A circular emblem with a scale and a map

Description automatically generated

For more information please contact:

The School of Justice, Public Safety and Law Studies Basic Training Recruiter at 305-237-1693

**Correctional Officer Cross Over to Law Enforcement Orientation Packet**

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## WELCOME

*“The purpose of life is not to be happy. It is to be useful, to be honorable, to be compassionate, to have it make*

*some difference that you have lived and lived well.”*

- *Ralph Waldo Emerson*

Those who consider a career in public service are special people. More so, are those who dedicate their lives to preserving the safety of communities and helping others who are less fortunate and often incapable of helping themselves. That you are reading this passage in preparation of entry into basic law enforcement or corrections training program suggests you are a special person too.

On behalf of the more than 300,000 law enforcement professionals nationwide and the 6,600 police and correctional officers in Miami Dade County alone we encourage you to forge forward. Contained within this packet is information on how to apply for acceptance into a basic training program, estimated expenses associated with attending an academy class and the various required tests you must complete to be considered.

The Miami Dade College School of Justice, Public Safety and Law Studies, in its more than 40 years has earned the reputation as a premier provider of training and education for criminal justice and correctional practitioners in the Southeastern United States. On average more than 300 students graduate annually from our basic police and corrections training programs and an equal number from our career development courses. Our staff, eminently qualified, is seasoned and talented with the unique ability to turn training concepts into performance outcomes.

Today symbolizes the start of your journey; from applicant to recruit to police or correctional professional and we assure you of our commitment to your success.

## PROGRAM INFORMATION

**Program Overview**

The Criminal Justice Standards and Training Commission has established basic recruit cross-over training programs to provide lateral movement of officers between criminal justice disciplines. Applicants to cross-over programs must meet the requirements of 11B-35.002(6), Florida Administrative Code.

**Program Implementation**

**Course Hours**

Commission-certified training schools must deliver a minimum of 518 hours of instruction in the Correctional Officer Cross-Over Training to Florida Law Enforcement Basic Recruit Training Program. Instructors are permitted to adjust the delivery hours of specific courses within the cross-over program based on the experience and knowledge of the students and the number of students in the class.

**Course Requirements**

This program uses the same instructor guides as the Florida Basic Recruit Training Program: Law Enforcement and the applicable portions of the Florida Basic Recruit Training Program: High Liability.

Students completing this cross-over program are responsible for all the content in the Florida Law Enforcement Basic Recruit Program curriculum. They are required to attend classroom lectures that include the topics listed below and participate in practical exercises.

The end-of-course examination created by the training school may cover all materials in the basic recruit course textbook, even though only a portion of each course is delivered through classroom instruction.

There is no separate State Officer Certification Examination (SOCE) for this cross-over program. Students must pass the SOCE as if they attended the full Florida Law Enforcement Basic Recruit Training Program.

## CROSS OVER TO LAW ENFORCEMENT DOCUMENTS REQUIRED

Legible copies of the following documents are required with your completed Personal History Questionnaire (PHQ). Presenting falsified or fraudulent documents will result in denial of admission to the School of Justice and possible criminal prosecution.

**Required Documents**

* 1. Personal History Questionnaire (PHQ) available at: [**http://www.mdc.edu/justice/documents/ble-**](http://www.mdc.edu/justice/documents/ble-) **orientation-packet.pdf**
  2. Signed Acknowledgement Form
  3. CJSTC 75 – Physician’s Assessment
  4. CJSTC 75A – Patient Information
  5. 7- Panel Drug Test Results
  6. Background and fingerprint: background and fingerprint please go to https://ibrinc.com/mdc/select and select School of Criminal Justice. The results will be submitted to our department directly.

**\*Foreign documents (e.g. Birth certificate, transcripts and diplomas) require certified translation.**

## PHYSICAL EXAM PROCESS INFORMATION

The physical examination can be completed by a doctor of your choice, which must include a 7-panel narcotics screening in compliance with 11B-27.00225.

11B-27.00225 Testing shall include the analysis of a urine sample furnished by the applicant for the presence of controlled substances or metabolites, which shall be consistent with the procedures for drug testing pursuant to Section 112.0455m, F.S. and Rule Chapter 59A-24, F.A.C., which have been adopted by the Agency for Health Care Administration.

* 1. The procedures for collection sites and specimen collection comply with the requirements of Rule 59A-24.005, F.A.C.
  2. Each applicant gave written consent prior to giving the sample for collection, analysis for evidence of controlled substances, and disclosure of the analysis results to the employing agency and to the Commission.
  3. The procedures for analyzing and reporting the urine sample were consistent with Rule 59A- 24.006, F.A.C.
  4. Seven Substances:
     1. Amphetamines (amphetamine and methamphetamine)
     2. Cannabis or Cannabinoids
     3. Cocaine or Cocaine Metabolite
     4. Phencyclidine
     5. Opiates (codeine and morphine)
     6. Barbiturates
     7. Benzodiazepines

**NOTE: You are responsible for payment as well as returning forms to the Assessment Center, School of Justice, Public Safety and Law Studies prior to participation in the Physical Ability Test or start of your academy session.**

## FORMS

### Form 1: Signed Acknowledgement



**SIGNED ACKNOWLEDGEMENT**

I, acknowledge and agree to the following:

* I have received the Cross Over to Law Enforcement Packet including the Personnel History Questionnaire (PHQ) and understand the contents.
* I understand that the screening process for academy admission involves a battery of tests that are proprietary to the Miami Dade College School of Justice, Public Safety & Law Studies.
* I understand that I will not be afforded the opportunity to obtain or view any of the admission tests that are part of the screening process. School of Justice, Public Safety & Law Studies staff are not authorized to discuss any items associated with academy testing and admission testing.
* I understand that admission into the Miami Dade College School of Justice, Public Safety & Law Studies Basic Law Enforcement Training Program does not guarantee employment with ***any*** public safety agency. Selection and Employment policies and procedures are up to the discretion of the hiring agency.
* I understand that the application packet and corresponding documents submitted as a part of the application process for enrollment in the Miami Dade College School of Justice, Public Safety & Law Studies Basic Law Enforcement Training Program shall become the property of the Miami Dade College School of Justice, Public Safety & Law Studies. Duplication of the application packet and corresponding documents are strictly prohibited.

Thank you for taking the time to participate in the orientation program and familiarize yourself with the requirements of the Miami Dade College School of Justice, Public Safety & Law Studies Basic Law Enforcement Training Program.

SCHOOL OF JUSTICE, VERIFICATION STAMP

Print Full Name

Signature

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### Form 2: Personal History Questionnaire

**Rev. 01/2024** 15 | P a g e



***PASSPORT PHOTO***

SUBMISSION DATE:

APPLICANT NAME:

Applicants must complete this questionnaire accurately, truthfully, and legibly to ensure consideration. Incomplete applications will cause delays in processing.

It is the responsibility of the applicant to provide copies of documentation where noted. The School of Justice, Public Safety and Law Studies is unable to make copies.

Personal History Questionnaire



**3.**

**ZIP CODE**

**4.**

**SOCIAL SECURITY NUMBER**

**6.**

**DATE OF BIRTH (Month-Day-Year)**

**7.**

**EMAIL ADDRESS**

ACADEMY CLASS ☐ PART-TIME ☐ FULL-TIME



**5.**

**9.**

* FEMALE
* MALE

**8.**

**PLACE OF BIRTH**: (INCLUDE PHOTOSTATIC COPY OF BIRTH CERTIFICATE)

**10.**



**ZIP CODE**

YES NO

**U.S. CITIZEN**

YES NO

**NATIVE**

**DATE, PLACE, AND COURT**

**NATURALIZED CERTIFICATE NUMBER**

**PARENT CERTIFICATE NUMBER (IF DESIRED)**

**RACE/ETHNICITY:** Check Appropriate box

**12.**

* White (Non-Hispanic) ☐ White (Hispanic) ☐ Asian/Pacific

**Include a copy of Naturalization Certificate**

**11.**

Islander

* Haitian



1.

**LAST NAME**

**2.**

**MIDDLE NAME**

**APARTMENT NO.**

* Black (Non-Hispanic) ☐ Black (Hispanic) ☐ Native American ☐ Other

**13. ALIAS(ES), NICKNAME, MAIDEN NAME**, or other changes in name (include official

document(s) concerning any changes in name)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HEIGHT** | | **WEIGHT** |  | **COLOR OF EYES** |  | **COLOR OF HAIR** |  | **SCARS, TATTOOS, AND DISTINGUISHING MARKS** |
| **15.** | **EMERGENCY CONTACT** | | | | | | | |

**NAME RELATIONSHIP**

**14.**

**ADDRESS**

**PHONE (HOME) PHONE (WORK)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **16.** | **MARITAL STATUS** | | * SINGLE ☐ MARRIED ☐ ENGAGED ☐ SEPARATED ☐ DIVORCED | | | |
| **17.** | **INFORMATION CONCERNING MARRIAGES** (List all marriages) | | | | | |
| **DATE MARRIED** | | **WHERE PERFORMED** | | **SPOUSE’S NAME**  **(WIFE MAIDEN NAME)** | **DATE OF BIRTH** | **SOCIAL SECURITY NUMBERS** |
|  | |  | |  |  |  |
|  | |  | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **18.** | | **NAME AND ADDRESS OF SPOUSE(S) IF DIVORCED OR SEPARATED** | | |
|  | **NAME** | | **ADDRESS (Street, City, State)** | **PHONE NO. (Area Code)** |
|  |  | |  |  |

**IF EVER SEPARATED, ANNULLED, OR DIVORCED** (indicate the following information)

**19.**

|  |  |  |
| --- | --- | --- |
| **SEPARATED, ANNULLED OR DECREED BY LAW** | **DATE OF ORDER OR DECREE** | **PHONE NO. (Area Code)** |
|  |  |  |

**20.**

**ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU, ADOPTED BY YOU, AND STEPCHILDREN?**

* YES ☐ NO If not, give details:

**21.**

**FAMILY:**

a. List in order given, showing relationship, parents, guardians, stepparents, parents -in-law, brothers and sisters, even that deceased. Include any others you have resided with or with whom a close relationship existed or exists:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RELATIONSHIP** | **NAME** | **PRESENT ADDRESS**  **(If living)** | **PHONE** | **BIRTH DATE** | **OCCUPATION** |
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**RESIDENCES:**

**22.**

a. List all residences for the past TEN years, beginning with your present address. List the name, address and phone number present and prior landlords, if applicable.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **MONTH/YEAR**  From: To:  Street Address: | | | | Own: | **MONTH/YEAR**  Rent: | |  |
|  |
| City:  Landlord’s Name: | | County: | | State: | Zip: | |  |
|  |
| Landlord’s Address: | CITY | | COUNTY | STATE | Phone:  ZIP |  | |
|  | |
| **MONTH/YEAR**  From: To:  Street Address: | | | | Own: | **MONTH/YEAR**  Rent: | |  |
|  |
| City:  Landlord’s Name: | | County: | | State: | Zip: | |  |
|  |
| Landlord’s Address: | CITY | | COUNTY | STATE | Phone:  ZIP |  | |
|  | |
| **MONTH/YEAR**  From: To:  Street Address: | | | | Own: | **MONTH/YEAR**  Rent: | |  |
|  |
| City:  Landlord’s Name: | | County: | | State: | Zip: | |  |
|  |
| Landlord’s Address: | CITY | | COUNTY | STATE | Phone:  ZIP |  | |
|  | |
| **MONTH/YEAR**  From: To:  Street Address: | | | | Own: | **MONTH/YEAR**  Rent: | |  |
|  |
| City:  Landlord’s Name: | | County: | | State: | Zip: | |  |
|  |
| Landlord’s Address: | CITY | | COUNTY | STATE | Phone:  ZIP |  | |
|  | |
| **MONTH/YEAR**  From: To:  Street Address: | | | | Own: | **MONTH/YEAR**  Rent: | |  |
|  |
| City:  Landlord’s Name: | | County: | | State: | Zip: | |  |
|  |
| Landlord’s Address: | CITY | | COUNTY | STATE | Phone:  ZIP |  | |
|  | |

**EDUCATION:**

**23.**

List all elementary junior high, and high schools attended: (INCLUDE COPIES OF HIGH SCHOOL OR GED DIPLOMA)

a.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** | | **LOCATION** | **DATES ATTENDED**  From To | **Years Completed** | **GRADUATION**  Yes No |
|  | |  |  |  |  |
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|  | |  |  |  |  |
| b | **GED** (if applicable) |  |  |  |  |

Higher education. List information below for all colleges or universities attended. (Include

1. official transcript from last institution higher education attended or all transcripts if not consolidated on last one.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME AND LOCATION OF**  **COLLEGE OR UNIVERSITY** | **DATES ATTENDED** | | **CREDIT HOURS** | | **DEGREE**  **RECEIVED** | **YEAR**  **RECEIVED** |
| FROM | TO | SEMESTER | QUARTER |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Major and minor college courses

1. Other schools or training (trade, vocational, business or military). Give for each, the name and location of school, dates after subjects studied, certificate, and any other pertinent data.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATES** | | **NAME OF SCHOOL AND LOCATION** | **COURSES STUDIED** | **CERTIFIED** | |
| FROM | TO | YES | NO |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Were you ever expelled or suspended from ANY SCHOOL or were you ever disciplined by any school official?

e.

* + YES ☐ NO If YES, give particulars below

**FOREIGN LANGUAGE:**

**24.**

Enter foreign language and indicate your knowledge of each by placing an “X” in proper column.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LANGUAGES** | **READING** | | | **SPEAKING** | | | **UNDERSTANDING** | | | **WRITING** | | |
| EXC. | GOOD | FAIR | EXC. | GOOD | FAIR | EXC. | GOOD | FAIR | EXC. | GOOD | FAIR |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**SPECIAL QUALIFICATIONS AND SKILLS:**

**25.**

Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, at date current license expires. (Except vehicle operator’s license).

**MILITARY:**

**26.**

1. Have you ever served in the United States military or Coast Guard, including R.O.T.C.?
   * YES ☐ NO If YES, **INCLUDE A PHOTO STATIC COPY OF DD-214**

If NO, Proceed to **#27 EMPLOYMENT**

1. Branch of Service Unit or Ship
2. What is your service number?
3. Highest rank held:
4. How many periods of active military service have you had?
5. List all medals and decorations awarded to you as a member of the armed forces:
6. What is the type of your discharge? Be exact:
   * Honorable ☐ Dishonorable ☐ General ☐ Honorable Conditions ☐ Other h.. Give period or periods of active military service:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | From: |  | To: |  |
| From: |  | To: |  | From: |  | To: |  |

1. Are you now or were you ever on active or inactive duty of any branch of the United States Reserve Forces? ☐ YES ☐ NO State which: ☐ Active ☐ Inactive Branch of Service
2. Are you now or were you ever a member of the National Guard ☐ YES ☐ NO

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| State: |  | Regiment: | Unit: | Rank: |
| From: |  | To: | Type of Discharge |  |

1. What is your present draft classification?

Date of classification? Selective Service Number: Draft board number and location

**MILITARY (CONTINUED):**

**26.**

1. 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 including Article 15’s while a member of the armed forces? ☐ YES ☐ NO

If YES, explain:

1. List any disciplinary action taken against you in the National Guard or other reserve unit:
2. List any other information pertaining to military not requested above.

**EMPLOYMENT:**

**27.**

1. What is your occupation?
2. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?
   * YES ☐ NO If YES, give details:
3. Were you ever discharged, terminated, fired, or forced to resign (except military)?
   * YES ☐ NO

If YES, explain, giving names and address of employer, approximate date, and reasons in each case:

1. Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason?
   * YES ☐ NO

If YES, explain, giving names and address of employer, approximate date, and reasons in each case:

**EMPLOYMENT (CONTINUED):**

**27.**

1. Have your employers always treated you fairly? ☐ YES ☐ NO If not, explain:
2. Have you ever received unemployment insurance or other Federal, State, or local benefits or assistance? ☐ YES ☐ NO

**TYPE OF ASSISTANCE LOCAL OFFICE ADDRESS FOR HOW LONG?**

1. List all jobs you held in the last TEN years. Place your present or most recent job FIRST. If you need more space, you may include additional sheets. Include military service in proper time sequence and also all period of unemployment. List all self-employment, part-time, temporary, seasonal, and voluntary jobs.

STARTING DATE

ENDING DATE

NAME OF EMPLOYER

JOB TITLE

CITY

STATE

ZIP CODE

DESCIPTION OF DUTIES

STREET ADDRESS

ENDING SALARY

NAME OF SUPERVISOR

NAME OF CO-WORKER

PHONE NUMBER (Area Code)

WHY DID YOU LEAVE?

STARTING DATE

ENDING DATE

NAME OF EMPLOYER

JOB TITLE

STREET ADDRESS

CITY

STATE

ZIP CODE

DESCIPTION OF DUTIES

BEGINNING SALARY

ENDING SALARY

NAME OF SUPERVISOR

NAME OF CO-WORKER

PHONE NUMBER (Area Code)

WHY DID YOU LEAVE?

BEGINNING SALARY

STARTING DATE ENDING DATE NAME OF EMPLOYER JOB TITLE

STREET ADDRESS CITY STATE ZIP CODE

DESCIPTION OF DUTIES

BEGINNING SALARY ENDING SALARY NAME OF SUPERVISOR NAME OF CO-WORKER

PHONE NUMBER (Area Code) WHY DID YOU LEAVE?

STARTING DATE ENDING DATE NAME OF EMPLOYER JOB TITLE

STREET ADDRESS CITY STATE ZIP CODE

DESCIPTION OF DUTIES

BEGINNING SALARY ENDING SALARY NAME OF SUPERVISOR NAME OF CO-WORKER

PHONE NUMBER (Area Code) WHY DID YOU LEAVE?

STARTING DATE ENDING DATE NAME OF EMPLOYER JOB TITLE

STREET ADDRESS CITY STATE ZIP CODE

DESCIPTION OF DUTIES

BEGINNING SALARY ENDING SALARY NAME OF SUPERVISOR NAME OF CO-WORKER

PHONE NUMBER (Area Code) WHY DID YOU LEAVE?

STARTING DATE ENDING DATE NAME OF EMPLOYER JOB TITLE

STREET ADDRESS CITY STATE ZIP CODE

DESCIPTION OF DUTIES

BEGINNING SALARY ENDING SALARY NAME OF SUPERVISOR NAME OF CO-WORKER

PHONE NUMBER (Area Code) WHY DID YOU LEAVE?

ENDING DATE

NAME OF EMPLOYER

JOB TITLE

STREET ADDRESS

CITY

STATE

ZIP CODE

STARTING DATE

BEGINNING SALARY

ENDING SALARY

NAME OF SUPERVISOR

NAME OF CO-WORKER

PHONE NUMBER (Area Code)

WHY DID YOU LEAVE?

STARTING DATE

ENDING DATE

NAME OF EMPLOYER

JOB TITLE

STREET ADDRESS

CITY

STATE

ZIP CODE

DESCIPTION OF DUTIES

BEGINNING SALARY

ENDING SALARY

NAME OF SUPERVISOR

NAME OF CO-WORKER

PHONE NUMBER (Area Code)

WHY DID YOU LEAVE?

DESCIPTION OF DUTIES

**VEHICLE OPERATOR’S LICENSE:**

**28.**

Driver’s, Chauffeur’s, etc. **ATTACH PHOTO STATIC COPY OF DRIVER’S LICENSE**

1. Can you operate a motor vehicle? ☐ YES ☐ NO

Do you now or did you ever possess a valid driver’s license from the State of Florida?

* + YES ☐ NO Driver’s License # Date Issued: Restrictions:

1. Did you ever possess a driver’s license issued by any state other than Florida?
   * YES ☐ NO If YES, provide the following information

Driver’s License #: State: Date Issued: Restrictions:

1. Was your license ever suspended or revoked? ☐ YES ☐ NO If YES, give reasons, date, and length of suspension .
2. Was your license ever restored? ☐ YES ☐ NO If YES, give details:

**VEHICLE OPERATOR’S LICENSE (CONTINUED):**

**28.**

1. Have you ever been refused a driver’s license by any state? ☐ YES ☐ NO If YES, give details:
2. Has your driver’s license ever been restricted due to traffic offense convictions or placed on negligent operator’s probation? ☐ YES ☐ NO If YES, give details:
3. Have you been involved in a motor vehicle accident? ☐ YES ☐ NO

If the answer is YES, give complete details for each accident whether collision, non-collision, or hit and run.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: Police Investigation? ☐ YES ☐ NO Location:  Cause of Accident (for example: ran red light, careless driving, etc.): | | |  |
|  |
|  | |  | |
| Who was charged with accident and court disposition? |  | | |
|  | | |
|  | | | |
| Date: Police Investigation? ☐ YES ☐ NO Location:  Cause of Accident (for example: ran red light, careless driving, etc.): | | |  |
|  |
|  | |  | |
| Who was charged with accident and court disposition? |  | | |
|  | | |
|  | | | |
| Date: Police Investigation? ☐ YES ☐ NO Location:  Cause of Accident (for example: ran red light, careless driving, etc.): | | |  |
|  |
|  | |  | |
| Who was charged with accident and court disposition? |  | | |
|  | | |
|  | | | |
| Date: Police Investigation? ☐ YES ☐ NO Location:  Cause of Accident (for example: ran red light, careless driving, etc.): | | |  |
|  |
|  | |  | |
| Who was charged with accident and court disposition? |  | | |
|  | | |
|  | | | |

**VEHICLE OPERATOR’S LICENSE (CONTINUED):**

**28.**

1. List below all traffic citations you have received.

|  |  |  |  |
| --- | --- | --- | --- |
| **LOCATION**  (Street, City, State) | **APPROX. DATE** | **NATURE OF VIOLATION** | **PENALTY OR DISPOSITION** |
|  |  |  |  |
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1. Do you have any unpaid summonses outstanding against you for parking violations?
   * YES ☐ NO If YES, how many and when?

**MOTOR VEHICLE INSURANCE:**

**29.**

1. Do you presently have automobile liability insurance? ☐ YES ☐ NO List dates of coverage(s): From: To:

If NO, give details:

Have you ever had automobile insurance withdrawn or revoked or have you ever been refused

1. automobile insurance? ☐ YES ☐ NO If YES, give details:

(Show all arrests including juvenile and traffic arrests)

**ARREST, DETENTION, AND LITIGATION:**

**30.**

1. Have you ever been arrested or detained by ANY law enforcement agency? Provide police and court disposition record (Include any arrest in which the records were expunged or sealed in accordance with F.S.S. 943.058

CRIME CHARGED POLICE AGENCY

Date Disposition of Case

1. Have you ever been placed on probation? ☐ YES ☐ NO If YES, give details:

**ARREST, DETENTION, AND LITIGATION (CONTINUED):**

**30.**

Have you ever been required to pay a fine?

c.

* YES ☐ NO If YES, give details:

d. Have you ever been reported as a missing person or as a runaway? ☐ YES ☐ NO If YES, give complete details, including police jurisdiction, date, and outcome.

If you have been fingerprinted by a law enforcement agency for any reason, give details below. Your answer will be checked by the F.B.I. and other agencies.

e.

|  |  |  |  |
| --- | --- | --- | --- |
| Agency | Date | Purpose |  |
| Agency | Date | Purpose |  |
| Agency | Date | Purpose |  |

1. Have you ever been advised of your Miranda rights? ☐ YES ☐ NO If YES, give complete details:
2. Have you ever been the subject of a police investigation? ☐ YES ☐ NO
3. Have you ever had a polygraph examination? ☐ YES ☐ NO If YES, list date, examiners name, location, and purpose for each examination: Date Examiner Name

Location Purpose

Date Examiner Name Location Purpose

1. Have you ever been the victim of a crime? ☐ YES ☐ NO If YES, give particulars:

**ARREST, DETENTION, AND LITIGATION (CONTINUED):**

**30.**

1. Have you or your spouse ever sued anyone (civil court plaintiff)? ☐ YES ☐ NO If YES, give details below and provide copies:
2. Have you been or your spouse ever sued anyone (civil court defendant)? ☐ YES ☐ NO If YES, give details below and provide copies:

**CONTROLLED SUBSTANCE USE:**

**31.**

Have you ever possessed, smoked, or ingested by any means, marijuana without legal authorization? ☐ YES ☐ NO

If YES, how many times and when was the last time you used marijuana (explain the circumstances)?

b. Have you ever possessed injected, inhaled, swallowed or ingested by any other means, any illegal drugs without legal authorization? ☐ YES ☐ NO

If YES, how many times and when was the last time you used drugs (explain the circumstances)?

**CHARACTER REFERENCES**

**32.**

(Do not include relatives, former employers, supervisors or persons living outside the United State of Territories). List only character references who have definite knowledge of your qualifications for the position for which you are applying. List 4 character references.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME OF CHARACTER REFERENCE** | **YEARS KNOWN** | **ADDRESS**  (Street, City, State, Zip Code) | **PHONE NUMBER** | |
| Business | Residence |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATION:**

**33.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME, ADDRESS AND PHONE NO.** | **TYPE**  (Social, Fraternal, Unions, Professional, Academic, Etc.…) | **OFFICE OR POSITION HELD** | **MEMBERSHIP** | |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**OTHER INCIDENTS:**

**34.**

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to enter a criminal justice training program which require further explanation? ☐ YES ☐ NO If YES, explain:

**REMARKS:** (Any comments you think are appropriate)

**35.**

**APPLICANT NAME**

**APPLICANT SIGNATURE**

**36. 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 above statements and answers to the questions. I am aware that should investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected, and I will be disqualified from present processing for selection to the Basic Recruit Academy at the School of Justice or if during my acceptance for training, subsequent investigation should disclose misrepresentation, falsifications or omissions, it will be cause for immediate dismissal from the training academy.

**DATE SIGNATURE OF APPLICANT**

Subscribed and sworn to before me this day of , 20

**By**

**(NAME OF AFFIANT)**

**State of**

**SIGNATURE OF NOTARY PUBLIC**

**County of**

**NOTARY PUBLIC PRINT NAME**

**NOTARY PUBLIC SEAL OF OFFICE:** ☐ Personally known to me

* Produced Identification

**TYPE OF IDENTIFICATION PRODUCED**

* **DID** take an oath
* **DID NOT** take an oath

**COMMISSIONEXPIRES ON:**

**AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION**

I hereby authorize the Director of the School of Justice or his staff to solicit information from any person or organization relative to my qualification for enrollment in the Basic Recruit Academy.

I also authorize the Director of the School of Justice or their staff to release to any criminal justice agency investigating me as an applicant, all information and testing regarding my academic, professional, and social history while enrolled at this school.

**SIGNATURE DATE**

**PRINT YOUR NAME**

**Submit completed application to:**

**Applicant Processing**

**Miami Dade College, North Campus School of Justice**

11380 NW 27th Avenue Miami, Florida 33167-3495

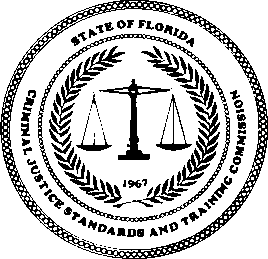
(305) 237-1400

### Form 3: CJSTC 75 Physician’s Assessment

Florida Department of Law Enforcement



PHYSICIAN’S ASSESSMENT

Incorporated by Reference in Rules

CJSTC 75

11B-27.002(1)(d) and 11B-35.001(11)(c)14., F.A.C.

1. **Applicant’s Name**:

**Last First MI**

1. **Last Four Digits of the Applicant’s Social Security Number:**
2. **Hiring Agency:**
3. **Training School:**
4. **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.

1. **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:
   1. 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).
   2. **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**
   3. **The training center director has attached the training school’s physical fitness conditioning program: Yes ** **No **

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

1. **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.
2. **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.
3. **Student’s Printed Name:**
4. **Student’s Signature:**  **Date**
5. **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.

1. **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.

1. **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. |

1. **Physician, Certified Advanced Registered Nurse Printed Name Examination Date Practitioner, or Physician Assistant’s Signature**
2. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant’s License Number Licensing State**

**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 ~~shal~~l 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

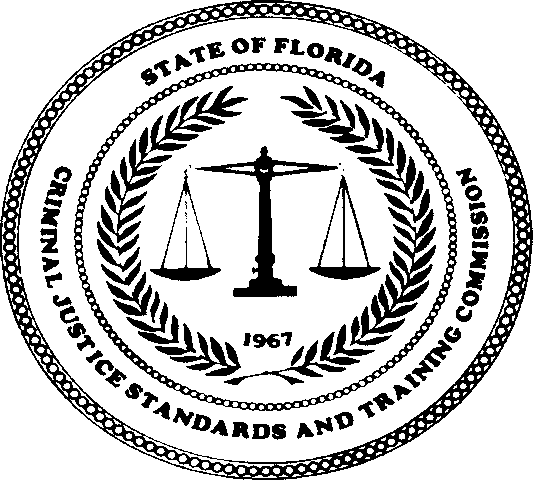
1. **Applicant’s Name:** Enter the applicant’s full legal name.
2. **Last Four Digits of the Social Security Number:** Enter the last four digits of the applicant’s social security number.
3. **Hiring Agency:** Enter the hiring agency’s name (if applicable).
4. **Training Center:** Enter the training 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.
   1. **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).
   2. **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.
   3. **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.

**SCHOOL OF JUSTICE, PUBLIC SAFETY AND**

### Form 4: CJSTC 75a Patient Information

Florida Department of Law Enforcement

PATIENT INFORMATION

Incorporated by Reference in Rule 11B-27.002(1)(d), F.A.C.



CJSTC 75A

1. **Applicant’s Name:**

**Last First MI**

1. **Applicant’s Address:**

**Street, Apt. or Post Office Box Number City State Zip Code**

1. **Last Four Digits of Social Security Number: Phone: Date of Birth: (In accordance with the Federal Privacy Act of 1974, disclosure is voluntary)**
2. **Hiring Agency: 5. Position Applied For:**

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

Please note the presence of eyeglasses, contact lenses, hearing aids, or devices such as braces, supports, canes, crutches, or prostheses.

**1. Gender: 2. Height (in inches): 3. Weight (pounds): 4. Blood Pressure:**

1. **Resting Pulse: (please note any irregularity) 6. Oral Temperature:**

**7. Resting Respiratory Rate: 8. Corrected Visual Acuity: Right Eye: Left Eye:**

1. **Physical Examination.** Please check Normal or Abnormal after each entry and make comments at the bottom of the form.

|  |  |  |
| --- | --- | --- |
|  | **Normal** | **Abnormal** |

**Color Perception Estimated Field of Vision Estimated Auditory Acuity**

**Head, Eyes, Ears, Nose, Throat, Neck, and Thyroid Gland Thorax and Lungs**

**Heart Abdomen Skin Neurologic Spine Extremities Mental Status**

**Electrocardiogram Urinalysis**

**Complete Blood Count Blood Chemistry Panel**

1. **Comments:**
2. **Results of tuberculosis skin test:**
3. Sections 112.18 and 943.13, F.S. requires agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment. Accordingly, please respond to the following: In my professional opinion, this examination:

|  |  |  |  |
| --- | --- | --- | --- |
| **A.** Did | or | did not | reveal evidence of tuberculosis. |
| **B.** Did | or | did not | reveal evidence of heart disease. |
| **C.** Did | or | did not | reveal evidence of hypertension. |

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75A

**Please type or print in black or blue ink and use capital and small letters to write names and addresses.**

GENERAL INSTRUCTIONS

This form or an equivalent form is to be provided to the examining physician, certified advanced registered nurse practitioner, or physician assistant to use when conducting a physical examination and shall be used in conjunction with the Physician’s Assessment form CJSTC-75 or an equivalent form.

Upon completion of the physical, a completed copy shall be provided to the applicant or employing agency.

Employing Agencies Instructions for Completing Form CJSTC-75A

* 1. **Applicant’s Name:** Enter the applicant’s full legal name.
  2. **Applicant’s Address:** Enter the applicant’s home address.
  3. **Social Security Number (optional):** Enter the last four digits of the applicant’s social security as in this example: 000-00-0000.
  4. **Hiring Agency:** Enter the hiring agency’s name.
  5. **Position Applied For:** Enter one of the following disciplines: Law enforcement, correctional, or correctional probation.

Physician’s Instructions for

Completing Form CJSTC-75A

**Note: Indicate the presence of supportive devises by specifying on the provided lines.**

1. **Gender:** Enter the sex of the applicant.
2. **Height:** Enter the height of the applicant in inches.
3. **Weight:** Enter the weight of the applicant in pounds
4. **Blood Pressure:** Enter the applicant’s systolic and diastolic

blood pressure rate.

1. **Resting Pulse:** Enter the applicant’s resting pulse rate. Note

any irregularities.

1. **Oral Temperature:** Enter the applicant’s oral temperature.
2. **Resting Respiratory Rate:** Enter the applicant’s resting

respiratory rate.

1. **Corrected Visual Acuity** Enter the applicant’s corrected

visual acuity of the right and left eye.

1. **Physical Examination.** Enter NORMAL or ABNORMAL in the boxes that details the tests and physical examination of the applicant.
2. **Comments:** Enter any additional comments.
3. **Results of the Tuberculosis Skin Test:** Enter the applicant’s

results of the Tuberculosis Skin Test.

1. Sections 112.18 and 943.13, Florida Statutes, require agency knowledge of the following three pre-existing conditions for potential future disability claims. These outcomes are not disqualifying for employment.
   1. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of tuberculosis.
   2. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of heart disease.
   3. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of hypertension.

**FORM CJSTC-75A**

### Form 6: Acknowledgement of Risks of Training

A logo of law enforcement

Description automatically generated

**ACKNOWLEDGMENT OF RISKS OF TRAINING**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS: \_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**

I, the above-named trainee, do hereby understand and accept there are hazards and risks of bodily contact and possible bodily injury that may result from the training, associated educational activities, and courses of instruction in which I may participate at the School of Justice,

THAT these hazards and risks may result from physical contact with fellow trainees who may or may not be at the same level of training or skill development as myself.

THAT I have been explained by the School of Justice staff and instructors, the nature and character of these hazards and risks, and further that I have had the opportunity to ask any questions regarding these hazards and risks so that I may fully understand their nature and character, and that I have been advised of my right to have counsel of my choice explain this document prior to my signing it.

THAT by signing this document, I fully release Miami Dade College and the School of Justice and its employees, both full and part-time, from all liability that may result from the training, associated educational activities, and courses of instruction in which I may participate at the School of Justice, and that I agree to assume all the risk attendant thereto.

THAT I may or may not throughout my training carry health insurance but regardless, thereof, I do hereby release Miami Dade College and the School of Justice and its employees, both full and part-time, from any expenses related thereto now or at any time in the future.

THAT the training, associated educational activities, and courses of instruction are designed to prepare me to fulfill the duties and responsibilities of an officer, and as a result, I accept and assume the risks of this training.

**SIGNATURE DATE**

**WITNESS**