

SOUTHERN POLICE INSTITUTE



Department of Justice Administration



APPLICATION FOR Administrative Officers Course

ELIGIBILITY:

1. Applicants must be full-time law enforcement managers or supervisors on active duty in municipal, county, state, or federal units of government or college or university campus police.
2. Preference will be given to applicants holding executive, management, or supervisory positions in their departments.
3. All applicants must have high school diplomas or the equivalent. All applicants must take a written placement examination prior to consideration of the application. **This process should begin 3 – 4 weeks prior to the application deadline.**
4. The University Testing Center will bill the sponsoring agency **\$30.00** for each examination mailed to an agency.
5. Transcripts from the high school or colleges attended by the applicant must accompany the application or be forwarded to the Admissions Coordinator of the Southern Police Institute.

**For Which AOC Class Are
You Applying For?
(i.e. 111th, 112th, etc)**

GENERAL INFORMATION:

1. It is suggested that all fees be paid in advance to facilitate the registration process.
2. Although letters of recommendation or biographical sketches are not requested specifically, supplementary information provided by the candidates will be given due consideration.
3. The University of Louisville is an equal opportunity institution.
4. All applications and related correspondence should be directed to:
**Admissions Coordinator
Southern Police Institute
Dept. of Justice Administration
University of Louisville
Louisville, KY 40292
(502) 852-6561**



Application Letter

Director
Southern Police Institute
Department of Justice Administration
University of Louisville
Louisville, KY 40292

Dear Sir:

I hereby approve this application for admission to the ADMINISTRATIVE OFFICERS COURSE. If this applicant is selected to attend the course, he or she will be:

1. Assigned to the Southern Police Institute as a representative of this department for full-time study.
2. Granted a leave of absence or equivalent temporary status covering the period of the course during which his or her regular salary will be continued.
3. Returned to active service upon completion of the training.

Signature _____

Typed Name _____

Title _____
Chief of Police, Commissioner, Superintendent

Department _____

Address _____

City / State / Zip _____

Phone _____
Area code and phone number extension

Application Data

I hereby apply for admission as a representative of my department for the ADMINISTRATIVE OFFICERS COURSE conducted by the Southern Police Institute, University of Louisville. I understand admission is on a competitive basis and limited to those named by a selection committee. If accepted as a student, I agree to devote full time to study, and I understand that full time study is not limited to any predetermined number of hours. I also agree to attend and to participate in all activities of the course. I certify that I will return to active duty in my department upon completion of this course and that it is my firm intention to remain with my department for at least two (2) years. I also certify that the information given in this application is true and correct. I understand that making false statements and providing incorrect information may result in the rejection of my application and/or resignation.

Signature of Applicant _____ **Rank** _____

Typed Name _____

Department Representing _____

Department Address _____

Dept. Phone Number _____ **Dept. Fax Number** _____

E-Mail Address _____

All correspondence relating to vj g application't t qeguuy knbe sent d{ 'go ch0Rgcug'ej genl{ qwt 'go chlc'f f t gu'ht 'teewt ce{ 0Vj cpnl{ qw0

Personal Data

Name _____

Street Address _____

City / State / Zip _____

Home Phone # _____ Social Security # _____

Date of Birth _____ Citizenship _____

Gender M F Race (for federal reporting purposes) _____

Check one: Smoker Non-smoker P qp/uo qngt 'dw'ci tggcdng 'q'c 'uo qngt 'tqqo o cvgQ

In case of emergency, please notify: _____

Relationship: _____ Phone #: _____ Work/Other #: _____

Have you ever been a defendant before a police trial board, court martial, or criminal court? Y N

If so, attach a statement giving full particulars.

Employment Other Than Police Since Age 21

From	DATES To	EMPLOYER NAME AND ADDRESS	TYPE OF WORK PERFORMED

(PLEASE LIST ADDITIONAL DATA ON SEPARATE SHEET)

Police Service Data

Date joined present department _____ Promotions received & dates attained _____

Total # of sworn personnel _____

Total # of civilian personnel _____ Have you served previously in any other police department?

Total active police service _____ years _____ months Yes No If "Yes," answer the following items:

Has your active service been interrupted for any reason? Name of other organization _____

Yes No If "Yes," please give particulars: Date of appointment _____

_____ Date of separation _____

Present assignment consists of _____ Highest rank attained _____

_____ Type of duty _____

Previous assignments & duties in department _____ Reason for separation _____

_____ Has anyone from your dept. ever attended the AOC? Y N

Education

What was the highest grade completed in school?

High School Diploma Yes No

Certificate of Equivalency Yes No

If you don't have a degree, how many undergraduate college credit hours do you have to date?

Quarter Hours _____

Semester Hours _____

Your anticipated major? _____

Are you currently enrolled in a graduate degree program?

Yes No

If "Yes," how many graduate credit hours have you completed?

Quarter Hours _____

Semester Hours _____

Graduate Major? _____

SCHOOLS	NAMES & ADDRESSES OF SCHOOLS	DATES		ENTER LAST YEAR COMPLETED	DID YOU GRADUATE?		DIPLOMA OR NAME OF DEGREE EARNED
		From	To		YES	NO	
HIGH SCHOOL				1 2 3 4	YES	NO	
COLLEGE				1 2 3 4	YES	NO	
COLLEGE				1 2 3 4	YES	NO	
OTHER				1 2 3 4	YES	NO	
BUSINESS OR TRADE				1 2 3 4	YES	NO	

Police Training

How many hours of recruit police training have your received? _____

How many hours of in-service police training have you received? _____

What police training schools outside your department have you attended? (*list below*) Total Classroom Hours? _____

NAME OF SCHOOL	TITLE OF COURSE	CLASSROOM HOURS	DATE (S) ATTENDED	BY WHOM CONDUCTED	ACADEMIC CREDIT HOURS EARNED

PLEASE USE SUPPLEMENTAL SHEET(S) IF NECESSARY FOR ALL ADDITIONAL INFORMATION