



PRINCIPLES OF LAW ENFORCEMENT

APPLICATION

All applicants must meet the following requirements to participate in the “Principles of Law Enforcement,” elective course:

- a. Must be enrolled in Taravella High School
- b. Must be in good academic standing maintaining at least a 2.0 GPA
- c. Must have no criminal convictions/ be on probation/ be in drug court.
- d. Must have adhere to school attendance policy (class attendance is mandatory).
- e. Pass a background investigation.
- f. Must have parent/guardian permission

Students must turn in all forms completed and signed along with the application.

Name: _____ Date of Birth: _____

Social Security #: _____ Gender _____

Address: _____
 Street City State Zip

Phone: _____ Florida Drivers License # _____

Name of High School: _____

Graduation Date: _____ Grade presently in: _____

Name of Parent: _____

Parent Work Phone Number: _____

Do you now, or have you ever used habit-forming drugs or alcohol? _____

If yes to the above please explain. _____

Have you ever been arrested for any crimes or given any traffic citations?

Please explain: _____

List any medical problems or conditions past or present and any medications

List three adult personal references who are not relatives, and people that we can contact.

<u>Name</u>	<u>Address (street, city)</u>	<u>Work Phone</u>	<u>Home Phone</u>
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1. _____

2. _____

3. _____

Emergency contact: This must be a person that can be contacted in case of an emergency other than a parent.

<u>Name</u>	<u>Address</u>	<u>Work Phone</u>	<u>Home Phone</u>
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READ THE FOLLOWING STATEMENT CAREFULLY BEFORE YOU SIGN AND DATE THIS APPLICATION.

I, authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of the facts called for is cause for dismissal from the Principles of Law Enforcement Academy Class. I also understand that the information asked for is necessary to insure the safety of the students. Students are expected to follow rules of the program and the school. Violations of these rules and regulations can result in dismissal from the program.

TO BE FILLED OUT (PRINTED and SIGNED) BY THE PARENTS OR GUARDIAN OF THE APPLICANT, AND APPLICANT:

I, _____, being the legal parent or guardian of this

Applicant, submit my authorization for _____ to

Participate in the Principles of Law Enforcement/ Police Academy Program.

SIGN: _____ DATE: _____

I, _____ the applicant agree with the above

Statement and wish to participate in the Principles of Law Enforcement/ Police Academy Program

SIGN: _____ DATE: _____

Notary Information: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

First contact by: _____ Date: _____

Recruiter Follow up: _____ Date: _____

Report card checked by: _____ Date: _____

References checked by: _____

GPA: _____ BACKGROUND: PASSED _____ FAILED _____

Senior Advisor Approved: _____ Date: _____

Applicant Notified by: _____ Date: _____

**PRINCIPLES OF LAW ENFORCEMENT/ POLICE ACADEMY
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Coral Springs Police Department, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either civil or criminal, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for membership into the Principles of Law Enforcement/ Police Academy. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for any and all liability, which may be, incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Applicant Name	Applicant Signature
Address	City of Coral Springs State ZIP
Phone #	Date of Birth
Witness Name (MUST BE A PARENT IF THE APPLICANT IS UNDER 18)	
Witness Signature	