Western Colorado Law Enforcement Academy
Application Check List

□ NOTE: Currently active Colorado Mesa University (CMU)/ WCCC students please disregard this step only.
Complete the Western Colorado Community College (WCCC) Undergraduate Application for Admission at: https://go.coloradomesa.edu/apply/
On the school application, select Police Officer Standards & Training (POST) (Technical Certificate) as your Academic Program.
  o Request an official copy of high school transcripts or G.E.D. scores, and request official transcripts from all previous colleges attended and have them sent directly from those schools to admissionsprocessing@coloradomesa.edu. If asking for school designation select Colorado Mesa University
  o If you are a resident of the state of Colorado, apply for the College Opportunity Fund: https://www.coloradomesa.edu/cof/index.html
  o Send proof of 2 MMR Immunizations to the Registrar’s office 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 veterans@coloradomesa.edu (970) 248-1739

□ Complete this WCLEA Application (fillable online – PRINT and retain a copy for your records)

□ Submit the following items with this WCLEA Application:
  o Professional resume
  o Copy of high school diploma or proof of GED completion
  o Veterans, submit a copy of your DD Form 214 Member 4 with your packet
  o Color copy of current valid driver’s license
  o If you have not lived in Colorado for all of the last three years, provide a copy of your driving record from each state in which you previously resided
  o Background Research Release Form (signed, dated and NOTARIZED)
  o Liability Waiver (signed and dated)
  o Certificate of Application, Lack of Criminal History, and Release of Information (signed, dated and NOTARIZED)

□ Type in complete information, save, print, and mail to:
  Western Colorado Law Enforcement Academy
  Attn: WCLEA Academy Director
  434 S. 1st Street
  Montrose, CO 81401

*WCLEA application period for the Summer term is January 1 through March 14.

After your application has been reviewed and accepted you will be contacted for the following steps:
  1. Director's Interview
  2. Pre-Assessment Screening ($20.00 fee).
  3. Oral board interview with Academy staff (Scheduled after review of your completed application. You will be notified of the date and time. Successful completion of the oral board interview is required for conditional acceptance pending the outcome of your background investigation. Failure to pass the oral board interview will make you ineligible for further consideration).

After acceptance to the POST Program:
  1. POST fingerprint card submitted to CBI (Fee required)
  2. Drug screen completed by Drug Testing, Inc. (Fee required)
  3. Physician's Certification of Physical Examination
  4. Background and Reference check
Please type in all information

Full Name (please type): ____________________________

Mailing Address: ____________________________________________

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 (please type): ____________________________

CMU 700#: ____________________________
## Applicant Information

| Full Name: |  | Date: |  |
|------------|:|-----|:|
| LAST       | FIRST | MIDDLE |  |

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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

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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

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Did you graduate? [ ] Yes  [ ] No

Diploma: __________

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<th>College:</th>
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Did you graduate? [ ] Yes  [ ] No

Diploma: __________

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<th>Other:</th>
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Did you graduate? [ ] Yes  [ ] No

Diploma/Degree/Certificate? __________

* (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 or issues in conjunction with any of your education? (i.e. suspensions, academic probation, disciplinary issues)  [ ] Yes  [ ] No

*(If yes, provide details on Continuation Sheet)

**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: ___________________
   Occupation: ___________________ Phone: ___________________
   Years Known: _________________

2. Full Name: ___________________ Relationship: ___________________
   Home Address: ___________________ Email Address: ___________________
   Occupation: ___________________ Phone: ___________________
   Years Known: _________________

3. Full Name: ___________________ Relationship: ___________________
   Home Address: ___________________ Email Address: ___________________
   Occupation: ___________________ Phone: ___________________
   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: ___________

Company: ___________________________ Phone: ___________________________
Address: ___________________________ Supervisor: ___________________________

Job Title: ___________________________ Starting Salary: $ ___________ Ending Salary: $ ___________
Responsibilities: ___________________________
Reason for Leaving: ___________________________

From: ___________ To: ___________

Company: ___________________________ Phone: ___________________________
Address: ___________________________ Supervisor: ___________________________

Job Title: ___________________________ Starting Salary: $ ___________ Ending Salary: $ ___________
Responsibilities: ___________________________
Reason for Leaving: ___________________________

From: ___________ To: ___________

Company: ___________________________ Phone: ___________________________
Address: ___________________________ Supervisor: ___________________________

Job Title: ___________________________ Starting Salary: $ ___________ Ending Salary: $ ___________
Responsibilities: ___________________________
Reason for Leaving: ___________________________

From: ___________ To: ___________

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)
Is there any information we need to know about your name or your use of another name in order for us to be able to check your work, driving, and criminal records? Please specify:

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Within the last 2 years, have you used any illegal drugs, un-prescribed medications or state sanctioned marijuana? (Select One) YES ☐ NO ☐

If YES, when was the last time you used, and what were the circumstances?

________________________________________________________________________

________________________________________________________________________

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, to include legal medical/state sanctioned recreational marijuana?
   - YES [ ]
   - NO [ ]

   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, to include (but not limited to) cocaine, methamphetamine, heroin, Ecstasy, Adderall, Ritalin, anabolic steroids, or psychedelic mushrooms?
   - YES [ ]
   - NO [ ]

   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?
   - YES [ ]
   - NO [ ]

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

4. Have you **EVER** purchased, sold, distributed, transported, or facilitated a transaction involving any illegal substance? (Excluding legally purchased recreational or medical marijuana)
   - YES [ ]
   - NO [ ]

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

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

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

Printed Name ____________________  Signature ____________________  Date __________

7
Disclaimer and Signature

I certify that the previous answers are true and complete.

If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my dismissal from the academy.

Signature: ___________________________ Date: _______________________
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____.

_________________________________________ My commission expires: ________________

Notary Public
Western Colorado Law Enforcement Academy

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 1 1/2 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: __________________________
Western Colorado Law Enforcement Academy
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
18-3-402 Sex assault
18-3-404 Unlawful sexual contact
18-3-405.5 Sexual assault on a client by a psychotherapist
18-3-412.5 Sex offenders-duty to register-penalties
18-6-403 Sexual exploitation of children
18-7-201 Prostitution prohibited
18-7-202 Soliciting for prostitution
18-7-203 Pandering
18-7-208 Promoting sexual immortality
18-7-302 Indecent exposure
18-7-601 Dispensing violent films to minors
18-8-102 Obstructing government operations
18-8-103 Resisting arrest
18-8-104 Obstructing a peace officer, firefighter, Emergency medical services provider, rescue specialist, or volunteer
18-8-108 Compounding
18-8-109 Concealing death
18-8-111 False reporting to authorities
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

18-3-204.1 Attempt to escape
18-8-212 Violation of bail bond conditions
18-8-304 Soliciting unlawful compensations
18-8-305 Trading in public office
18-8-308 Failing to disclose a conflict of interest
18-8-403 Official oppression
18-8-404 First degree official misconduct
18-8-503 Perjury in the second degree
18-8-611 Simulating legal process
18-8-612 Failure to obey a juror summons
18-8-613 Willful misrepresentation of material fact on juror questionnaire
18-8-614 Willful harassment of juror by employer
18-8-802 Duty to report use of force by peace officers
18-9-111 Harassment
18-9-121 Ethnic intimidation
18-18-404 Unlawful use of controlled substances
18-18-405 Unlawful distribution, manufacturing, dispensing, sale, or possession of a controlled substance
18-18-406 Offenses relating to marijuana and marijuana concentrate
18-18-411 Keeping, maintaining, controlling, renting, or making available property for unlawful distribution or manufacture of controlled substances

(continued)
Western Colorado Law Enforcement Academy  
*Certification of Application, Lack of Criminal History, and Release of Information*  
*(Continued)*

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____

_________________________________________  
My commission expires: ______________________

Notary Public
Cascade Hall is located on the corner of S. 3rd Street and S. Cascade Avenue, one block off of Townsend Avenue. Parking is on the street and behind the building.