Western Colorado Peace Officers Academy

Application Packet

(Type out application on line, then print out to turn in)

_____	_____	_____
Last, First, MI (please print legibly)	Date	Academy Semester Desired

2508 Blichmann Avenue
Grand Junction, CO 81505
(970) 255-2821

Rev. 10/05/2015

Western Colorado Peace Officers Academy
Application Check-List

- [ ] Complete the WCPOA Application (fillable online – PRINT and retain a copy for your records) https:\\www.coloradomesa.edu/wccc/documents/WCPOAfillableform.pdf

  Type in complete information, save, print and mail to or turn in to Student Services at WCCC:

  Address: Western Colorado Community College
  Attn: POST Academy Director
  2508 Blichmann Avenue
  Grand Junction, CO 81505

- [ ] Complete Western Colorado Community College (WCCC) Application for Admission at: http:www.coloradomesa.edu/wccc/apply.html (Current Colorado Mesa University (CMU) or WCCC students please disregard.)

- [ ] Apply for the Colorado Opportunity Fund at http:cof.college-assist.org.

- [ ] Copy of High school diploma or un-official CMU transcript showing high school attended.

- [ ] Submit official copy of High School Transcripts or G.E.D. scores, and/or College Transcripts from all previous colleges attended to Western Colorado Community College at the address listed above. (Current Colorado Mesa University (CMU) or WCCC students disregard.)

- [ ] If applying for veteran financial aid, a copy of your DD-214 or a Certificate of Eligibility needs to be sent to the financial aid office.

- [ ] If you are a Veteran, Please submit a copy of your DD-214 with your packet.

- [ ] Background Research Release Form (signed, dated and NOTARIZED) page 8

- [ ] Liability Waiver (signed and dated) page 9

- [ ] Certificate of Application, Lack of Criminal History, and Release of Information (signed, dated and NOTARIZED) page 10 and 11

- [ ] 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.

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 payable to Western Colorado Community College).
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 you 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 completed at Mesa County Sheriff's Office and mailed to CBI (Fee required)
2. Drug screen completed by Mesa County Consortium (MCC) (Fee required)
3. Physician's Certification of Physical Examination
4. Background and Reference check

Western Colorado Peace Officers Academy

Contact Information

PLEASE TYPE IN ALL INFORMATION

Full Name (please type): _____
LAST FIRST MIDDLE

Mailing Address: _____
STREET ADDRESS 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 (please type): _____
LAST FIRST MIDDLE

Western Colorado Peace Officers Academy

Application

Applicant Information

Full Name: _____ Date: _____
LAST FIRST MIDDLE

Address: _____
STREET ADDRESS APARTMENT/UNIT#

_____
CITY STATE ZIP CODE

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: _____
STREET ADDRESS APARTMENT/UNIT#

_____
CITY STATE ZIP CODE

Dates From: _____ To: _____
MONTH/YEAR MONTH/YEAR

Address: _____
STREET ADDRESS APARTMENT/UNIT#

_____
CITY STATE ZIP CODE

Dates From: _____ To: _____
MONTH/YEAR MONTH/YEAR

Address: _____
STREET ADDRESS APARTMENT/UNIT#

_____
CITY STATE ZIP CODE

Did you have 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: _____
FULL NAME

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 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)

References

Please list three professional references (Do not use relatives). 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:_____

From:_____To: _____
MONTH/YEAR MONTH/YEAR

Company:_____ Phone: _____
Address:_____ Supervisor:_____
Job Title:_____Starting Salary: $_____Ending Salary: $ _____
Responsibilities: _____
Reason for Leaving: _____

From:_____To: _____
MONTH/YEAR MONTH/YEAR

Company:_____ Phone: _____
Address:_____ Supervisor:_____
Job Title:_____Starting Salary: $_____Ending Salary: $ _____
Responsibilities: _____
Reason for Leaving: _____

From:_____To: _____
MONTH/YEAR MONTH/YEAR

Company:_____ Phone: _____
Address:_____ Supervisor:_____
Job Title:_____Starting Salary: $_____Ending Salary: $ _____
Responsibilities: _____
Reason for Leaving: _____

From:_____To: _____
MONTH/YEAR MONTH/YEAR

Company:_____ Phone: _____
Address:_____ Supervisor:_____
Job Title:_____Starting Salary: $_____Ending Salary: $ _____
Responsibilities: _____
Reason for Leaving:

Did you have 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 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, to include state sanctioned marijuana?
(Circle One) YES NO
If YES, when was the last time you used illegal drug(s), 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: _____

Continuation Sheet

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:_____

Western Colorado Peace Officers Academy

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 WCPOA, I give permission to WCPOA, GJPD 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 WCPOA, GJPD 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 WCPOA, GJPD 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 WCPOA, GJPD 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 WCPOA, GJPD 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 WCPOA, GJPD 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 WCPOA 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 WCPOA, GJPD 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 WCPOA, GJPD 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 WCPOA, GJPD and/or MCSO.

_____**Information Availability -** I understand and agree that all information developed during the course of any and 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 Peace Officers 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 WCPOA. _____ 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 WCPOA, its instructors and staff, including orientation procedures for new students, WCPOA medical treatment policies and procedures, and all other related WCPOA, policies and procedures, written and oral. _____ Initials

5. I agree that the health, welfare, and safety of all students, instructors, and staff of WCPOA 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 WCPOA. _____ Initials

6. I understand that I am responsible for all personal property I choose to bring to WCPOA, 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 WCPOA, 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 WCPOA, 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 WCPOA 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 WCPOA 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 Peace Officers Academy

Certification of Application and 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 or comparable or similar misdemeanor is pending against me.
I authorize the Western Colorado Peace Officers Academy (WCPOA) 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
18-8-208.1	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)

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 Peace Officers Academy (WCPOA). 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 receive a tuition refund in accordance with University policy.

I authorize WCPOA and/or its staff, employees, or agents to release any and all information concerning my application to, participation in, or graduation from, WCPOA 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

Western Colorado Peace Officers Academy

Driving Directions

How to get here

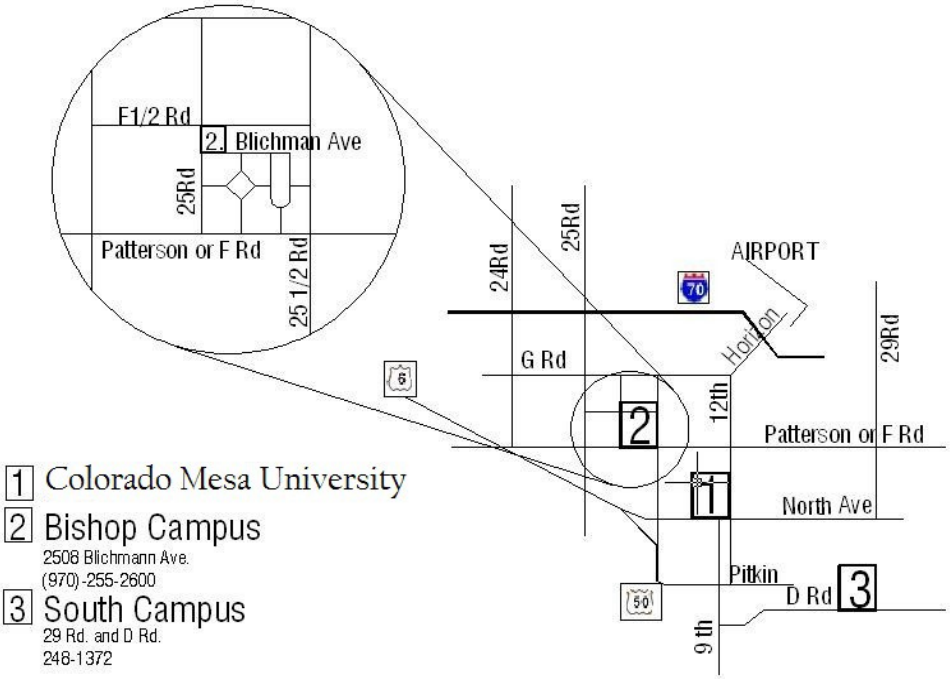
It's easy! I-70 is just minutes from the WCPOA, GJPD AND OR MCSO campus and airport service is offered through major carriers. Bus and rail services are also available.

From Denver

Take I-70 west for 259 miles to Grand Junction, Exit 28 (24 Road). Go left through the roundabout, and turn south (left) on 24 Road to Patterson Road. Go east (left) on F Road (AKA Patterson Road) to 25 Road. Go north (left) on 25 Road to Blichmann Avenue. Turn east (right) on Blichmann Avenue.

From Utah

Take I-70 east, 24 miles past the Colorado/Utah border, to Exit 28 (24 Road). Go south (right) on 24 Road to Patterson Road. Go east (left) on F Road (AKA Patterson Road) to 25 Road. Go north (left) on 25 Road to Blichmann Avenue. Turn east (right) on Blichmann Avenue.

From Highway 50

Take Highway 50 north, which turns into 5th Street in town. Take 5th Street to North Avenue. Go west (left) on North Avenue through 1st Street. Shortly after 1st Street, North Avenue merges with Highway 6 & 50. Continue on Highway 6 & 50 to 25 Road. Go north (right) on 25 Road past F Road (AKA Patterson Road) to Blichmann Avenue. Turn east (right) on Blichmann Avenue.