



SOUTHEAST MISSOURI
STATE UNIVERSITY · 1873[®]

LAW ENFORCEMENT ACADEMY

Dear Applicant:

The staff of the Southeast Missouri State University Law Enforcement Academy appreciates your interest in applying for admission to the **Law Enforcement Academy**. Please read these directions carefully.

The enclosed Application for Admission is the first step in the admissions process and must be completed in full and returned to the Academy with all required documentation. Incomplete applications will not be processed. There is a non-refundable application fee of \$100, please make checks payable to “Southeast Law Enforcement Academy”.

Tuition for the program is tied directly to current tuition rates set by the Board of Governors at Southeast. Tuition includes all books, uniforms, ammunition, and testing. The background check/fingerprinting fee is approximately \$48.00 and is **NOT** included in the tuition.

Upon receipt of all application documentation and the registration fee, the Academy will process your application and notify you of your status. During the first day of class we will provide you with a complete schedule and a copy of our standard operating policies/procedures.

If the information in this packet is returned incomplete or verification cannot be obtained, the application will not be accepted. Any intended omission or falsification of these admission documents will be grounds for denial/dismissal of acceptance into/from the Academy.

This course includes vigorous physical activity such as building searches, ground fighting, (hand to hand) defensive tactics training, distance running, sprints, and cardio such as calisthenics, shuttle-runs, speed-ladder drills, etc. Participation is required.

The information supplied in these documents will be used only for determining the applicant's eligibility for admission to the Academy and subsequent certification as a law enforcement officer by the Missouri Peace Officer Standards and Training (P.O.S.T.) Commission.

NOTE – Applicants with felony convictions, convictions for crimes against moral turpitude and/or a pattern of criminal, or reckless behavior that continues(ed) over a period of time, will not be admitted to the academy. In addition, applicants denied from this or other academies, or dismissed from this or other academies for disciplinary purposes, will also not be admitted.

Cordially,

Bobby Bollinger
Director

Revised 9.26.2023

GENERAL INFORMATION – Page 6 & 7

1. Which academy are you applying for? The Spring Academy which begins in January or the Fall Academy that begins in August? Both are full-time classes.
2. All students are now required to be admitted to the University, as well as to the Academy even if you are certificate only. You will need to apply for admission to SEMO at www.semo.edu/admissions and if you plan on using financial aid, you will need to complete the FAFSA at www.studentaid.gov. If you are not seeking a degree, select the "Certificate Only" box. If you are working towards completing a bachelor's degree, select the "Degree Seeking" box.
3. Please tell us how you heard about us.
4. Please enter your first name, middle name and last name.
5. List all aliases.
6. Please list your current mailing address.
7. Please enter your date of birth and your current age.
8. List your social security number.
9. List your email address.
10. List your current home phone and/or cell phone number(s)
11. Are you a U.S. Citizen?
12. Please list your marital status, race and gender. **(NOTE – questions regarding race, gender and marital status are optional, but important in determining the effectiveness of efforts related to the provision of equal education opportunity.)*
13. Please list the country, city, and state of your birth.
14. Please list the county in which you CURRENTLY reside.
15. Please tell us if you have ever applied to this academy before and if so, when. Please tell us whether you were accepted or denied. If denied, why were you denied?
16. Please tell us if you have ever applied to any other academy before and if so, which academy. We also need to know if you were accepted or denied. If denied, why?

EDUCATION – Page 7

17. Name and address of high school. If you have a GED or HiSET, please write “GED” or “HiSET” here. ***NOTE – The State of Missouri will not accept online high schools.***
18. Please list the month and year you graduated or received your GED/HiSET certificate.
19. Please list the name and address of the current/last university you’ve attended. For additional universities, please list them on a separate piece of paper.
20. Please list your graduation date and the name of the degree you earned.
21. If you have not graduated from a university but have attended, please list the number of credit hours you have completed.

MILITARY SERVICE – Page 7

22. List your branch of service, dates of service and last rank held.
23. Enter your MOS or job and any specialized training you had that is relevant to law enforcement.
24. Please list your type of discharge and your current reserve status.

SKILLS AND TRAINING – Page 7

25. Please list any special skills or licenses you currently hold. An example of this would be a TASER certification.
26. List all other languages that you are fluent in, including sign language.

EMPLOYMENT HISTORY – Page 8

27. Please list your current employers name, address and phone number.
28. Please list your current supervisor that we can contact for a reference.
29. Please list your former employers name, address and phone number.

BACKGROUND – Page 8

30. Please list **ALL** moving violations (speeding, seatbelt, improper registration, no insurance, etc.)

You will need to list the agency you received the ticket from, the date of the violation, the name of the violation and the disposition of the violation (paid fine, etc.)

You will also need to attach a copy of your driving record from the Department of Motor Vehicles in your state.

This is NOT the place to list arrests. Arrests will be listed on page 12.

31. Have you ever been arrested? Please check the Yes or No box. If yes, please list the details of the arrest on page 12 of this application. In addition, you will need certified court documents, certified police reports and a narrative from you, for each arrest. If you are unsure whether or not you have been arrested, call the academy to discuss before completing page 12.
32. Do you have a current driver's license? If so, from what state? What is your drivers license number? You will also need to list each state where you've held a driver's license, including the driver's license number if known.
33. Have you had an Ex Parte Order or full Order of Protection issued against you? If yes, please provide a copy of the order and list the court of record including location, date of order and disposition of order. You will also need to explain if it was a full order of protection.
34. Please answer whether or not you now, or have you within the last 10 years, used alcohol or prescription drugs to excess? If you answer yes, please explain your situation.
35. Please answer whether or not you now, or have within the past 10 years, used illicit/illegal drugs including marijuana, hashish, cocaine, LSD, methamphetamine, heroin, or other drugs of a similar nature including prescription pills that were not prescribed to you. If you answer yes, please explain your situation.
36. Please list whether or not you have ever supplied or sold any controlled substance including, but not limited to marijuana, hashish, cocaine, LSD, PCP, methamphetamine, heroin, or other drugs of a similar nature including prescription pills whether or not they were prescribed to you. If you answer yes, please explain your situation.
37. Please list every address you've had for the past 10 years. If you need more space, please add an additional sheet.
38. Please list all clubs, groups, associations, or organizations you currently or formerly belong(ed) to, excluding those that would indicate race, religion, color, gender, or national origin.
39. Please list any additional information you would like us to know concerning your background/history as it relates to this application.

EQUIPMENT – Page 9

40. Your Academy class will be issued uniforms. In order to ensure we have the correct sizes on hand, please list your shirt size and waist measurement.
41. Please tell us whether or not you are going to be using an Academy handgun. If not, please tell us what brand, model and caliber of handgun you will be using.

ATTESTATION – Page 10

42. Please let us know if there is anything in your medical history, including your mental health, that would keep you from fully participating in the Academy. Keep in mind, the Academy includes rigorous physical activity and highly stressful situations.

Please read the attestation statement then sign and date the application. Also please print your name where indicated.

Page 11 Please read and keep for your records. This is a privacy statement from the Federal Bureau of Investigation regarding your background check.

Page 12 Please enter your name, date of birth, social security number, telephone number and home mailing address.

Have you ever been arrested for, charged with or committed any criminal offense? This does not include traffic citations such as speeding tickets. If you are unsure, call the academy for guidance before completing this form.

You will need to sign this form in front of a notary to have the form notarized.

If you have been arrested, regardless of conviction or SIS, you are required to submit certified copies of police reports, certified copies of court records and a narrative, written by you, giving your side of the story, for EACH arrest.

Page 13 This is an Authorization for Release of Information for P.O.S.T. This form is needed in order to conduct your background investigation. Please print your name in the blank at the top of the form and read the statement.

You will need to sign this form in front of a notary to have the form notarized.

Page 14 This is an Authorization for Release of Information for the Law Enforcement Academy. Please print your name in the blank at the top of the form and read the statement.

You will need to sign this form in front of a notary to have the form notarized.

Page 15 This form is your application for a Missouri Peace Officer's License. It is imperative that you print clearly. The email address you enter will be used by P.O.S.T. to communicate with you concerning Continuing Law Enforcement Education (CLEE).

Print your name, email address, social security number, mailing address including city, state and zip code, telephone number, date of birth, and current age. Please check the box for your gender.

Have you ever applied to any law enforcement academy before? This includes the SEMO academy and any academy in any state. Please select yes or no. If you select yes, please list the academy name and state of the academy. Sign and date this form.

Page 16 You are required to pass a physical/medical exam by a licensed physician. Please print your name in the blank at the top of the page and have your doctor complete the rest of the form. If you prefer, you can get this physical completed through O.D.A.C.S. for \$75 (See page 13).

Page 17 You are required to submit to a background check.

Missouri DPS requires fingerprints be initiated no earlier than 120 days and no later than 15 days before the start of the basic training course. To obtain your background check you must use the state vendor. Go to <https://www.machs.mo.gov/MACHSFP/home.html> to register and to find a site near you. Once on the MSHP MACHS webpage, follow these steps: Select ***“Click here to Register with the Fingerprint Portal”***.

- On the next page, select ***“Click here to Register with MACHS”***.
- Enter this Academy’s 4 digit registration number **5974**. A pop-up will appear asking you to ensure the number you entered is correct. Double check the number to ensure it is correct. If you enter the wrong number, you will have to completely redo your background check including paying for it a second time.
- On the next page, enter your information and select ***“Register”***.
- The following page will give you your TCN (Transaction Control Number) and ask you to verify all of the information you just entered. Either print this page or write the TCN down in case you have issues later. Once you have verified all information is correct, select ***“Complete Registration”***.
- This will take you to the vendor’s website where you will need to pay for and if necessary, schedule an appointment to have your fingerprints taken.

(You must pay the vendor directly. The Law Enforcement Academy is not affiliated with this vendor.) The vendor should give you a receipt showing your TCN number. Return this receipt with your academy application. The background check will be sent directly to Missouri Department of Public Safety in Jefferson City. **Again, do not forget to include the receipt given to you once you have COMPLETED your fingerprints in the application. This is the receipt that has the TCN number on it.**

You are also required to submit to a drug screening that is a minimum of 10 panels. You can get this done at O.D.A.C.S. for \$25 or you can use your primary physician. You must turn in the results of this screening with your application.

As previously mentioned, you can also get your medical/physical through O.D.A.C.S. for a fee of \$75 or you can use your family doctor.

ATTACHMENTS – Page 18

Please attach the items listed on page 13 to your application. These items are needed in addition to the application.

Page 19 This is a checklist to help you ensure you have completed all sections and attached all required documentation to your application. This is for your use only and does not need to be returned.

APPLICATION FOR ADMISSION

Applicant's Personal Information and History

INSTRUCTIONS TO APPLICANT: This application must be completed using black ink, printed in the applicant's own hand. No one else may fill out this form for you. All questions must be answered. If a question does not pertain to you, write "N/A." Use an additional sheet of paper to complete your answer if additional space is necessary. Attach all requested documents to the back of this application. If you have any questions, feel free to contact the Academy office. This application, with your attachments, becomes the property of the Law Enforcement Academy.

I. GENERAL INFORMATION

1. Applying for: **Spring Academy (Mon-Fri)** OR **Fall Academy (Mon-Fri)**
2. Certificate Only? OR Degree Seeking? *NOTE - All students must also be admitted to the University, even if you are certificate only.*
3. How did you hear about us? If other, or referred by, please list below

4. Name: _____
(first) (middle) (last)
5. List ALL other names you have used, or by which you may have been known, officially or unofficially, including nicknames, maiden names, married names, and abbreviations.

6. Current mailing address: _____
City: _____ State: _____ Zip _____
7. Date of Birth: _____ Age: _____
8. Social Security Number: _____
9. Email Address: _____
10. Current Telephone Numbers: (Home) _____ (Cell): _____
11. Are you a United States Citizen: _____
12. *Marital Status: _____ *Race: _____ *Gender: _____

13. Country of Birth: _____ City _____ State _____
14. County of Residence: _____
15. Have you ever applied to this academy before? _____ If so, when? _____
Were you accepted or denied? _____ If you were denied, why? _____

16. Have you ever applied to a law enforcement academy OTHER than this one?
If so, where? _____ Were you accepted or denied?
If you were denied, what was the reason? _____

II. EDUCATION

17. Name and Address of High School: (**NOTE - online high schools are not acceptable**)

18. Graduation Date: _____ GED Certification Date: _____
19. Name(s) and address (es) of Universities attended:

20. Graduation Date: _____ Degree(s) Earned: _____
21. If not graduated, number of credit hours earned and major: _____

III. MILITARY SERVICE

22. Branch: _____ Dates of Service _____ Last Rank Held: _____
23. Career Field: _____ Specialized Training: _____
24. Type of Discharge: _____ Reserve Status: _____

IV. SKILLS AND TRAINING

25. List any special skills or training you have received or are licensed for:

26. List all Foreign or Sign Languages in which you are fluent:

V.

EMPLOYMENT HISTORY

27. Current Employer, Address, City, State, Zip, and Employer Telephone:

28. Current Supervisor:

29. Previous Employer, Address, City, State, and Zip, and Employer Telephone:

VI.

BACKGROUND

30. List all moving violations (speeding, seatbelt, improper registration, no insurance, etc.)
You will also need to attach a copy of your driving history. You can go to your local Department of Motor Vehicles (DMV/License Bureau) to obtain this copy.
This is not the place to list arrests. All arrests will need to be listed on page 12, not here.

Agency	Date	Violation	Disposition
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31. Have you ever been arrested? Yes No

If yes, please list all details on page 12.

You must list all arrests on page 12, even if you weren't formally charged, even if you weren't convicted, this includes misdemeanor, felony and military charges, including receiving a suspended imposition of sentence, and list any offenses where you were considered a suspect even if you were never formally charged. This information is used by P.O.S.T. (Peace Officers Standards and Training) in determining your eligibility to be certified as a Peace Officer in this state.

Failure to disclose ALL arrests will result in your application being denied.

32. Do you have a current Driver's License?

Which State?

What is your License Number?

List every state in which you have been a licensed driver, and your operator's number in each state:

33. Have you ever had an Ex Parte Order or Order of Protection issued against you?

If yes, list: (Also provide a certified copy with your application.)

Court:

Location:

Date:

Disposition:

Was it a Full Order of Protection? If yes, explain:

34. Do you now, or have you within the past 10 years, used alcohol or prescription drugs to excess?

If yes, explain: _____

35. Do you now, or have you within the past 10 years, used illicit/illegal drugs including marijuana, hashish, cocaine, LSD, methamphetamine, heroin, or other drugs of a similar nature including prescription pills that were not prescribed to you?

If yes, explain: _____

36. Do you now, or have you ever supplied or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, Methamphetamine, heroin, or other drugs of a similar nature?

If yes, please explain: _____

37. List the street address of every place you have lived in the past ten years:

Street Address
City:

From:
State:

To:
Zip:

Street Address
City:

From:
State:

To:
Zip:

38. List all clubs, groups, associations, or organizations to which you belong or have had affiliation (excluding those that would indicate race, religion, color, gender, or national origin):

39. List any other information you would like us to consider concerning your personal history background information:

VII.

EQUIPMENT

40. Your Academy class will be wearing uniforms. In preparation for this complete the following:

Polo Shirt:

BDU waist measurement:

(inches)

41. Are you going to use an Academy handgun during range training?
If no, what handgun (brand, model and caliber) will you be using?

Brand

Model

Caliber

VIII.

ATTESTATION

42. Is there anything medically, currently or in your history, including your mental health, which would keep you from fully participating in all activities of a law enforcement academy including rigorous physical activity and highly stressful situations?
If yes, please explain

I certify that I have read and understand the contents of all pages of this document and that I have not deliberately falsified or omitted any information on this form. I acknowledge that deliberate falsification, omissions, or misstatements shall be grounds for disqualification from the Academy or dismissal from the academy if already accepted. I further authorize representatives of the Law Enforcement Academy to conduct a check of my background, as may be necessary, to include previous employers, schools and institutions, Law Enforcement and Government Agencies for the purpose of determining my eligibility to be admitted to the Law Enforcement Academy, and my subsequent certification as a Law Enforcement Officer in the State of Missouri. I further agree to indemnify and hold harmless any department, school, agency, employer, or individual contacted and specifically authorize them to release any information about me requested by Academy representatives. Further, I understand I will be required to sign a liability release form on the first day of trainin.

Signed: _____ Date: _____

Name: _____

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history record of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for your review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV9(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



Missouri Peace Officer License Legal Questionnaire

New Licensure Applicants

Last Revised 09.26.2023



Instructions:

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

Licensed Basic Training Center: _____

Applicant's Name: _____ DOB: _____

Social Security Number: _____ Daytime Telephone Number: _____

Home Mailing
Address _____

Have you ever been arrested for, charged with, or committed any criminal offense? (§ 590.080.2(2), RSMo)

☐ YES * ☐ NO

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

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

Before signing and submitting the notarized questionnaire, please feel free to discuss any questions you might have with a representative of the POST Program by calling (573)751-3409.

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

Signature of Applicant: _____ Date: _____

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

NOTARY PUBLIC

POST USE ONLY

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

POST Program Representative: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Rev. 10.21.2022

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

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

Signature of Applicant or Licensee

Date

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

NOTARY PUBLIC

LAW ENFORCEMENT ACADEMY

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize any individual, business, organization, court, or law enforcement agency to release any and all records related to my prior law enforcement training and certification or licensure, and any and all records related to any criminal or internal investigation conducted on me, to the Southeast Missouri State University Law Enforcement Academy for the purpose of obtaining admission to or remaining in the law enforcement academy.

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

Signature of Applicant or Licensee

Date

Subscribed and sworn to before me this _____ day of _____, 20____. I am commissioned as a notary public

within the county of _____, state of _____, and my commission expires on _____, 20____.

NOTARY PUBLIC



Missouri Peace Officer License Application

Last Revised 10.21.2022



LICENSED TRAINING CENTER INFORMATION

Training Center Name

SEMO Law Enforcement Academy

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

ATTESTATION BY APPLICANT

Have you previously applied for admittance into any other a basic law enforcement academy? ☐ Yes ☐ No

If yes, please indicate the name of the training center AND the state in which it was located: _____

If you did not attend this training center, or your application to attend was not accepted, please list why:

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

Signature of Applicant

Date

PLEASE ATTACH ALL DOCUMENTS LISTED BELOW IN THE ORDER THAT THEY ARE REQUESTED.

1. Copy of High School Diploma, GED, or Degree from an accredited college or university.
2. Proof of United States Citizenship: Birth Certificate, Passport, or Naturalization Documentation. If name has been changed, include marriage license, divorce decree, or legal name change documentation.
3. Completed Missouri Peace Officer License Legal Questionnaire **and** the Authorization for Release of Information.
4. Photocopy of the applicant's current state issued driver's license.

ADDITIONAL INFORMATION REQUIRED FROM CERTAIN TRAINING CENTERS

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

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

SEND THIS FORM AND ATTACHMENTS TO POST

Missouri Department of Public Safety
Peace Officer Standards & Training
(POST) Program
Attn: Cheryl Parris
P.O. Box 749
Jefferson City, MO 65102

Phone: (573) 526-2764
Fax: (573) 751-5399
Email: cheryl.parris@dps.mo.gov
Website: <https://dps.mo.gov/post>

FOR POST USE ONLY:

POST Test Date: _____ Proof of U.S. Citizenship: _____
Graduation Date: _____ Diploma/Degree: _____
IADLEST Check: _____ Legal Questionnaire: _____
Basic Training Hours: _____ SID# _____
Processed by: _____ Reviewed by: _____
Program Manager Approval: _____ Date: _____



SOUTHEAST MISSOURI
STATE UNIVERSITY · 1873

LAW ENFORCEMENT ACADEMY
122 S. ELLIS
CAPE GIRARDEAU, MO 63701
(573) 651-2020 FAX (573) 651-2145

_____ has applied for admission to the Police Basic Training Program at the Southeast Missouri State University Law Enforcement Academy. It is a requirement that each recruit attending the Academy participate in, and satisfactorily pass, a strenuous physical fitness and defensive tactics program. These programs emphasize aerobic exercise, strength development, and the increase of flexibility. Examples of activity the student will encounter are:

1. Run 1.5 miles timed and run up to 3 miles untimed.
2. Run 300 meters timed.
3. Run sprints, shuttle runs and perform speed-ladder exercises.
4. Push a fully equipped patrol car 30 feet.
4. Perform calisthenics such as push-ups, pull-ups, sit-ups, burpees and various stretching exercises.
5. Perform strenuous hand to hand combatives that require extensive, strenuous activity including wrestling, throwing other recruits onto mats, being thrown on mats, striking, kicking and ground fighting

It is imperative that each applicant receive a general, physical examination to ensure he/she can perform strenuous physical exercise. Therefore, the Academy requests that you conduct a general, physical examination, to determine if this applicant is, to the best of your knowledge, physically capable of participating in our physical fitness and defensive tactics programs.

Please initial the appropriate box:

☐

I have given _____ a physical examination and I find this applicant is capable of participating in the Academy Physical Fitness and Defensive Tactics Program.

☐

I have given _____ a physical examination and I do not find this applicant capable of participating in the Academy Physical Fitness and Defensive Tactics Program for the following reasons:

Comments: _____

SIGNATURE: _____ DATE: _____

NAME & ADDRESS OF EXAMINING PHYSICIAN: _____
(Please type)

NOTE – You are REQUIRED to use the State of Missouri’s vendor for fingerprinting. You can find the closest vendor near you, by checking the website at <https://www.machs.mo.gov/MACHSFP/home.html> This is the same website you are required to register on. **SEE INSTRUCTIONS ON PAGE 5.**

NOTE – You are REQUIRED to pass a drug screen that is a minimum of 10 panels. Results will need to be turned in with your application. O.D.A.C.S. provides this service for a fee of \$25 or you can go to your family doctor.

NOTE – As previously mentioned, you are required to pass a medical/physical examination. You may use your primary physician or you can get your physical completed through O.D.A.C.S. for a fee of \$75.

O.D.A.C.S., Inc
836 S. Kingshighway
Cape Girardeau, MO 63703

Hours

No Appointments Needed
You may visit anytime during the following hours for drug screens and/or physical examinations:

Tuesday through Friday 8:30am to 2:00pm

Directions

North on I-55 take exit 93B
South on I-55 take exit 95

Phone

(573) 332-7711

IX.

ATTACHMENTS

In addition to the application, please enclose copies of the following *additional* documents when returning your application:

Incomplete applications will not be processed.

- Copy of driver's license
- Copy of driving record
- High School Diploma or GED Certificate (online high schools are NOT acceptable)
- Copy of birth certificate
- Check for \$100.00 made payable to Law Enforcement Academy
- **Certified** copy of police report(s) and court docket(s) for **each** arrest, charge, **or** conviction, including military arrests
- DD-214 (Veterans Only)
- Fingerprint receipt with the TCN number listed. This is the receipt given to you the day you have your prints taken for your background check. (See page 5 of the Instruction Sheet for details)
- Results of drug screen (10 panel minimum)

WHEN COMPLETED PLEASE BRING YOUR APPLICATION TO OUR OFFICE AT:

**Law Enforcement Academy
122 S. Ellis,
Cape Girardeau, MO 63707**

Or you can mail your application to:

One University Plaza, MS-5200
Cape Girardeau, MO 63701

IF YOU HAVE QUESTIONS REGARDING THESE FORMS PLEASE CALL:
(573) 651-2020

ACADEMY APPLICATION CHECKLIST – ALL STUDENTS

NOTE – This page is to help you ensure you have a properly completed application. You do not need to return this page with your application. This is for your personal use only.

- _____ Application for admission to the University
- _____ Completed FAFSA (If you are seeking financial aid)
- _____ Completed & signed Law Enforcement Academy Application
- _____ Check or money order for application fee (\$100.00)
- _____ Copy of high school diploma or GED certificate
- _____ Copy of birth certificate
- _____ Copy of driver's license
- _____ Copy of driving record
- _____ **NOTORIZED** Missouri Peace Officer License Legal Questionnaire
- _____ **NOTORIZED** Authorization for Release of Information for POST
- _____ **NOTORIZED** Authorization for Release of Information for the Academy
- _____ Fingerprint receipt showing TCN number given to you the day you get your fingerprints completed
- _____ Completed Missouri Peace Officer License Application (complete APPLICANT INFORMATION and ATTESTATION BY APPLICANT sections **ONLY**)
- _____ Copy of completed drug screen
- _____ Signed release for strenuous physical activity by a doctor.

Have you ever been a member of the armed services? _____ Yes / _____ No

If yes, please include the following:

- _____ Copy of complete DD214 **showing type of discharge**

Have you ever been arrested, charged with or convicted of any crime? (*Including a Suspended Imposition of Sentence and military arrests*) _____ Yes/ _____ No

If yes, please include the following:

- _____ Certified copy of the police report for **EACH** charge
- _____ Certified copy of all court documents pertaining to **EACH** charge
- _____ Narrative for each arrest (this needs to be a detailed account of each arrest, in your own words).

BRING YOUR APPLICATION TO:

Southeast Missouri State University
Law Enforcement Academy
122 S. Ellis
Cape Girardeau, MO 63701

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!