



**APPLICATION WALTERS STATE COMMUNITY COLLEGE
REGIONAL LAW ENFORCEMENT ACADEMY
221 NORTH COLLEGE STREET
GREENEVILLE, TN 37745**



Name _____ Social Security No. _____
(Last) (FULL First) (FULL Middle) (FULL number required)

Mailing Address _____ City _____

State _____ Zip Code _____ County _____ Driver's License No. _____

Phone _____ Student E-Mail _____
(include area code)

Age _____ Date of Birth _____ Male Female
(mm/dd/yyyy)

Height _____ Weight _____ Race _____

Notify in Emergency _____ Phone _____
Relationship

Shirt Size _____ (S,M,L,XL, 2XL, etc allow for shrinkage and comfort)

Date of academy requested _____

EMPLOYMENT

Name of present employer _____
(law enforcement agency sponsoring your attendance)

Full-time Part-time

Other _____

Job classification (title/rank) / duties _____

Have you had prior law enforcement experience? Yes No

If you have prior law enforcement experience, give name(s) of law enforcement agency and date(s) employed.

Have you been a certified officer in Tennessee? Yes No

Date certified _____

Have you been a certified officer in a state other than Tennessee? Yes No

If YES, give State and date certified _____

In order to remain in compliance with the Tennessee Peace Officer Standards and Training Commission (POST), every incoming student/cadet must indicate if they have previously attended a state academy. According to POST Rule number 1110-2(4)a, b, c, Application Requirement. No officer shall be certified under these rules unless application is made at such time and in such form as the Commission may require (T.C.A. §38-8-104).

Have you ever attended, withdrawn, or been dismissed from any other Tennessee POST approved law enforcement training academy.

Yes No

I, under the penalty of perjury (T.C.A. §39-16-701), certify that the information provided in this application is correct and complete.

I have disclosed in this application all instances where I have been arrested and/or convicted of any crime other than a traffic violation. This includes all instances where the original charges were reduced, where the conviction or arrest was a result of a plea bargain, a jury trial, or a bench trial, or where charges were dropped after the successful completion of pre-trial diversion.

I certify that the information given in this application is correct and complete to the best of my knowledge, and if I am approved, I will abide by the rules and regulations of the Academy.

Signature of Applicant

Date

THE FOLLOWING IS TO BE COMPLETED BY THE APPLICANT'S EMPLOYMENT AGENCY HEAD

I certify that the above information is correct and the applicant is a full-time law enforcement officer employed by my department and hereby approve the applicant to attend Regional Law Enforcement Academy.

Any person who, with intent to deceive, makes any false statement on this document commits the offense of perjury pursuant to T.C.A. §39-16-702.

Signature _____

Title _____

Department _____

Mailing Address _____

City/State _____

Phone # _____ Fax # _____ Zip Code _____

E-Mail _____

Today's Date _____

FAILURE OF THE APPLICANT OR THE APPLICANT'S DEPARTMENT/AGENCY TO COMPLETE AND SIGN ALL APPLICABLE AREAS OF THIS APPLICATION WILL RESULT IN THE APPLICANT BEING DENIED ACCEPTANCE INTO THE REGIONAL LAW ENFORCEMENT ACADEMY.