

SOUTHERN POLICE INSTITUTE



Department of Justice Administration



APPLICATION FOR Administrative Officers Course

UNIVERSITY of LOUISVILLE
dare to be great

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**



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 (for housing considerations)

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

DATES		EMPLOYER NAME AND ADDRESS	TYPE OF WORK PERFORMED
From	To		

(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		CIRCLE 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