



SOUTHEAST MISSOURI
STATE UNIVERSITY • 1873[®]

SEMO POLICE ACADEMY

Dear Applicant:

The staff of the Southeast Missouri State University Police Academy appreciates your interest in applying for admission to the **SEMO Police 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 “SEMO Police 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,

Dane Stausing
Director

Revised 7.9.25

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GENERAL INFORMATION – Page 7 & 8.

Each number below corresponds to the same question number on the application. For example, number 1 below is instructions for answering question 1 on the application beginning on page 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. Do you want college credit for attending the academy? If so, check the “Degree Seeking” box. For this option, you will also be required to be admitted to the University, as well as to the Academy.
If you do not want college credit, check the “Non-Credit” box and you do not need to apply for admission to the University.
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 8

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 8

22. Were you a member of the armed services (military)? Answer yes or no.
23. List your branch of service, dates of service and last rank held.
24. Enter your MOS or job and any specialized training you had that is relevant to law enforcement.
25. List your discharge type and current reserve status. You must also submit a copy of your DD-214.

SKILLS AND TRAINING – Page 8

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

EMPLOYMENT HISTORY – Page 9

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

Please attach a resume. We need a full ten years of employment history, not counting high school jobs.

BACKGROUND – Page 9 & 10

31. Please list **ALL** arrests (even if you were not formally charged), charges (even if you were not convicted) including any misdemeanors, felonies, and military charges, **including** receiving a SIS (Suspended Imposition of Sentence). You must also list any instances where you were investigated for a crime, whether you were formally charged or not. For each incident, you will need to get certified copies of all court documents and police reports. You will also need to include a narrative for each incident. The narrative is your side of the story.

You will also need to list traffic violations here which include seatbelt, insurance, speeding tickets, other moving violations, non-moving violations, equipment violations, or any other citation.

If you are unsure whether or not you were arrested, if you were placed in handcuffs, taken to a jail and fingerprinted, you were arrested. If you are still unsure, call the academy at 573-651-2020 and we will discuss your situation.

NOTE – Failing to disclose an arrest or disclose you were accused of a crime where the police interviewed you, will result in your application being denied so it is important that if you have a question concerning the matter, call us!

32. Please list your current driver's license number and state. 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 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 10

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. The Academy furnishes 9mm. If you will be using a different caliber, you will be responsible for bringing it.

ATTESTATION – Page 11

42. Please let us know if there is anything in your medical history, including your mental health, which 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 12 Please read and keep for your records. This is a privacy statement from the Federal Bureau of Investigation regarding your background check.

Page 13 Please enter your name, date of birth, social security number, telephone number and home mailing address.

List ALL arrests (even if you were not formally charged), charges (even if you were not convicted) including any misdemeanors, felonies, and military charges, INCLUDING receiving a SIS (Suspended Imposition of Sentence). You must also list any instances where you were investigated for a crime, whether you were formally charged or not. You will also need to list any crime you've committed whether or not you were investigated for it. For each instance, you will need to get certified copies of all court documents and police reports. You will also need to include a narrative for each incident. The narrative is your side of the story.

You will also need to list all traffic citations here, which includes seatbelt, insurance, speeding tickets, other moving violations, non-moving violations, equipment violations or any other citation you received where you were not formally arrested. You do not need police reports or court documents for these citations.

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 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 15 This is an Authorization for Release of Information for the Police 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 16 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 17 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 18 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 [Missouri Automated Criminal History System](#) 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 Police 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. Your background is 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 with your application.**

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.

HOUSING REQUIREMENTS – Page 19

This is to find out if you will be living on or off campus during the academy.

If you need to live on campus, there is a website to go to. Mark the area for a meal plan, if needed. You will contact the Office of Residence Life to indicate your plans and complete a contract

If living on campus, there is a description of the living amenities.

ATTACHMENTS – Page 20

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

Page 21 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 Police 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. Were you a member of the military? Yes or No _____
23. Branch: _____ Dates of Service _____ Last Rank Held: _____
24. Career Field: _____ Specialized Training: _____
25. Type of Discharge: _____ Reserve Status: _____

IV. SKILLS AND TRAINING

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

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

EMPLOYMENT HISTORY

V.

Please attach resume

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

29. Current Supervisor:

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

VI.

BACKGROUND

31. List **ALL** arrests, **ALL** citations, and any criminal investigation where you were interviewed by the police, considered a suspect, or accused of a crime (see instructions on page 4). 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.
List here and on the Missouri Peace Officer License Legal Questionnaire (page 13).

Failure to list every incident will result in denial/dismissal from the academy (attach additional sheet if necessary).

Date	Charge/Offense	Mis/Fel/Ord	Agency	Disposition

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	<input type="text"/>	From:	<input type="text"/>	To:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Street Address	<input type="text"/>	From:	<input type="text"/>	To:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>

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: _____ **T-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?

The Academy only provides 9mm. If you/your agency uses a different caliber, you will be responsible for the ammunition.

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 Police 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 Police 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 training.

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 with 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 with 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 compete with 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](#).

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 IV9c); 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: SEMO Police Academy

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



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

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 [Missouri Automated Criminal History System](#) 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 Police 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. Your background is 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 with your application.**

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.



Missouri Peace Officer License Application

Last Revised 10.21.2022



LICENSED TRAINING CENTER INFORMATION

Training Center Name

SEMO Police Academy

Name (Last, First, Middle)

E-Mail Address

Social Security Number

Mailing Address

City

State

Zip Code

Telephone Number

Date of Birth

Age

Gender

()

☐ Male

☐ 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: _____



_____ has applied for admission to the Police Basic Training Program at the Southeast Missouri State University Police 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 combative 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 receives 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)

Housing Requirements

Are you going to live on or off campus? _____

If living on campus, have you applied for housing? _____Yes / _____No

If no, please visit [SEMO Residence Life](#) to apply for housing.

If you plan to live on campus, will you need a meal plan? _____Yes / _____No

On-Campus Housing Information

On-campus housing is not required for Police Academy students; however, options are available for those interested in living on campus while completing the program. Interested participants will be housed in Group Housing, a 3-story building adjacent to the Towers residence halls, at an additional cost of \$4075 for the Spring 2026 semester.

Meal plans are not required but are available for an additional cost to those interested.

[More information about available meal plans.](#)

If you are interested in living on campus during the program, please email the Office of Residence Life (residencelife@semo.edu) to indicate you will be completing a housing contract. Please also include whether you would like a meal plan or not.

Room/Building Amenities

- Single-occupancy rooms
 - 1 XL twin bed
 - 1 dresser
 - 1 wardrobe
 - 1 desk with chair
 - Sink in the room
- Restrooms and shower rooms on each floor
- Laundry available on each floor
- Kitchen facilities available on the 2nd & 3rd floors
- Resident parking adjacent to the building
- Community lounge on 2nd floor

Housing Contract Instructions

Your housing contract is completed through the MySEMO portal

- Log in to my.semo.edu
- Search “Housing Portal”
- Select the StarRez Housing Portal tool
 - If you are on a phone, go to the three little lines in the top corner and open the drop-down menu
 - Select the “Apply for Housing” link
 - If you are on a computer, select the “Apply for Housing” link in the red banner at the top
- Identify the appropriate application period and select the “Continue” button
- Spring 26 Only (January 2026-May 2026) – available November 1, 2025
- Click the “Start Application” button

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 from DMV
- 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 6 of the Instruction Sheet for details)
- Results of drug screen (10 panel minimum)
- Completed medical clearance form.

WHEN COMPLETED PLEASE BRING YOUR APPLICATION TO OUR OFFICE AT:

**SEMO Police Academy
122 S. Ellis
Cape Girardeau, MO 63703**

Or you can mail your application to:

SEMO Police Academy
One University Plaza
MS-5200
Cape Girardeau, MO 63703

**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 from DMV
- _____ **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 (APPLICANT INFORMATION and ATTESTATION BY APPLICANT sections **ONLY**)
- _____ Copy of completed drug screen.
- _____ Completed Housing Requirement form.
- _____ 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 incident (this needs to be a detailed account of each incident in your own words. If more than one arrest, please write a separate narrative for each separate event.

BRING YOUR APPLICATION TO:

Southeast Missouri State University
Police Academy
122 S. Ellis
Cape Girardeau, MO 63703

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!