



# TECH

Western Colorado Law  
Enforcement Academy

## Summer 2024 Application Packet

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Last, First, MI (please print legibly)

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Date

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Academy Semester Desired

**MAIL OR DELIVER TO:**

W.C.L.E.A.  
434 S. 1<sup>st</sup> Street  
Montrose, CO 81401

*Applications sent to other  
locations will not be  
accepted.*

Rev. 11/15/2023



## Application Check List

- Create an account and complete the Colorado Mesa University Tech (CMU Tech) Undergraduate Application for Admission at: <https://go.coloradomesa.edu/apply/u>  
**NOTE:** Current Colorado Mesa University (CMU) or CMU Tech students, please disregard.
  - Request an *official* copy of high school transcripts or G.E.D. scores, and request *official* college transcripts from all previous colleges attended and have them sent directly to [admissionsprocessing@coloradomesa.edu](mailto:admissionsprocessing@coloradomesa.edu)
  - If you are a resident of the state of Colorado, apply for the College Opportunity Fund: <https://www.coloradomesa.edu/cof/index.html>
  - Send proof of 2 MMR Immunizations to the Registrar's office [Registrar@coloradomesa.edu](mailto:Registrar@coloradomesa.edu)
- If applying for veteran financial aid benefits, a copy of your DD Form 214 Member 4 and a Certificate of Eligibility need to be sent to the Veteran Services office at [veterans@coloradomesa.edu](mailto:veterans@coloradomesa.edu) (970)248-1739
- Complete this WCLEA Application (keep a copy for your records) and mail/deliver to the address on front page.
- Submit the following items with this WCLEA Application:
  - Professional resume
  - Copy of high school diploma or proof of GED completion
  - Veterans, submit a copy of your DD Form 214 Member 4 with your packet
  - Color copy of current valid driver's license
  - If you have not lived in Colorado for all of the last three years, a copy of your driving record from each state in which you previously resided
  - Background Research Release Form (signed, dated & **NOTARIZED**)
  - Liability Waiver (signed and dated)
  - Certificate of Application, Lack of Criminal History & Release of Information (signed, dated & **NOTARIZED**)
- Complete application and save, print, and mail to:  
Western Colorado Law Enforcement Academy  
Attn: WCLEA Academy Director  
434 S. 1<sup>st</sup> Street  
Montrose, CO 81401

**\*WCLEA application period for the Summer semester is January 1 through March 15th**

***After your application has been reviewed and accepted, you will be contacted for the following steps:***

1. Oral board interview with Academy staff (Successful completion of the oral board interview is *required* for further consideration).
2. Pre-Assessment Screening (\$25.00 fee payable to CMU Tech).
3. Pre-Academy Fitness testing (Cooper Fitness Standard)
4. Director's Interview

***After acceptance to the POST Program:***

1. POST fingerprint card submitted to CBI (Fee required)
2. Drug screen completed by Drug Testing, Inc. (MCC) (Fee required)
3. Physician's Certification of Physical Examination
4. Background and Reference check

The application process for WCLEA is highly competitive. Failure to submit completed and required documentation in a timely manner and/or failure to pass any evaluative step will make you ineligible for further consideration. For consideration to attend any future session, a full re-application is required.



# TECH

Western Colorado Law  
Enforcement Academy

## CONTACT INFORMATION

Full Name (pleasetype): \_\_\_\_\_  
LAST FIRST MIDDLE

Mailing Address: \_\_\_\_\_  
STREETADDRESS CITY STATE ZIP

Home Phone Number (include area code): \_\_\_\_\_

Cell Phone Number (include area code): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

CMU E-mail Address: \_\_\_\_\_

(Note: Please use your official CMU email address for all correspondence. You will receive a Colorado Mesa University email account upon acceptance to CMU/WCCC.)

CMU 700#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Other names used / Maiden Name / Aliases:

Full Name (pleasetype): \_\_\_\_\_  
LAST FIRST MIDDLE



# TECH

Western Colorado Law  
Enforcement Academy

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREETADDRESS APARTMENT/UNIT#  
 \_\_\_\_\_  
CITY STATE ZIPCODE

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Best way to contact you during normal hours:  Home  Cell  Work

Are you a citizen of the United States?  Yes  No

If no, are you authorized to work in the U.S.?  Yes  No

Do you have any previous Law Enforcement training?  Yes  No

If "yes," with what agency? \_\_\_\_\_

## Residences

Please list all residences for the past 7 years: (Do not leave any gaps; use continuation sheet if needed)

Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Address: \_\_\_\_\_  
STREETADDRESS APARTMENT/UNIT#  
 \_\_\_\_\_  
CITY STATE ZIPCODE

Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Address: \_\_\_\_\_  
STREETADDRESS APARTMENT/UNIT#  
 \_\_\_\_\_  
CITY STATE ZIPCODE

Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Address: \_\_\_\_\_  
STREET ADDRESS APARTMENT/UNIT#  
 \_\_\_\_\_  
CITY STATE ZIPCODE

Have you had any problems or issues in conjunction with any of your residences?  Yes  No

\*(If yes, please provide details on Continuation Sheet)

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
FULL NAME

Attended From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Diploma: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

College: \_\_\_\_\_ Address: \_\_\_\_\_  
FULLNAME

Attended From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Diploma: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
FULL NAME

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Diploma/Degree/Certificate?  
MONTH/YEAR MONTH/YEAR

\* (You may continue education on a continuation sheet)

If you did not graduate from high school, provide specifics of where and when you received your G.E.D. and include documentation with your packet.

Did you have any problems in conjunction with any of your education? (i.e. suspensions, academic probation, disciplinary issues) Yes  No

\*(If yes, provide details on Continuation Sheet)

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*Please list three professional references (Do not use Relatives, Judges or University Professors). Please include complete contact and mailing information. (Please obtain approval with reference prior to listing)*

1. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years Known \_\_\_\_\_

## Employment

Please include all employment for the past five years, beginning with the most recent employer first. You may include additional pages if needed. Do not leave gaps. Indicate periods of unemployment if appropriate.

From: \_\_\_\_\_ To: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Have you had any problems or issues at any of your places of employment? (i.e. reprimands, disciplinary notice, conflicts, leave without proper notice, dismissal)  Yes  No

\*(If yes please provide details on Continuation Sheet)

**Additional Questions**

Is there any information we need to know about your name or use of another name to thoroughly check your work, driving and criminal records? Please specify:

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Please explain why you seek admission to this academy and a future in law enforcement:

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Is there anything in your background that may negatively reflect on your application or ability to complete the academy training program? Please explain.

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Have you had a DUI/DWAI conviction (or pending charge) within the past 3 years? If yes, please explain.

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Have you ever been denied attendance to or been dismissed from WCLEA or any other POST academy? If YES, provide dates of application/attendance, academy name, disposition of your application or cause for dismissal.

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**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**DRUG USE HISTORY QUESTIONNAIRE**

Please answer the following questions regarding your personal history of drug use (additional space on back if needed):

1. Have you EVER used marijuana, including legal medical/recreational marijuana? \_\_\_\_\_

a) If yes, how many times total, and what was the date of your last usage?

\_\_\_\_\_

b) Describe the circumstances of your previous marijuana usage:

\_\_\_\_\_

2. Have you EVER used any illegal substance, including (but not limited to) cocaine, methamphetamine, heroin, Ecstasy, Adderall, Ritalin, anabolic steroids, or psychedelic mushrooms? \_\_\_\_\_

a) If yes, how many times total (for each substance), and what was the date of your last usage?

\_\_\_\_\_

b) Describe the circumstances of your previous drug usage:

\_\_\_\_\_

3. Have you EVER used any prescription medication not prescribed to you? \_\_\_\_\_

a) If yes, specify the drug used, how many times, the circumstances, and date of last usage.

\_\_\_\_\_

4. Have you EVER purchased, sold, distributed, transported, or facilitated a transaction involving any illegal substance? (Excluding legally purchased recreational/medical marijuana) \_\_\_\_\_

a) If yes, describe the specifics of any/all transactions:

\_\_\_\_\_

\_\_\_\_\_

5. When was the last date you used any illegal substance, including legal marijuana?

\_\_\_\_\_

I certify the answers I have provided above are true and correct to the best of my recollection. I understand failure to be truthful on this questionnaire may be grounds for denial of admission or dismissal from the Academy.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date







**Background Research Release**

NAME: \_\_\_\_\_

**By initialing and signing in the spaces provided, I certify that all of the following statements are true, correct, and complete to the best of my knowledge.**

\_\_\_\_\_ **Consent to Conduct Background Investigation** - As a condition of, and in consideration for, admission to the WCLEA, I give permission to WCLEA, MPD and/or MCSO to investigate my personal and employment histories. I understand that this background investigation will include, but not be limited to, verification of all information on this Application, credit, criminal history, as well as interviews with past employers and listed and developed references. I further give permission to WCLEA, MPD and/or MCSO to assign this investigation to its staff or agents, and to discuss the results of this investigation in connection with my application.

\_\_\_\_\_ **Consent to Contact Past Employers** - I give permission to WCLEA, MPD and/or MCSO, and their staff and agents to contact all employers listed in this Application for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my personal and employment history with WCLEA, MPD and/or MCSO, and its staff or agents and consent to the release of such information orally or in writing. I hereby release all listed employers from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any WCLEA, MPD and/or MCSO, staff member or agent. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

\_\_\_\_\_ **Consent to Contact Government Agencies** - I give permission to any agent, attorney or investigative representative of WCLEA, MPD and/or MCSO, and their staff or agents to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for release of such information. In the event state law does not provide for prospective employers to have access to information, I hereby delegate WCLEA and its staff or agents as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

\_\_\_\_\_ **Cooperation with Investigation** - I agree to fully cooperate with any and all background investigation(s) deemed necessary or required by WCLEA, MPD and/or MCSO and to sign any waivers or releases that may be necessary to obtain access to my personal information. In the event that any former employer or federal, state, or local government agency will not release information or criminal history information directly to the employer, I agree to personally request and obtain such information for the use of WCLEA, MPD and/or MCSO to the extent permitted by law.

\_\_\_\_\_ **Falsification Statement** - I understand that any falsification and/or omission of fact made by me in this Application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after admission, for immediate dismissal from the WCLEA, MPD and/or MCSO.

\_\_\_\_\_ **Information Availability** - I understand and agree that all information developed during the course of all background investigation(s) will be made available, upon request, to any law enforcement agency to which I apply for employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



## Liability Waiver

NAME: \_\_\_\_\_

The undersigned certifies and agrees to the following terms and conditions:

1. I have no pre-existing condition that would prohibit me from engaging in all training at the WCLEA. \_\_\_\_\_ **Initials**
2. I understand that Arrest Control Tactics (ACT) Classes and Physical Training Classes require physical exertion and physical activity, which is undertaken with other persons. My participation in training poses a risk of physical injury, illness or other harm to me and I expressly assume all risk and responsibility for any and all injury, illness, and harm of whatever nature, kind or degree. \_\_\_\_\_ **Initials**
3. I represent that I am mentally and physically capable of completing 80 hours of Arrest Control Tactic Training (ACT) and 27 hours of physical training, which will include a minimum of performing:
  - a. Push-ups
  - b. Sit-ups
  - c. Running for 1½ to 2 miles
  - d. Strength training drills to include personal weapon strikes, e.g. front punches, kicks, etc. to the body
  - e. Handcuffing drills, e.g. stress-inducing drills
  - f. Baton drills
  - g. Control hold/take down techniques, e.g. joint manipulation & stress-inducing drills
  - h. Pressure point application, e.g. application to nerve endings throughout the body. \_\_\_\_\_ **Initials**
4. I agree to read and abide by all policies, procedures, instructions, and training methods provided or otherwise made available by WCLEA, its instructors and staff, including orientation procedures for new students, WCLEA medical treatment policies and procedures, and all other related WCLEA, policies and procedures, written and oral. \_\_\_\_\_ **Initials**
5. I agree that the health, welfare, and safety of all students, instructors, and staff of WCLEA are of paramount importance. I certify that I do not have a communicable or contagious disease or other health condition that poses or could pose a medically recognized, unreasonable or dangerous risk of harm to other students, instructors, or staff at WCLEA. \_\_\_\_\_ **Initials**
6. I understand that I am responsible for all personal property I choose to bring to WCLEA, and I expressly assume all risk of loss of, or damage to such personal property. \_\_\_\_\_ **Initials**
7. I also understand that many other aspects of the training at WCLEA, such as Law Enforcement Driving and Law Enforcement Firearms Training, will involve me in situations that could result in harm or injury to me. I further understand that my participation in all of the courses that make up the Basic Law Enforcement Program is required in order for me to take the P.O.S.T. examination for certification as a Colorado Peace Officer. Accordingly, on behalf of myself, my heirs, assigns, agents, personal representatives, dependents, and all others who may act on my behalf, I forever hold harmless and unconditionally release WCLEA, its instructors and its staff, the Board of Trustees of Colorado Mesa University, CMU, and all current and former employees of CMU from any and all liability, claims, demands, actions, and courses of action whatsoever arising from any and all damage, loss, injury or other harm to myself or my property while participating in ACT, Physical Training, Firearms, Driving or any other aspect of my training and education while participating in the WCLEA program, whether such loss, damage, injury, or harm is caused by my own conduct or that of another person. \_\_\_\_\_ **Initials**
8. The terms of this Liability Waiver may be modified only with the written consent of WCLEA and are governed by and subject to the laws of the State of Colorado. \_\_\_\_\_ **Initials**

I certify that I read and understand the English language, and that I have thoroughly read and now understand all the terms and conditions of this Liability Waiver. I further agree that if any section, condition, or term of this Liability Waiver is adjudicated to be unenforceable under applicable law, the remaining sections, conditions, and terms shall not be affected and shall remain enforceable and binding upon me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



*Certification of Application & Lack of Criminal History, and Release of Information*

I, \_\_\_\_\_ certify that I have personally completed all aspects of this application and all attachments. I certify that all the answers are accurate and complete to the best of my knowledge and belief, and I certify that all of the information provided in my application is accurate and complete.

I certify that I have never been

- a) convicted of a felony crime/offense in any state or federal court,
- b) convicted of any of the Colorado misdemeanors listed below, and
- c) convicted of a crime/offense comparable or similar to any of the Colorado misdemeanors listed below in any federal or other state's court.

I further certify that no felony, or listed, comparable, or similar misdemeanor is pending against me. I authorize the Western Colorado Law Enforcement Academy (WCLEA) and any of its staff, employees, or agents to perform a background investigation to verify the truth of these statements.

18-3-204	Assault in the third-degree	18-8-208.1	Attempt to escape
18-3-402	Sex assault	18-8-212	Violation of bail bond conditions
18-3-404	Unlawful sexual contact	18-8-304	Soliciting unlawful compensations
18-3-405.5	Sexual assault on a client by a psychotherapist	18-8-305	Trading in public office
18-3-412.5	Sex offenders-duty to register-penalties	18-8-308	Failing to disclose a conflict of interest
18-6-403	Sexual exploitation of children	18-8-403	Official oppression
18-7-201	Prostitution prohibited	18-8-404	First degree official misconduct
18-7-202	Soliciting for prostitution	18-8-503	Perjury in the second degree
18-7-203	Pandering	18-8-611	Simulating legal process
		18-8-612	Failure to obey a juror summons
18-7-208	Promoting sexual immortality	18-8-613	Willful misrepresentation of material fact on juror questionnaire
18-7-302	Indecent exposure	18-8-614	Willful harassment of juror by employer
18-7-601	Dispensing violent films to minors	18-8-802	Duty to report use of force by peace officers
18-8-102	Obstructing government operations	18-9-111	Harassment
18-8-103	Resisting arrest	18-9-121	Ethnic intimidation
18-8-104	Obstructing a peace officer, firefighter, emergency medical services provider, rescue specialist, or volunteer	18-18-404	Unlawful use of controlled substances
18-8-108	Compounding	18-18-405	Unlawful distribution, manufacturing, dispensing, sale, or possession of a controlled substance
18-8-109	Concealing death	18-18-406	Offenses relating to marijuana and marijuana concentrate
18-8-111	False reporting to authorities	18-18-411	Keeping, maintaining, controlling, renting, or making available property for unlawful distribution or manufacture of controlled substances
18-8-113	Impersonating a public servant		
18-8-114	Abuse of public records		
18-8-201	Aiding escape		
18-8-204.2	Possession of contraband in the second degree		
18-8-208	Escapes		

(continued)



*Certification of Application, Lack of Criminal History & Release of Information (cont.)*

**I understand that any misstatement of fact or willful withholding of information during the application process will disqualify me, or if selected to attend, will be cause for immediate dismissal from the Western Colorado Law Enforcement Academy (WCLEA). Should I be so disqualified or dismissed, I understand that I will remain liable for all charges incurred as part of the application process, and that I will not be eligible for any refund of money I paid for such things as a background investigation and a fingerprint check. If a student is dismissed after completion of a portion of the academy, the student will be receiving a tuition refund in accordance with University policy.**

I authorize WCLEA and/or its staff, employees, or agents to release any and all information concerning my application to, participation in, or graduation from, WCLEA to any agency or its representatives or agents requesting such information as part of my application for employment by that agency.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



# TECH

Western Colorado Law  
Enforcement Academy

## Map & Location Information

WCLEA is based in Cascade Hall, located on the corner of S. 3<sup>rd</sup> Street and S. Cascade Avenue, one block east of Townsend Avenue. Parking is available on the street and immediately west of the building.

