Application for the 911 Public Safety Telecommunicator Academy

RETURN THIS ENTIRE APPLICATION AND ALL REQUESTED SUPPORTING DOCUMENTATION IN PERSON OR BY MAIL TO THE ACADEMY COORDINATOR AT:

Eastern Florida State College  
Public Safety Institute  
Attention: Michael Chaput  
3865 N. Wickham Road  
Building 8, Room 201D  
Melbourne, FL 32935  
(321) 433-5635
Please read these directions FIRST before completing this Application

1. Read ALL directions in this application very carefully.

2. ALL pages must be either hand printed legibly or typed. Applications that are not legible will be returned.

3. The following documents in this application package need to be completed in front of a notary and notarized before you submit them.
   - Agreement and Special Release
   - Authorization for Release of Information (FERPA)
   - Background Affirmation

4. Please submit the following paperwork with this application. COPIES must be LEGIBLE.
   - COPY - Valid, Current Driver’s License
   - COPY - Official High School / GED Diploma Transcripts (send to: College Admissions)
   - COPY – Government –Issued Birth Certificate, bearing an official seal
   - COPY - Naturalization Certificate (if not native born)
   - ORIGINAL - Any necessary paperwork regarding your Criminal History (court documents, police reports, etc.)

5. ALL PAGES contained in this Biographic Application MUST be returned, along with ALL requested supporting documentation.

6. Use these instructions as a check off sheet BEFORE submitting your application.
PERSONAL INFORMATION

Name: ____________________________________________

Last           First           Full Middle

Aliases, Maiden, Nicknames, and other names used: ____________________________________________

Current Address: __________________________________________________________

Street address

City ___________________________ State ____________ Zip ____________

Home Phone: ________________________ Cell: ________________________

Work: ____________________________

E-Mail Address: ________________________

BCC Student ID Number (if previously enrolled at BCC): ________________________

Social Security Number: ________________________

(In accordance with Florida Statutes (Section 119.071(5), F.S.), the collection of social security numbers (SSN) must include verbiage regarding its use, candidates’ rights for omission, and possible implications. Should you elect to participate in any training described herein, please understand that you will be asked to provide your Social Security Number (SSN). The decision to provide your SSN is at your option, but failure to provide your SSN may result in a delay in processing your application or request.

Age: _____ Date of Birth: ____________ Place of Birth: ________________________

Driver’s License Number: ________________________ State of Issue: ______

Expires: _____Class: ____Restrictions: ________________________

Is your license currently under suspension or revocation? Yes ☐ No ☐

US Citizen? Yes ☐ No ☐

Naturalized? Yes ☐ No ☐ If Naturalized: Certificate number: ________________

Date of Naturalization: ____________ Port of Entry: ________________________ Date of Entry: ____________

EMERGENCY CONTACT INFORMATION

Please fill out each section in its entirety.

1. Primary Contact

Name: ____________________________________________

Current Address: ____________________________________________

________________________________________________________________________

Home Phone: ________________________ Cell Phone: ________________________

Work Phone: ________________________

Relationship: ________________________
CRIMINAL HISTORY

Read this section very carefully, and follow all instructions.

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There are TWO parts to the Criminal History Section:

ALL STUDENTS MUST SUBMIT TO A FINGERPRINT CHECK THROUGH THE BREVARD POLICE TESTING AND SELECTION CENTER PRIOR TO ACCEPTANCE INTO THIS PROGRAM

Part 1: Criminal History Questionnaire

Part 2: Illegal Drug Use

PLEASE BE ADVISED: It is important that you be truthful in answering ALL questions as ANY omission, intentional or otherwise, with regard to any prior offense may prevent your admission to the Public Safety Telecommunications Program.

PART 1: CRIMINAL HISTORY QUESTIONNAIRE

YES NO

1. _____ _____ In your lifetime, have you ever been convicted of any felony offense?

2. _____ _____ Do you have any criminal wants, warrants, or court process of any other type pending?

3. _____ _____ Is there anything in your background that would embarrass an employing agency? If YES, please provide details in the Criminal History Explanation section below.

4. _____ _____ In the last five years, have you ever used any illegal or prescriptions drugs for recreational use? (see also Part 2 Illegal Drug Use)

If you have answered yes to any of the questions above, please elaborate below.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
PART 2: ILLEGAL DRUG USE

If you answer \textbf{YES} to any of the following questions, list the question number and provide details at the bottom of this page. Attach additional pages if necessary.

\textbf{YES} \quad \textbf{NO}

1. \underline{____} \underline{____} Have you ever used any illegal drugs, inhalants, or any other legal substances, to get high? (Marijuana, speed, LSD, paint thinners, aerosol, glue, etc.)

2. \underline{____} \underline{____} Have you ever been involved in the purchase of any illegal drugs? (Any amount)
   If \textbf{YES}, include type of drug, the amount, the circumstances, and the last time.

3. \underline{____} \underline{____} Have you ever been involved in the sale of illegal drugs, either directly or indirectly?
   If \textbf{YES}, include type of drug, the amount, the circumstances, and the last time.

ILLEGAL DRUG USE EXPLANATION

List any additional details to the above questions in the space below. Attach additional pages if necessary.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Eastern Florida State College - Institute of Public Safety
Agreement and Special Release

This form must be completed in the presence of a notary and notarized

Whereas: The Institute of Public Safety at Eastern Florida State College (the Institute of Public Safety) is created for the purpose of conducting educational programs to educate students in the field of Public Safety.

Whereas, the successful completion of the Program you are attending does not ensure or guarantee employment as a telecommunicator.

Now therefore, in consideration of being accepted into the Program, ____________________________

and the Institute of Public Safety covenant and agree as follows:

1. That the successful completion of the program does not ensure or guarantee the student employment as a Public Safety Telecommunicator.

2. The student agrees that no promises or other inducements not herein expresses have been made to the student.

3. The student gives the Institute of Public Safety representatives consent to conduct a Florida and National criminal history check.

4. If at any time during the training the student is suspected of being under the influence of any alcoholic beverage or controlled/illegal substance, as defined in Florida Statutes 893, and without approval by a licensed physician, upon request of the Institute of Public Safety representatives, student agrees to submit to a breath/blood or urine test as appropriate.

5. The student further agrees that he/she has been advised to discuss this agreement and special release with an attorney before executing.

____________________________________  __________________________________________
Printed Name of Affiant                Signature of Affiant                      Date
State of ______________________________
County of ______________________________

Sworn to and subscribed before me this __________day of __________________________ 20____, by __________________________ who is known to me_____ , or who has produced __________________________ as identification.

____________________________________
Notary Printed Name

____________________________
Notary Signature
The Family Educational Rights and Privacy Act (FERPA), also known as the BUCKLEY ACT, is a federal law regarding the privacy of student records and the access to these records.

As a student attending the Eastern Florida State College’s Institute of Public Safety’s Basic Law Enforcement Academy, Basic Corrections Academy, Crossover Academy, Public Safety Telecommunicator or Advanced or Specialized Training, to gain or maintain certification, I recognize that certain records that pertain to me are being developed and maintained which may fall under the protections of FERPA.

I also understand that there may be some potential need for these records to be released to: current criminal justice/emergency medical dispatch, potential employers, or in any other event that the staff of the Institute of Public Safety or Brevard Police Testing Center deems it appropriate to release my records.

These records would include, but are not limited to:
- Attendance reports
- Grades / Transcripts
- Disciplinary reports
- Submitted memoranda
- Coordinator and/or instructor evaluations or written comments on any topic
- Student proficiency scores
- Accident/Incident reports
- Any other reports, written, e-mailed, orally communicated, or videotaped recordings that may assist an employing agency or prospective employing agency in determining the suitability of the student for law enforcement.

I understand and agree, that by signing this document, I am agreeing to allow the Eastern Florida State College, Institute of Public Safety and/or the Brevard Police Testing Center to release any and all of my student records or information to the Department of Health or to any employing criminal justice agency or any prospective employing criminal justice agency for the purpose of audit, certification, determining my current employment status, or in determining my prospective suitability for employment.

Furthermore, I agree to hold harmless Eastern Florida State College, the Institute of Public Safety, the Brevard Police Testing Center and all members of their respective staffs from any and all liability arising from the release of my student records.

Printed Name of Affiant ___________________________ Signature of Affiant ___________________________ Date ___________________________

State of ___________________________
County of ___________________________

Sworn to and subscribed before me this ___________ day of ___________________________ 20____, by ___________________________, who is known to me______, or who has produced ___________________________ as identification.

____________________________
Notary Seal:

____________________________
Notary Printed Name

____________________________
Notary Signature

Revised: Feb 2013
BACKGROUND AFFIRMATION

This form must be completed in the presence of a notary and notarized

I hereby swear or affirm that I meet the following eligibility requirements pursuant to Florida State Statute 401.465 which details the qualifications for public safety telecommunicator certification and other minimal employing agency requirements. Employing agencies may have varying requirements.

- Be at least 18 years of age
- Be a high school graduate or its “equivalent” (GED)
- Be a U.S. Citizen or be a permanent registered alien (some agencies might require US citizenship)
- Not have been convicted of any felony offenses (background check through the Brevard Policing Testing and Selection Center).
- No addictions to alcohol or any controlled substance. (Employing agency will request certification under oath)
- Free from any physical or mental defect or disease that might impair one to perform his/her duties, per F.S. 401.465(d)3.
- Basic computer keyboarding knowledge (Employing Agencies will require a typing test with speed and accuracy, minimum 45 wpm)

I do hereby swear or affirm that the information I have provided in this Biographic Information Package, and supporting documentation is true, correct, and complete. Furthermore, I swear or affirm that it contains no omissions, misrepresentations, inaccuracies, mistruths, or errors of any type.

I do understand that to make a False Affirmation is a violation of Florida State Statute 837.012, and could subject me to criminal prosecution.

Furthermore, I understand and agree, that any omission, inaccuracy, mistruth, misrepresentation, or incomplete information provided by me is also a violation of the Standards of the Institute of Public Safety.

I agree to hold exempt the Administrators of the Institute of Public Safety and the Brevard Police Testing Center and its entire staff from any liability should my release become necessary.

_________________________________________ Signature of Affiant ______________________ Date ______________

State of _________________________________
County of _______________________________

The foregoing instrument was acknowledged before me this _____day of ________________________.

20____ by ________________________________, who is personally known by me or who has produced ________________________________ as identification.

_________________________________________ Notary Seal:

Notary Printed Name

_________________________________________ Notary Signature