



Correctional Officer Orientation Packet

SCHOOL OF JUSTICE, PUBLIC SAFETY & LAW STUDIES
Correctional Officer Training Program

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SCHOOL OF JUSTICE, PUBLIC SAFETY & LAW STUDIES
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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 times 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 corrections training program, estimated expenses associated with attending an academy class and the various required tests you must complete in order to be considered.

The Miami Dade College School of Justice, 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 correctional professional and we assure you of our commitment to your success.

SCHOOL OF JUSTICE, PUBLIC SAFETY & LAW STUDIES

Correctional Officer Training Program

GENERAL INFORMATION

The Full-Time Basic Corrections Academy runs for approximately three months, Monday to Friday, from 8:00 A.M. to 5:00 P.M except for Firearms training which is scheduled from 2:00 PM to 11:00 PM.

To have all your questions answered it is recommended that you attend orientation which is scheduled every Tuesday at 6:00 pm at Miami Dade College North Campus in Room 8116.

Times, dates, schedules, and fees are subject to change at the discretion of Miami Dade College.

MINIMUM REQUIREMENTS

Applicants for a basic corrections training program must:

- ✓ Be at least 18 years of age
- ✓ Be a United States citizen
- ✓ Have a high school diploma or equivalent.
- ✓ Be of good moral character as defined by 11B-27.0011 of the Florida Administrative Code.
- ✓ Have not been convicted of any felony including a “withholding of adjudication” nor convicted of a misdemeanor involving perjury or false statement. Any and all arrests will be reviewed by the School of Justice.
- ✓ Submit to a physical examination, including screening for illegal substances by a licensed physician
- ✓ Have a valid Florida Driver’s License
- ✓ Submit to a criminal history verification.
- ✓ Have not received a dishonorable discharge from any of the Armed Forces of the United States.

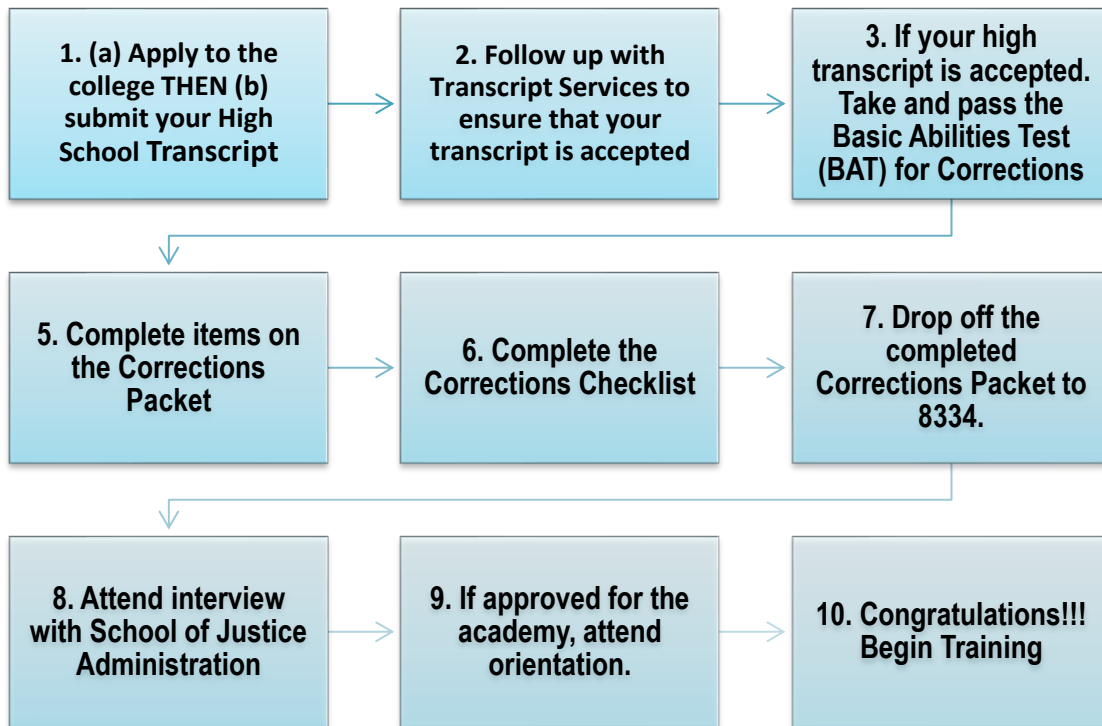
For information Contact: 305-237-1693

SCHOOL OF JUSTICE, PUBLIC SAFETY & LAW STUDIES
Correctional Officer Training Program

APPLICATION PROCESS

The application process is designed to identify individuals best suited for a career in corrections. Miami Dade College as an institution of higher learning and vocational training is guided in the administration of its programs by the Southern Association of Colleges and Schools and Florida Department of Education. The School of Justice must adhere to these standards as well as those of the Florida Department of Law Enforcement, Criminal Justice Standards and Training Commission.

To begin the process, do the following:



Applicants are scheduled for Training at the discretion of School of Justice staff.

SCHOOL OF JUSTICE, PUBLIC SAFETY & LAW STUDIES
Correctional Officer Training Program

CORRECTIONS PACKET

The following **COPIES** of documents are required with your completed Personal History Questionnaire. Presentation of a file or fraudulent document can result in criminal prosecution and denial of admission to the program The School of Justice, Public Safety & Law Studies will not make copies for you.

Required Documents:

1. Personal History Questionnaire (PHQ). (See included forms)
2. Signed Acknowledgement Form (See included forms)
3. Basic Abilities Test (BAT) for Corrections results
4. Background and Fingerprints
5. Birth Certificate*. (Must be translated and notarized if not in English)
6. United States Citizen Naturalization Certificate or Passport (if applicable)
7. CJSTC 75 – Physician’s Assessment (See included forms)
8. 7- Panel Drug Test Results
9. Military Discharge Document DD-214 (if applicable)
10. Social Security Card
11. Valid Florida Driver’s License
12. Valid Health Insurance

***Foreign documentation e.g., Birth Certificate, Transcripts, Diplomas require certified translation.**

SCHOOL OF JUSTICE, PUBLIC SAFETY & LAW STUDIES

Correctional Officer Training Program

CORRECTIONS CHECKLIST

The steps below are required to be enrolled for classes if you accepted in the academy.

IMPORTANT: Please complete Step 1 and 4 below first and verify with the Transcript Services that your transcript is accepted before continuing with the application process.

Log on to <https://www.mdc.edu/admissions/> and complete the following steps:

1. Apply & Get Admitted . Here is a video with instructions.
<https://www.youtube.com/watch?v=Mwq3SLul5lk&feature=youtu.be>

To apply for the BLE program select:

**Degree student to complete program/degree → Career Technical Certificate →
Correctional Officer – State (57021)**

2. Create Your MyMDC Account. If you have attended Miami Dade College before you already have an account.
3. Pay Less Tuition by submitting Proof of Florida Residency. Here is a video to help with instructions if needed: https://www.youtube.com/watch?v=oUehL_voL_4&feature=youtu.be
4. Send Official High School Transcripts*. (That’s Step #5 on the webpage). **This is the first step you should complete before proceeding.** If you have never attended Miami Dade College or never submitted your high school transcript previously. If you included that you attended a university during your application process you will also need to submit a transcript for that university. Note that if you already submitted a college transcript you still **must submit a high school transcript.** Transcripts are submitted electronically from your high school of mailed to:

Miami Dade College

Attention: Transcript Processing Services

11011 S.W. 104th Street, Room R301 Miami, Florida 33176-3393

Telephone: (305) 237-2701

5. Apply for Financial Aid. (That’s step #6 on the webpage).
6. Email student ID to your School of Justice contact when your application process is complete in #1 above.
Please ensure that #s1 and 3 are completed by the date you provide your Student ID.

Contact info:

- For Florida Residency questions - 305-237-1111 or nadmiss@mdc.edu
- For Basic Law Enforcement (BLE) questions – Sandra Carbon at fcarbon@mdc.edu

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

PAYMENT SCHEDULE

Applicants are responsible for paying all fees related to the application process. Financial Aid, Student Loans, G.I. Bill, and Pre-paid College Programs pay tuition costs only.

The following represents costs associated with the application process: *Fees are subject to change without notice.*

Correctional Officer – State

Application and Program Fees	
Application	Amount
Background and Fingerprint (valid for six months)	65.00
Basic Abilities Test (BAT) for Corrections (valid for 4 years)	40.00
Academy Program Fees	
Tuition and Books	3,835.50
Uniforms and equipment (approximate cost)	300.00
Other Items required (fees will be based on your personal selection)	
Physical Exam	
Passport size photo	
Health Insurance	
Testing Validity	
Background and Fingerprints	6 months
Basic Abilities Test (BAT)	4 years
Computerized Voice Stress Analysis Test	12 months
Physical Ability Test (PAT)	6 months
Physician’s Assessment (CJSTC 75)	12 months
Psychological Exam	12 months
7-Panel Drug Test	6 months

SCHOOL OF JUSTICE, PUBLIC SAFETY & LAW STUDIES
Correctional Officer Training Program

PHYSICAL EXAMINATION PROCESS

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

11B-27.00225 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.

- a) The procedures for collection sites and specimen collection comply with the requirements of Rule 59A-24.005, F.A.C.
- b) 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.
- c) The procedures for analyzing and reporting the urine sample were consistent with Rule 59A-24.006, F.A.C.
- d) 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

You are responsible for payment as well as returning forms to the School of Justice, Public Safety & Law Studies Recruitment office prior to start of your academy session.

FORMS

SCHOOL OF JUSTICE, PUBLIC SAFETY & LAW STUDIES
Correctional Officer Training Program

Form 1: Signed Acknowledgement



SIGNED ACKNOWLEDGEMENT

I, _____ acknowledge and agree to the following:

- I have received the Basic Law Enforcement Orientation Packet and the Personnel History Questionnaire (PHQ) and understand the contents of both.
- 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.

Print Full Name

Orientation Date: _____

Signature

SCHOOL OF JUSTICE,
VERIFICATION STAMP

SCHOOL OF JUSTICE, PUBLIC SAFETY & LAW STUDIES
Correctional Officer Training Program

Form 2: Personal History Questionnaire

Personal History Questionnaire



**PASSPORT
PHOTO**

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

It is the responsibility of the applicant to provide copies of documentation where noted. The School of Justice is unable to make copies.

APPLICANT NAME: _____

SUBMISSION DATE: _____

1. LAST NAME FIRST NAME MIDDLE NAME

2. STREET ADDRESS APARTMENT NO.

CITY COUNTY STATE ZIP CODE

3. RESIDENCE TELEPHONE (AREA CODE) BUSINESS TELEPHONE (AREA CODE)

4. SOCIAL SECURITY NUMBER 5. DRIVER'S LICENSE NUMBER / STATE

6. DATE OF BIRTH (Month-Day-Year) 7. EMAIL ADDRESS

8. MALE FEMALE 9. ACADEMY CLASS PART-TIME FULL-TIME

10. PLACE OF BIRTH: (INCLUDE PHOTOSTATIC COPY OF BIRTH CERTIFICATE)

CITY COUNTY STATE ZIP CODE

U.S. CITIZEN	NATIVE	
<input type="checkbox"/> YES	<input type="checkbox"/> YES	NATURALIZED CERTIFICATE NUMBER
<input type="checkbox"/> NO	<input type="checkbox"/> NO	

11. Include a copy of Naturalization Certificate

DATE, PLACE, AND COURT

PARENT CERTIFICATE NUMBER (IF DESIRED)

12. RACE/ETHNICITY: Check Appropriate box

White (Non-Hispanic) White (Hispanic) Asian/Pacific Islander Haitian

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)

14. HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR SCARS, TATTOOS, AND DISTINGUISHING MARKS

15. EMERGENCY CONTACT

NAME RELATIONSHIP

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)

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

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

22. RESIDENCES:

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	MONTH/YEAR		
From: _____	To: _____	Own: _____	Rent: _____
Street Address: _____			
City: _____	County: _____	State: _____	Zip: _____
Landlord's Name: _____			
Landlord's Address: _____		Phone: _____	
CITY	COUNTY	STATE	ZIP
MONTH/YEAR	MONTH/YEAR		
From: _____	To: _____	Own: _____	Rent: _____
Street Address: _____			
City: _____	County: _____	State: _____	Zip: _____
Landlord's Name: _____			
Landlord's Address: _____		Phone: _____	
CITY	COUNTY	STATE	ZIP
MONTH/YEAR	MONTH/YEAR		
From: _____	To: _____	Own: _____	Rent: _____
Street Address: _____			
City: _____	County: _____	State: _____	Zip: _____
Landlord's Name: _____			
Landlord's Address: _____		Phone: _____	
CITY	COUNTY	STATE	ZIP
MONTH/YEAR	MONTH/YEAR		
From: _____	To: _____	Own: _____	Rent: _____
Street Address: _____			
City: _____	County: _____	State: _____	Zip: _____
Landlord's Name: _____			
Landlord's Address: _____		Phone: _____	
CITY	COUNTY	STATE	ZIP
MONTH/YEAR	MONTH/YEAR		
From: _____	To: _____	Own: _____	Rent: _____
Street Address: _____			
City: _____	County: _____	State: _____	Zip: _____
Landlord's Name: _____			
Landlord's Address: _____		Phone: _____	
CITY	COUNTY	STATE	ZIP

23. EDUCATION:

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

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

- Higher education. List information below for all colleges or universities attended. (Include official transcript from last institution higher education attended or all transcripts if not consolidated on last one.)
- c.

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

Major and minor college courses

- d. 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

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

YES NO If YES, give particulars below

24. FOREIGN LANGUAGE:

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

25. SPECIAL QUALIFICATIONS AND SKILLS:

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).

26. MILITARY:

a. 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**

b. Branch of Service _____ Unit or Ship _____

c. What is your service number? _____

d. Highest rank held: _____

e. How many period of active military service have you had? _____

f. List all medals and decorations awarded to you as a member of the armed forces:

g. 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: _____

i. 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 _____

j. Are you now or were you ever a member of the National Guard YES NO

State: _____ Regiment: _____ Unit: _____ Rank: _____

From: _____ To: _____ Type of Discharge _____

k. What is your present draft classification? _____

Date of classification? _____ Selective Service Number: _____

Draft board number and location _____

26. MILITARY (CONTINUED):

- l. 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: _____

- m. List any disciplinary action taken against you in the National Guard or other reserve unit:
- _____
- _____

- n. List any other information pertaining to military not requested above.
- _____
- _____

27. EMPLOYMENT:

- a. What is your occupation? _____
- b. 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:

- c. 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:

- d. 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:

27. EMPLOYMENT (CONTINUED):

e. Have your employers always treated you fairly? YES NO If not, explain:

f. 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?

g. 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
STREET ADDRESS		CITY	STATE ZIP CODE
DESCRIPTION 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
DESCRIPTION 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
DESCRIPTION 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
DESCRIPTION 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
DESCRIPTION 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
DESCRIPTION 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
DESCRIPTION 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
DESCRIPTION OF DUTIES			
BEGINNING SALARY	ENDING SALARY	NAME OF SUPERVISOR	NAME OF CO-WORKER
PHONE NUMBER (Area Code)	WHY DID YOU LEAVE?		

28. VEHICLE OPERATOR'S LICENSE:

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

- a. 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: _____
- b. 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: _____
- c. Was your license ever suspended or revoked? YES NO
 If YES, give reasons, date, and length of suspension. _____

d. Was your license ever restored? YES NO If YES, give details: _____

28. VEHICLE OPERATOR'S LICENSE (CONTINUED):

e. Have you ever been refused a driver's license by any state? YES NO

If YES, give details: _____

f. 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:

g. 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	Location: _____
Cause of Accident (for example: ran red light, careless driving, etc.): _____		
Who was charged with accident and court disposition? _____		
Date: _____	Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Location: _____
Cause of Accident (for example: ran red light, careless driving, etc.): _____		
Who was charged with accident and court disposition? _____		
Date: _____	Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Location: _____
Cause of Accident (for example: ran red light, careless driving, etc.): _____		
Who was charged with accident and court disposition? _____		
Date: _____	Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Location: _____
Cause of Accident (for example: ran red light, careless driving, etc.): _____		
Who was charged with accident and court disposition? _____		

28. VEHICLE OPERATOR'S LICENSE (CONTINUED):

h. List below all traffic citations you have received.

LOCATION (Street, City, State)	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

i. Do you have any unpaid summonses outstanding against you for parking violations?
 YES NO If YES, how many and when? _____

29. MOTOR VEHICLE INSURANCE:

a. Do you presently have automobile liability insurance? YES NO

List dates of coverage(s): From: _____ To: _____

If NO, give details: _____

b. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? YES NO If YES, give details: _____

30. ARREST, DETENTION, AND LITIGATION: (Show all arrests including juvenile and traffic arrests)

a. 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 _____

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

30. ARREST, DETENTION, AND LITIGATION (CONTINUED):

c. Have you ever been required to pay a fine? 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.

e. 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.

Agency	_____	Date	_____	Purpose	_____
Agency	_____	Date	_____	Purpose	_____
Agency	_____	Date	_____	Purpose	_____

f. Have you ever been advised of your Miranda rights? YES NO

If YES, give complete details: _____

g. Have you ever been the subject of a police investigation? YES NO

h. 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	_____

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

30. ARREST, DETENTION, AND LITIGATION (CONTINUED):

j. Have you or your spouse ever sued anyone (civil court plaintiff)? YES NO

If YES, give details below and provide copies: _____

k. Have you been or your spouse ever sued anyone (civil court defendant)? YES NO

If YES, give details below and provide copies: _____

31. CONTROLLED SUBSTANCE USE:

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)?

32. CHARACTER REFERENCES

(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 apply. List 4 character references.

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

33. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATION:

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

34. OTHER INCIDENTS:

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:

35. REMARKS: (Any comments you think are appropriate)

APPLICANT NAME

APPLICANT SIGNATURE

DATE

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 answer 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

COMMISSION EXPIRES 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



SCHOOL OF JUSTICE, PUBLIC SAFETY & LAW STUDIES
Correctional Officer Training Program

Form 3: CJSTC 75 Physician's Assessment



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
- 2. Applicant's Address: _____
Street, Apt. or Post Office Box Number City State Zip Code
- 3. Last Four Digits of Social Security Number: _____ Phone: _____ Date of Birth: _____
(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary)
- 4. 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: _____
- 5. Resting Pulse: _____ (please note any irregularity) 6. Oral Temperature: _____
- 7. Resting Respiratory Rate: _____ 8. Corrected Visual Acuity: Right Eye: _____ Left Eye: _____
- 9. Physical Examination. Please check Normal or Abnormal after each entry and make comments at the bottom of the form.

	Normal	Abnormal
Color Perception	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Field of Vision	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Auditory Acuity	<input type="checkbox"/>	<input type="checkbox"/>
Head, Eyes, Ears, Nose, Throat, Neck, and Thyroid Gland	<input type="checkbox"/>	<input type="checkbox"/>
Thorax and Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>
Spine	<input type="checkbox"/>	<input type="checkbox"/>
Extremities	<input type="checkbox"/>	<input type="checkbox"/>
Mental Status	<input type="checkbox"/>	<input type="checkbox"/>
Electrocardiogram	<input type="checkbox"/>	<input type="checkbox"/>
Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>
Complete Blood Count	<input type="checkbox"/>	<input type="checkbox"/>
Blood Chemistry Panel	<input type="checkbox"/>	<input type="checkbox"/>

10. Comments: _____

11. Results of tuberculosis skin test: _____

- 12. 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 devices 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.
5. **Resting Pulse:** Enter the applicant's resting pulse rate. Note any irregularities.
6. **Oral Temperature:** Enter the applicant's oral temperature.
7. **Resting Respiratory Rate:** Enter the applicant's resting respiratory rate.
8. **Corrected Visual Acuity** Enter the applicant's corrected visual acuity of the right and left eye.
9. **Physical Examination.** Enter NORMAL or ABNORMAL in the boxes that details the tests and physical examination of the applicant.
10. **Comments:** Enter any additional comments.
11. **Results of the Tuberculosis Skin Test:** Enter the applicant's results of the Tuberculosis Skin Test.
12. 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.
 - A. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of tuberculosis.
 - B. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of heart disease.
 - C. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of hypertension.

PHYSICIAN'S ASSESSMENTIncorporated by Reference in Rules
11B-27.002(1)(d) and 11B-35.001(11)(c)14., F.A.C.**CJSTC**
75

1. Applicant's Name: _____
Last First MI
2. Last Four Digits of the Applicant's Social Security Number: _____
3. Hiring Agency: _____
4. Training School: _____
5. 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.

6. Student Participation in Basic Recruit Training Program. A student enrolled in a basic recruit training program (B RTP) is required to participate in the following activities:
- A. 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 orthochlorobenzalmononitrile (CS).
- B. Physical Fitness Conditioning and Physical Fitness Testing: A B RTP 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
- C. The training center director has attached the training school's physical fitness conditioning program: Yes No

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

7. Medical Conditions Regarding OC/CS Contamination. A B RTP student should be aware of the following personal considerations that may restrict participation in the chemical agent contamination of the B RTP 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.
8. B RTP 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.
9. Student's Printed Name: _____
10. Student's Signature: _____ Date _____
11. 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.

12. 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.
13. 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.

14. _____ Printed Name Examination Date
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature
15. _____ Licensing State
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number
16. _____
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 ~~shall~~ 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 (B RTP), **is required if the applicant is entering a B RTP** and must be completed prior to entrance into a B RTP. The completed form must be maintained in the B RTP 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 B RTP. **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.
 - A. **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).
 - B. **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.
 - C. **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 B RTP 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 B RTP 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.