if applicable).
5. Request for Employment and/or Training as an officer: Place a check mark in the box for the discipline in which the applicant is being employed or completing training.
6. Student Participation in Basic Recruit Training Program Activities. Defensive Tactics (includes chemical agent contamination), Firearms, and Physical Fitness Conditioning and Physical Fitness Testing: High-liability training in defensive tactics, firearms, and chemical agent contamination is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission and participation in the activities is a requirement for successfully completing a BRTP. There is no pass or fail at this time. The test results for each of the five required tests will be recorded on the Academy Physical Fitness Standards Report, form CJSTC-67A as "I" if the student did not perform the test component or "D" if the student was dismissed from the basic recruit training program.
   A. Defensive Tactics and Firearms Training. Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
   B. Physical Fitness Conditioning and Physical Fitness Testing. The Physical Fitness Test includes the following measures and are defined as follows:
      - *Vertical Jump.* This measures leg power by measuring how high a person jumps.
      - *One Minute Sit Ups.* This measures abdominal, or trunk, muscular endurance. While lying on his or her back, the student will be given one minute to do as many bent-leg sit ups as possible.
      - *300 Meter Run.* This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
      - *Maximum Push Ups.* This measures the muscular endurance of the upper body. This component consists of doing as many push-ups as possible until muscular failure. Males are required to perform the standard push-up and females have the option to perform the standard or modified push-up.
      - *1.5 Mile Run/Walk.* This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component, the student runs or walks a distance of 1.5 miles as fast as possible.
   C. A physical fitness conditioning program developed by the training school shall be attached to form CJSTC-75 prior to the student's examination by a physician, certified advanced registered nurse practitioner, or the physician assistant.
7. Medical Conditions Regarding Chemical Agent Contamination. The student shall review the listed medical conditions and list other conditions that may restrict him or her from participating in Chemical Agent Contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
8. Basic Recruit Training Program Activities Certification. The student shall check the appropriate box to indicate if he or she does or does not have a medical condition that would restrict participation in the BRTP activities indicated in item numbers 6A and 6B of this form.

9. Student's Printed Name. The student shall print his or her first name, last name, and middle initial.

10. Student's Signature and Date. The student shall provide a signature and date to verify the information provided by the student is true and correct.

11. Examining Physician: The examining physician shall examine the applicant for any medical or physiological reasons that would prevent the applicant from entry into a BRTP or as an officer for employment purposes, pursuant to the attached job duties and/or physical conditioning program.

12. Physician's Attestation: The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box attesting that the applicant is capable or not capable of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer discipline for which the officer/applicant is seeking training and/or employment.

13. Pre-existing Conditions: The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box for each pre-existing condition attesting that the examination of the applicant Did or Did Not reveal evidence of the pre-existing conditions listed. These outcomes are not disqualifying for employment.

14. Signature: The physician, certified advanced registered nurse, or physician assistant shall sign and print his or her name and enter the examination date.

15. License Number: Enter the physician, certified advanced registered nurse practitioner, or physician assistant's license number and licensing state.

16. Professional Address: Enter the physician, certified advanced registered nurse, or physician assistant's professional address.

Law Enforcement and Corrections Basic Recruit Training Academy

Physical Fitness Conditioning Program

Physical Fitness Training Plan & Wellness Nutritional Component

Introduction

The criminal justice field is both challenging and fulfilling and will require an individual to apply a myriad of skills. To be a well-balanced officer, this occupation requires you to be physically and mentally fit.
A physical fitness/wellness training program can help you enjoy your career, prepare you to defend yourself, and enable you to benefit from good health after you retire. You owe it to your colleagues, family, and most importantly, yourself, to achieve and maintain peak physical fitness for a well-balanced career.

This training plan is a resource for those individuals preparing to attend the IRSC/CJI's Basic Recruit Training Programs. **Applicants are required to provide this training plan to the respective medical or health professional at the time the Form CJSTC-75 is completed. It is recommended that the applicant consult with the medical or health professional and discuss any personal health questions after reviewing the contents of this guide.**

The CJI Instructors provide recruits with a basic foundation for fitness that includes stretching, exercise techniques, and suggestions for improving cardiovascular endurance. Recruits participate in a moderately strenuous physical conditioning program to prepare for both the FDLE Physical Fitness Assessment and to pass the physical agility tests.

What is physical fitness?
Physical fitness is the ability to perform physical activities, such as job tasks, with enough reserve for emergency situations and to enjoy normal activities when off duty.

Major areas of fitness

- **Flexibility–** the ability to move joints and use muscles through their full range of motion.
- **Cardio Endurance–** the ability to deliver oxygen and nutrients to tissues and to remove wastes, over sustained periods of time. It consists of both aerobic and anaerobic energy systems.
- **Muscular Strength–** the ability of a muscle to exert force for a brief period of time.
- Upper-body strength, for example, can be measured by various weight-lifting exercises.
- **Muscular Endurance–** the ability of a muscle, or a group of muscles, to sustain repeated contractions or to continue applying force against a fixed object. Push-ups are often used to test endurance of arm and shoulder muscles.
- Body composition is also considered an area of physical fitness. Excess body fat increases the workload placed upon the body and decreases the body's ability to dissipate heat.

Hydration
Water is the major component of blood plasma and makes up 60% of the human body. Water transports everything in the body and helps regulate body temperature. Every cell depends on water as the universal medium for carrying out all functions.

Water is lost through urine and sweat and must be replaced with 8-10 glasses of water a day. Generally, the more active an individual, or the larger the individual, then more water should be consumed. You can lose as much as 2 quarts of fluid though perspiration during 1 hour of hard exercise in the heat. The body requires water to function correctly while exercising. To calculate water intake needs, divide body weight by two. The answer relates to the approximate number of ounces of water to drink per day.

If you aren't replenishing fluids lost (through perspiration) with water or a sports drink, your muscles will tire more quickly and you may experience muscle cramps. Your body may also have a hard time keeping its core temperature regulated; this can lead to serious health conditions, such as heat exhaustion or heat stroke.

Here are some other tips to protect against dehydration while exercising:

- Thirst is a sign that you are already dehydrated. Don't wait until you are thirsty to drink water!
- Weigh yourself before and after a workout to estimate sweat loss and fluid intake needs. If weight is gained during an exercise session then you are drinking too much. If weight is lost, not enough drinking may be occurring.
- Avoid caffeinated beverages, such as coffee and soda, while exercising; they can promote dehydration.
- Keep a bottle of water in your gym bag so you have easy access to fluids.
- Check the color of your urine. If properly hydrated, urine should be clear and light colored. If dehydrated, urine may appear cloudy and dark.

Warm-up & Flexibility

A warm-up serves several functions, including:

- increased blood flow to working muscles and joints
- decreased likelihood of injury
- decrease in pre-event tension
- possible improved performance
- improved flexibility

A proper warm-up of muscles before any physical activity may decrease risk of injury. Spend at least 5-10 minutes stretching and warming up and loosening the muscles. The increased blood flow of such a warm-up will decrease tension in muscles, improve their range of motion and may even improve performance. Warming-up may significantly reduce the chances of muscle pulls, strains, sprains and other such injuries.

When stretching, follow these basic rules:

- Stretch slowly
- No bouncing
- No pain; stretching should feel good
- Stretching is not competitive
- Breathe slowly to help relax

You should always warm-up and cool down properly when exercising.

Cardiovascular Training Program

Aerobic Fitness

During aerobic activities, the intensity of the exercise is low enough for the cardiopulmonary system to meet the oxygen demands of the working muscles. Aerobic activities include bicycling, hiking, swimming, climbing stairs, and running when performed at a low enough intensity.

Anaerobic Fitness

During anaerobic activities, the intensity of exercise is so high that the working muscles demand for oxygen exceeds the cardiopulmonary system's ability to deliver. Since adequate oxygen is not available, waste products, such as lactic acid, accumulate. This type of intense activity can only be short in duration. An example of an anaerobic activity is sprinting.

Speed Training

Speed training involves a repeated series of exercise activities interspersed with rest or relief periods. Speed training is an excellent exercise for improving both aerobic and anaerobic endurance. Running intervals are

performed on a track or a marked course with intensity at a rate much higher than the aerobic phase.

Muscular Strength/Endurance Program

Muscular Strength/Endurance is a resistance program designed to improve total body strength and endurance. This is not a bodybuilding or a power-lifting program but designed to prepare a recruit specifically for the FDLE physical fitness assessments, the physical agility profile tests and the physical conditioning at the CJI.

Circuit training is a very effective and efficient method to improve muscular strength, muscular endurance and cardiovascular endurance. The workout consists of weight lifting at a station for 10-12 repetitions and then moving on to the next exercise station. Rest between exercises should not exceed 30 seconds.

Wellness Nutritional Component

Proper nutrition begins with providing the body all the essential nutrients including carbohydrates, protein, fats, vitamins, minerals and water. Learning to eat nutritiously is not hard. The key is to:

- Eat a variety of foods, including vegetables, fruits and whole-grain products;
- Eat lean meats, poultry, and fish, beans and low-fat dairy products;
- Drink sufficient water; and
- Moderate your intake of salt, sugar, alcohol, and saturated fat and trans-fat. Saturated fats are usually fats that come from animals. Look for trans-fat on the labels of processed foods, margarines and shortenings.

Carbohydrates

Carbohydrates, or “carbs,” the primary fuel for energy, come as complex (starches) or simple (sugars). Some carbohydrates (mostly complex) may contain fiber that helps keeps the intestinal tract healthy. It is recommended that carbohydrates make up a significant amount, some estimate 60%, of the total caloric intake, with the majority coming from complex sources.

Carbohydrates are found in fruits and vegetables and grains, and in refined form in everything from candy bars to cakes.

Complex carbohydrates are long strings of simple carbohydrates. Because these take longer to process in our bodies, they provide a less readily available, but more sustained, form of energy. Examples include starchy foods such as potatoes and pasta, as well as many of the commercially available sports gels and drinks.

Protein

Proteins are complex chains of molecules called amino acids that are essential for tissue growth and muscle development. They have a secondary purpose as fuel in the absence of carbohydrates and fats. Protein should be approximately 15% of the daily caloric intake. Age, body weight, and athletic activity might also affect the required amount.

Protein is the building block for muscles; while simply eating large amounts of protein will not result in muscle formation, exercising without adequate intake of protein will cause muscle wasting.

Protein is most commonly ingested in the forms of meat, poultry or fish. Vegetarians obtain their protein from tofu and other soy products. Commercially available protein formulations are principally composed of whey, a milk derived protein. Whey is also found in many protein meal supplement bars.

Fats

The primary purpose of fats is to serve as body fuel. Fats also help absorb certain vitamins, build cells, provide insulation and cushion vital organs. The daily caloric intake should contain 20-30% fat.

There are three types of fat: saturated, monounsaturated and polyunsaturated. Studies have shown that monounsaturated fats increase the levels of high-density lipoprotein (a.k.a. good cholesterol) and lower

levels of low-density lipoprotein (a.k.a. bad cholesterol). Saturated fats lower the good cholesterol while increasing the bad cholesterol. It is recommended that one limit saturated fats for a more healthful diet.

Vitamins and Minerals
Vitamins are organic substances that act as regulators for various physiological processes of the body. Minerals are inorganic elements with similar responsibilities. Vitamins are chemical compounds that serve as important co-enzymes in many chemical processes in the body. All are needed in small quantities on a daily basis. Here is a partial list of commonly discussed vitamins along with their principal functions and where they may be found.

- **Vitamin A:** Necessary for color and night vision. Found in orange and yellow vegetables.
- **Vitamin B Complex:** A series of vitamins, the most important of which are B1, B6 and B12. B1& B6 are required for neurological function. B12 has an important role in blood cell formation. B vitamins are found in grains and meats. Most breads and cereals are fortified with B1 and B6. B12 is obtained principally from meats.
- **Vitamin C:** A free radical scavenger, vitamin C has important functions for connective tissue, disease maturation and has a role in immune function. It is found principally in citrus fruits.
- **Vitamin D:** Required for proper bone development. Synthesized in the body when the skin is exposed to sunlight, it is also found in milk.
- **Vitamin E:** Another free radical scavenger, this vitamin has an important role in protecting against the formation of mutated DNA. Vitamin E is found in nuts, vegetables, fish and other meats.
  Vitamin K: Vitamin K is important for the formation of important proteins that control bleeding. It too is found principally in nuts and vegetables.

Weight Control
There are many conflicting theories, principles, books, articles, etc. on how to lose weight. Be cautious of the "*too good to be true*" fad diets or supplements. More harm than good usually is the end result. A prudent diet contains all the essential nutrients and food when eaten in moderation. Achieving a healthy weight can help control cholesterol, blood pressure and blood sugar. It might also help prevent weight-related diseases, such as heart disease, diabetes, arthritis and some cancers.

Eating too much or not being physically active enough may make you overweight. To maintain your weight, the calories you eat must equal the energy you burn. To lose weight, you must use more calories than you eat. A weight-control strategy might include:

- Choosing low-fat, low-calorie foods;
- Eating smaller portions;
- Drinking water instead of sugary drinks; and
- Being physically active

Making the right choices about what to eat are as important as they are complicated. Fad diets come and go but the best way to maintain good health is to be smart about what you eat. Doing this means having a better understanding of the "what" and "why" of food but also in taking the time to read labels on everything you buy to ensure the foods you eat are what you want. The single best rule, with respect to diet, is that moderation is key. Too much or too little of anything is generally a bad thing. Please consult a physician before starting any kind of diet.

Physical Fitness Training Plan

FDLE Physical Fitness Assessment Test Process
Within the first 2 weeks of training and then continuing throughout the academy, recruits will participate in physical fitness training and tests. Recruits who have a solid foundation in physical fitness, or those who have been actively participating in a physical fitness program just prior to entering into basic training, generally score higher than recruits who have not been active.

Various job task analysis profiles and studies conducted by the Cooper Institute for Aerobics Research (CIAR) have determined the areas and levels of physical fitness which are necessary for performing the essential functions of a criminal justice officer's job. Data also supports that physical fitness components are the underlying and predictive factors for performing tasks such as:

- sustained pursuit/ aerobic power
- sprints/ anaerobic power
- dodging/ aerobic/anaerobic power and flexibility
- lifting and carrying/ muscular strength and endurance; anaerobic power
- dragging, pulling, and pushing/ muscular strength and endurance;
- anaerobic power
- jumping and vaulting/ anaerobic power, leg power and strength
- crawling/ muscular endurance, flexibility, body fat composition
- use of force/ muscular strength and endurance, anaerobic power
- use of force/ muscular strength and endurance, aerobic power

Florida Criminal Justice Standards and Training Commission (CJSTC) rules require 5 physical fitness components to be measured at the beginning and end of the Florida Basic Recruit Training Program.

1. **Vertical Jump.** This component measures leg power and consists of measuring how high a person can jump.
2. **One Minute Sit-Ups.** These exercises measure abdominal or trunk muscular endurance. While students lie on their backs, they will be given one minute to do as many bent leg sit-ups as possible.
3. **300 Meter Run.** This exercise measures anaerobic power, or the ability to make an intense burst of effort for a short time period. This component requires students to sprint 300 meters.
4. **Maximum Push-Ups.** This component measures the muscular endurance of the upper body and consists of doing as many push-ups as possible until muscular fatigue develops.
5. **1.5 Mile Run.** This exercise measures aerobic power or cardiovascular endurance stamina over time. To complete this component, the student must run or jog, as fast as possible, for a distance of 1.5 miles.

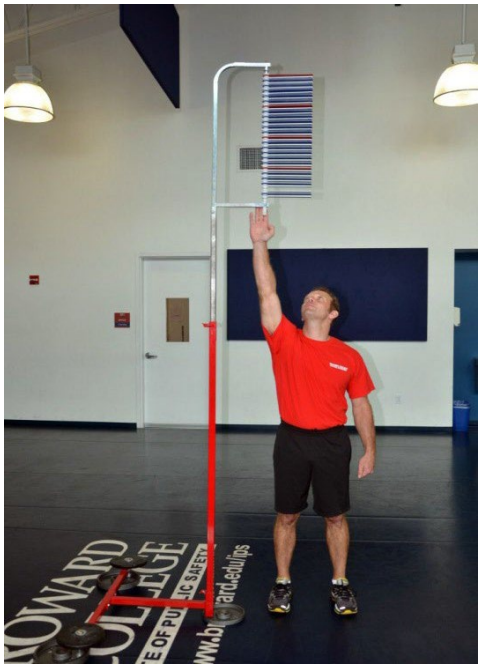
<u>Vertical Jump</u>

Purpose

This exercise is a measure of jumping or explosive power.

Procedure

1. Stand with your feet together and one side toward the wall, and reach up as high as possible to mark your standard reach.
2. Jump as high as possible and mark the highest point of your jump. Jump from both feet in a stationary stance. You can pump and thrust your arms upward.
3. Your score is the total inches, to the nearest 1/2 inch, above the standard reach mark.
4. Record the best score after three trials.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How to Prepare for the Vertical Jump

A good way to prepare for this component is to do plyometric training. The basic plyometric exercise routine consists of three exercises: double leg vertical jump, single leg vertical jump, and the double leg hop. Perform each exercise with 1 set of 10 repetitions, 3 days a week. Do the repetitions without stopping, and rest three minutes between each set of an exercise.

Double Leg Vertical Jump

Intensity Level: High

Starting Position: Stand with your feet shoulder-width apart.

Direction of Jump: Vertical

Arm Action: Double arm action

Starting Action: Perform a rapid counter movement and jump as high as possible.

Ascent: Thrust arms upward vigorously and reach as high as possible.

Descent: When your feet hit the ground, jump again immediately without a stutter step.

***Double Leg Hop* Intensity**

Level: Medium

Starting Position: Stand with your feet shoulder-width apart.

Direction of Jump: Horizontal, with a vertical component **Arm**

Action: Double arm action

Starting Action: Jump from both legs and strive for maximum distance.

Ascent: Think about " hanging" in the air.

Descent: Land in the starting position and immediately repeat the movement.

Single Leg Vertical Jump

Intensity Level: High

Starting Position: Stand with one foot on the ground.

Direction of Jump: Vertical

Arm Action: Double arm action

Starting Action: Perform a rapid counter movement and jump as high as possible.

Ascent: Thrust your arms upward vigorously, reaching as high as possible. **Descent:**

When your foot hits the ground, immediately jump without a stutter step.

(Place emphasis on maximum height and quick, explosive takeoffs. Repeat this exercise with the opposite leg after a brief rest of 15–30 seconds.)

One Minute Sit-Ups

Purpose

This component of the assessment measures abdominal muscular endurance.

Procedure

1. Start by lying on your back, knees bent, heels flat on the floor, and arms across your chest, interlocking your thumbs into your shirt. Your buttocks must remain on the floor, and do not thrust your hips.
2. A partner holds your feet down firmly.
3. Then perform as many correct sit-ups as possible in one minute.
4. In the up position, you should touch your elbows to your knees and then descend until your shoulder blades touch the floor.

5. Your score equals the total number of correct sit-ups. Any resting must be done in the up position.
6. Breathing should be as normal as possible; make sure that you do not hold your breath.

How to Prepare for Sit-ups

1. Estimate the number of correct sit-ups that you can do in one minute. Multiply that number by .75 (75%). Round that result to the lowest number. This will be the number of repetitions (sit- ups) that you will do per set.
2. Warm up with some light activity of your choice, such as stationary biking, walking or jogging on the treadmill, light calisthenics, etc.
3. Perform the number of sit-ups (correct form) determined in the calculation done in #1, above.
4. Rest no longer than 60 seconds, and do another set of repetitions.
5. Repeat #3 and #4 until you have done three to five sets of repetitions. Even though the last sets may be difficult, maintain proper form. If you have to hesitate longer on the floor on the last sets to get in the full number, then do so, but rest no longer than what is necessary to recuperate for another repetition.
6. Do this routine every other day. Increase the number of reps per set by one or two each week.

Note: If you are unable to do at least 5 repetitions per set, you will need to modify your routines to perform sufficient repetitions to address muscular endurance. You should follow a crunch or curl routine for your abdominals, and also get assistance in designing leg exercises to address the hip flexors.

300 Meter Run

Purpose

This exercise measures anaerobic power.

Procedure

1. Warm up and stretch before testing.
2. Run 300 meters at your maximum level of effort. Record the amount of time it took to complete the required distance.
3. Walk for 3–5 minutes immediately following the test to cool down. This is an important safety practice.

How to Prepare for the 300 Meter Run

To prepare for this component, it is a good idea to do interval training. First, time yourself running 110 yards with all-out effort. This will be your initial time, or IT. Second, divide your IT by .80 to get your training time.

Maximum Standard Push-Ups

Purpose

This component measures the muscular endurance of the upper body (anterior deltoid, pectoralis major, and triceps).

Procedure

1. Place hands shoulder-width apart, with your fingers pointing forward. Some part of your hands must lie within a vertical line drawn from the outside edge of your shoulders to the floor.
2. Start from the up position. Arms should be fully extended, elbows locked, and hands and feet only touching the floor. Keep the back straight at all times and lower the chest to approximately three inches from the floor. A small rubber ball or sponge (three inches in dimension) can be placed below you on the floor to check for distance. Then, return to the up position with elbows fully locked. This counts for one repetition.
3. Resting is permitted only in the up position. Your back must remain straight while resting and is permitted only in the up position.

4. When you elect to stop or cannot continue, the instructor will record your total number of correct push-ups as the score. There is no time limit for this exercise.

How to Prepare for Push-ups:

1. Estimate the maximum number of correct push-ups you can do in one minute.
2. Multiply that number by .75 (75%). Round the result to the lowest number. This will be the number of repetitions (push-ups) you will do per set.
3. Warm up with some light activity of your choice, such as riding a stationary bike, walking or jogging on the treadmill, light calisthenics, etc.
4. Perform the number of push-ups (correct form) determined in the calculation done in #2 above.
5. Rest no longer than 60 seconds, and then do another set of repetitions.
6. Repeat #4 and #5 until you have done three to five sets of repetitions. Even though the last sets may be difficult, maintain proper form. If you have to hesitate longer on the floors on the last sets to finish every repetition, then do so but rest no longer than what is necessary to recuperate.
7. Do this routine every other day. Increase the number of reps per set by one or two each week. If you are unable to do at least five (5) repetitions per set, then you may want to get assistance in designing a strength routine that focuses on both core strength and pressing movements.

1.5 Mile Run

Purpose

The 1.5 mile run is a measure of aerobic power (cardiovascular endurance). The objective in the 1.5 mile run is to cover the distance as fast as possible.

Procedure

1. Warm up and stretch thoroughly prior to running.
2. Run 1.5 miles as fast as possible.
3. Do not physically touch another participant during the run, unless rendering first aid.
4. Finish times should be recorded.
5. Upon completing the run, you should cool down by walking for about five minutes to prevent venous pooling (i.e., pooling of the blood in the lower extremities which reduces the return of blood to the heart and may cause cardiac arrhythmia).

How to Prepare for 1.5 Mile Run

To prepare for this test, you need to gradually increase your running endurance. Begin at the level you can accommodate, and use a workout format that involves walking and running. Run a short distance, walk for a while, and then run again. Begin slowly and then proceed to the next level by improving your overall running or walking time.

Criminal Justice Officer Physical Fitness Training (CJK 0096)

The Florida Basic Recruit Training Curriculum consists of 60 hours of physical fitness and wellness/nutrition education and will consist of the physical fitness components previously discussed and provided again below. These components will be accomplished through an array of planned activities and exercises that build strength and endurance expected by Florida law enforcement and correctional officers.

- sustained pursuit/ aerobic power
- sprints/ anaerobic power
- dodging/ aerobic/anaerobic power and flexibility
- lifting and carrying/ muscular strength and endurance; anaerobic power
- dragging, pulling, and pushing/ muscular strength and endurance;

- anaerobic power
- jumping and vaulting/ anaerobic power, leg power and strength
- crawling/ muscular endurance, flexibility, body fat composition
- use of force/ muscular strength and endurance, anaerobic power
- use of force/ muscular strength and endurance, aerobic power

References

- Florida basic recruit Training Program – High Liability – Vol 2 – Version 2023.07
- Cooper Institute (2010) Principles of Health and Fitness for Fitness Professionals Manual.
- Broward College – Institute of Public Safety Basic Motor skills testing
- Sharkey, Brian J. (1997) Fitness and Health, Fourth Edition. Human Kinetics

Editor's note: This document was originally created in 2015 by Tammy Spaulding, the lead physical fitness instructor at Broward College's Institute of Public Safety. It was intended for use by its law enforcement academy applicants and recruits. With permission from Linda Wood, the Dean of that same Institute, to reproduce this document, it has been mildly repurposed and edited for the use by the law enforcement and corrections academy recruit-students at the Criminal Justice Institute at Indian River State College. The editor and staff of the IRSC/CJI wish to acknowledge and express their sincere appreciation to both Tammy Spaulding and Linda Wood for allowing its use.

HIPAA Release Form

Please complete all sections of this HIPAA release form. If any sections are left blank, this form will be invalid and your enrollment application will be denied as it will not be possible for your health information to be shared as requested.

Section I

I, _____, hereby knowingly and voluntarily give my permission for the Criminal Justice Institute of Indian River State College to share the information listed in Section II of this document with the person(s) or organization(s) I have specified in Section IV of this document.

Section II – Health Information

I hereby give the above healthcare organization permission to:

Check all applicable boxes:

- ☐ Disclose my complete health record including, but not limited to, diagnoses, lab test results, treatment, and billing records for all conditions.

Or

Disclose my complete health record except for the following information

- ☐ Mental health record
- ☐ Communicable diseases, including, but not limited to, HIV and AIDS
- ☐ Alcohol/drug treatment records
- ☐ Genetic information
- ☐ Other (Specify)

_____

_____

_____

_____

Form of Disclosure:

Electronic copy or access via a web-based portal

Hard copy

Section III – Reason for Disclosure

Please detail the reasons why information is being shared. If you are initiating the request for sharing information and do not wish to list the reasons for sharing, write "at my request".

_____

_____

_____

_____

_____

_____

Section IV – Who Can Receive My Health Information

I give authorization for the health information detailed in section II of this document to be shared with the following individual(s) or organization(s)

Name: _____

Organization: _____

Address: _____

a n d / o r

☐ All Law Enforcement/Corrections Agency for Recruiting Purposes

I understand that the person(s)/organization(s) listed above may not be covered by state/federal rules governing privacy and security of data and may be permitted to further share the information that is provided to them.

Section V – Duration of Authorization

This authorization to share my health information is valid:

Check all applicable boxes:

☐ From _____to _____

☐ All past, present, and future periods

☐ The date of the signature in Section VI until the following event:

_____

I understand that I may revoke this authorization to share my health data at any time and can do so by submitting a request in writing to:

Name: ATTN: Selection Center Coordinator

Organization: Selection Center, Criminal Justice Institute of Indian River State College

Address: 3209 Virginia Avenue, Fort Pierce, FL 34981

I understand that:

- In the event that my information has already been shared by the time my authorization is revoked, it may be too late to cancel permission to share my health data.

- I understand that I do not need to give any further permission for the information detailed in Section II to be shared with the person(s) or organization(s) listed in section IV.

  I understand that the failure to sign/submit this authorization or the cancellation of this authorization will not prevent me from receiving any treatment or benefits I am entitled to receive, provided this information is not required to determine if I am eligible to receive those treatments or benefits or to pay for the services I receive.

Section VI – Signature

Signature: _____Date _____

Print Name: _____

If this form is being completed by a person with legal authority to act an individual's behalf, such as a parent or legal guardian of a minor or health care agent, please complete the following information:

Name of person completing this form: _____

Signature of person completing this form: _____

Describe below how this person has legal authority to sign this form:

_____

_____

_____

_____