



NORTHWEST FLORIDA STATE COLLEGE CRIMINAL JUSTICE TRAINING CENTER

INSTRUCTIONS FOR FILLING OUT BASIC RECRUIT APPLICATION

You are about to take the most important step toward an exciting and rewarding career in Criminal Justice. To help you succeed in gaining acceptance to the Basic Recruit Law Enforcement, Auxiliary Law Enforcement and/or Corrections Officer programs at Northwest Florida State College, you must complete the following steps.

1. Apply to NWF State College online at www.nwfsc.edu/Students/Enrollment/Admissions.
2. Take the Florida Basic Abilities Test (FBAT/CJBAT) for your area of study (law enforcement or corrections). The cost is \$38.50. Register online at www.nwfsc.edu/Students/Enrollment/TestingCenter.
3. Fill out the Basic Recruit Application, including the FLDE and NWFSC Physical Assessment forms. Please type or print legibly in black ink. Use the check list below to ensure you have a complete application packet.

**Incomplete and/or electronic/photocopied applications will not be accepted and shall not be processed.
Seats will be assigned on a first come, first served basis.**

Application Checklist

A complete application packet consists of the following documents, filled out entirely and containing all required signatures. Please do not leave any blank spaces. Write "N/A" if something does not apply to you.

- Basic Recruit Application (included)
- NWFSC Physical Fitness Assessment (included)
- FDLE Physical Assessment (included)
- Florida Basic Abilities Test results FBAT (obtained from NWFSC Testing Center)
- Copy of Driver's License
- Copy of Military Record (DD214), if applicable

Return your complete ORIGINAL application packet to:

Northwest Florida State College
Criminal Justice Department
100 College Boulevard East
Building 510, Public Safety, Room 200
Niceville, Florida 32578
(850) 729-5378



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BASIC RECRUIT APPLICATION

Applicant Name: _____

Street Address: _____

Daytime Phone: _____ Cell Phone: _____

E-Mail: _____

Gender: _____ Race: _____ Social Security #: _____

FBAT Score: _____ Date Taken: _____ Location Taken: _____ *(attach results)*

NWFSC Student ID#: _____ Student Email Address: _____

- Desired Class: Law Enforcement Basic Recruit Program (Day Class)
 Law Enforcement Basic Recruit Program (Night Class)
 Correctional Basic Recruit Program (Day Class)
 Auxiliary Law Enforcement Basic Recruit Program (Night Class)

Proposed Method of Payment: Self Pay VA Assistance
 Financial Aid Bright Futures Florida Prepaid
 Paid Agency – Sponsor/Agency Name: _____

Notification of Social Security Number Collection and Usage

In compliance with FL Statute 119.071, this document serves to notify you of the purpose for the collection and usage of your Social Security number.

Northwest Florida State College collects and uses your social security number only in performance of the college's duties and responsibilities.

To protect your identity NWFSC will secure your social security number from unauthorized access, never release your social security number to unauthorized parties, and assign you a unique student or employee identification number. This unique identification number is used for all associated employment and educational purposes at NWFSC.

For Office Use Only:

Date/Time Received: _____

Accepted by: _____

Personal History

Please type or print legibly in black ink.

1. Full Name: _____
Last First Middle

2. Have you ever had your name changed? Yes (*provide supporting documentation*)
 No

If you answered "Yes" to question #2, indicate as follows:

A. Previous Name: _____

B. Date and location of change: _____

C. Reason for change: _____

3. Present address: _____
Street, P.O. Box

City State Zip

4. Home Phone: _____ Business: _____ Other: _____

5. Age: _____ Date of Birth: _____ Place of Birth: _____

6. Weight: _____ Height: _____ Color Hair: _____

7. Driver's License #: _____ State: _____ Expiration: _____
(attach copy of driver's license)

8. Name of person(s) to notify in the case of emergency:

1. _____
Name Relationship Home Phone Work Phone

2. _____
Name Relationship Home Phone Work Phone

9. List below any current or previous family member who was employed as a law enforcement/corrections officer:

A. _____
Name Relationship Home Phone Work Phone

B. _____
Name Relationship Home Phone Work Phone

Citizenship Information

1. Are you a citizen of the United States? Yes No

2. Naturalization: Date: _____ Location: _____ Number: _____

Certification Reference Information

1. Are you presently certified or have you ever been certified as a law enforcement or corrections officer?

Yes No If yes, date certified: _____ State: _____

2. If not presently working as a law enforcement/corrections officer, date last worked as such:

Date: _____ Agency Name: _____

3. Number of years and months experience as a law enforcement/corrections officer:

Years: _____ Months: _____

Education

1. Do you have a college or university degree? Yes No

2. Please check highest degree: AA/AS BA/BS MA/MS PhD/JD

3. Number of semester hours: _____ Quarter hours: _____

4. Major: _____ Minor: _____

Law Enforcement Experience

Have you ever applied for a position with or been sponsored into basic training by any criminal justice agency?

If yes, please list below:

Agency	Phone Number	Rank	Date Employed	Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Military Service

1. Dates of Service: _____

2. Branch: _____

Active Discharged If discharged, what type?

Court Record

1. Have you been given a traffic ticket within the past five (5) years? Any civil infractions?

Yes No If yes, please list:

Date	Place	Charge
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Have you ever been arrested or charged in any state for any criminal violation (felony, misdemeanor, or contempt of court order?)

Yes No If yes, list all charges below: (please use additional pages if necessary)

Date	Place	Charge
_____	_____	_____
_____	_____	_____
_____	_____	_____

If convicted, has your record been expunged or sealed? Yes No

If yes, please provide the following information: (note: use additional page if necessary)

Date: _____ City: _____ County: _____ State: _____

(If you have a sealed or expunged record that you have not disclosed in this application, you may not be eligible for employment or appointment as a criminal justice officer.) If you have doubts or questions about a sealed or expunged record affecting your employability, it is your responsibility to review FSS 943.13 & .14 for employment eligibility requirement.





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Release of Records and Privileged Information

I hereby authorize Northwest Florida State College and, in particular, the Criminal Justice Training Center to release any and all records, test results, evaluations, photographs, videos, and any information of a privileged nature, which may have been accumulated or compiled by virtue of my attendance, to the Florida Department of Law Enforcement, Division of Criminal Justice Standards and Training; to any state, county, or local law enforcement or corrections agency that has an official need for such records; and to media or social medial outlets in furtherance of the best interest of the Northwest Florida State College Criminal Justice Standards Training Center.

I hereby release the representatives of NWFSC CJSTC from any liability or damage, which may result from furnishing any and all records concerning me.

I have read and understand the above listed statement and authorize the release of my records.

Date: _____, 20 ____.

Students Name: _____
(Last name) (First name) (M.I.)

(Applicant's Signature) (Date)

SSN: _____

Address _____

City State Zip Code



NORTHWEST FLORIDA STATE COLLEGE CRIMINAL JUSTICE TRAINING CENTER

Agreement to Obey Instructions, Release, Assumption of Risk and Agreement to Hold Harmless

I am aware that participating in the Northwest Florida State College Basic Recruit Program can be dangerous in nature involving many risks of injury. I understand that the dangers and risks of participating in the program include, but are not limited to, death, serious neck and spinal injuries, injuries to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, serious injury to virtually all internal organs, and serious injury or impairment to other aspects of the body, general health and wellbeing. I understand that the dangers and risks of participating may result not only in injury, but also in a serious impairment of my future abilities to earn a living, engage in other business, social and recreational activities, and generally to enjoy life.

I attest and affirm that I am physically fit and able to participate in the activities and I have not been advised or informed by anyone in the contrary. I will immediately bring to the attention of Northwest Florida State College and the Criminal Justice Training Center Staff, any medical or other problems that may affect my health and/or fitness and ability to participate in any activity related to the program.

Because of the dangers of participating in the program, I recognize the importance of following the instructions regarding the activities and agree to obey all such instructions.

In consideration of the Northwest Florida State College Board of Directors and other designated organizations for allowing me to use their facilities, I assume all risks associated with participation and release and agree to hold harmless the Board of Directors of Northwest Florida State College, their employees, agents, representatives, and volunteers from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever including any medical treatment and expenses incurred as a result of any injury that I might receive while participating in the above activity related to the program.

The terms hereof shall serve as a release, assumption of risk, and hold harmless agreement not only for ourselves, but also for our heirs, estates, executors, successors, administrators, assigns, and for all members of our family.

(Signature of Student)

(Signature of Witness)

(Date)

(Date)



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Declaration Form

All statements and information given in this application are true to the best of my knowledge. In the event that I am admitted to the Academy, I understand that any information found to be omitted or incorrect on any portion of my application may constitute grounds for dismissal.

By my signature below, I hereby authorize the Northwest Florida State College - Criminal Justice Training Center to conduct such investigations as are necessary to determine the accuracy and completeness of this application.

Signature Date

Before me personally appeared _____, who in my presence,
(Name)
signed the above document on _____.
(Date)

The applicant produced the following identification _____ or is
personally known by me. (Type of Identification)

Notary's Name: _____

Notary's Signature: _____

SEAL

Date: _____

NOTICE TO APPLICANTS: This document shall constitute an official statement within the purview of Section 837.06, Florida Statutes, and is subject to verification by the Northwest Florida State College - Criminal Justice Training Center, employing agency, and/or the Florida Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and may disqualify you from employment as a law enforcement or corrections officer in the State of Florida.