

**Criminal Justice Institute**  
**Hillsborough Community College**  
Ybor City Campus

**Law Enforcement Program**  
*Application for Admission*



**Physical Address:**

Public Service Technologies Building  
2002 N. 17<sup>th</sup> Street (Ybor City Campus)  
Tampa, Florida 33605

Phone: (813) 253-7676

**Mailing Address:**

Criminal Justice Institute  
Attn: Yvonne Arline  
2112 N. 15<sup>th</sup> St  
Tampa, Florida 33605

Phone: (813) 259-6462

**Criminal Justice Institute  
Hillsborough Community College**

**AFFIDAVIT OF ADMISSION**

**Please Read Carefully Before Signing.**

I understand that, in order to qualify for admission to the Criminal Justice Institute, I must fully comply with the following minimum requirements:

1. I am at least 19 years of age (no maximum age).
2. I am a citizen of the United States.
3. I am a high school graduate or equivalent.
4. I am of good moral character as defined by F.S. 943.13(7) & F.A.C. Rule 11B-27.0011 (See Appendix I).
5. I have not been convicted of a felony or a misdemeanor involving perjury, false statement or domestic violence in which a determination of guilt was the result of a trial or a plea of Nolo Contendere, regardless of whether adjudication was withheld.
6. I have not been convicted of a misdemeanor within the last five years in which a determination of guilt was the result of a trial or a plea of Nolo Contendere, regardless of whether adjudication was withheld. See Appendix I for a list of misdemeanors.
7. I have not used any illegal drugs in the past two years.
8. I have a valid driver's license and no more than three moving violations within the past five years and/or a total of five in my lifetime, regardless of whether adjudication was withheld or sentence suspended.
9. I have not received a dishonorable discharge from the Armed Forces of the United States.
10. I understand that I must pass a fingerprint-based criminal history background check with the FDLE and FBI pursuant to F.S. 943.14(8).
11. I understand that I must pass a medical examination from a licensed physician, to include drug testing.
12. I understand that I must pass a Florida Basic Abilities Test (FBAT) pursuant to 943.17.
13. I understand that I must pass an Integrity Test.
14. I understand that I must pass a physical fitness test to include a 1.5 mile run within 15:54 minutes, 30 sit ups within 1 minute and 25 pushups within 1 minute.

I further understand that by signing this document I am attesting that I understand I must meet all of the above qualifications for admission to the Criminal Justice Institute.

**NOTICE:** This application shall constitute an official statement within the purview of Section 837.06, Florida Statutes, and is subject to verification by the Hillsborough Community College and/or the Criminal Justice Standards and Training Commission. Any intentional omission or false statement in this application shall constitute a misdemeanor of the second degree and will disqualify you from employment as a law enforcement officer.

\_\_\_\_\_  
Signature of Applicant (Must be signed in the presence of Notary)

\_\_\_\_\_  
Date

State of Florida County/City \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_ who is personally known to me, or who has produced

\_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Seal

## Application Instructions

Please read and follow these instructions exactly. Your failure to complete this application as requested may cause your application to be rejected. This application will be used by Hillsborough Community College to determine if you meet the qualifications for admission to the law enforcement program.

The information that you are required to provide in this document must be true, accurate, complete, and without omission of any kind. It is your responsibility to do so, and you must realize that failure to do so, for any reason, will result in your immediate Disqualification from the application process.

**ANY OMISSION WILL BE CONSIDERED AS AN UNTRUTHFUL ANSWER.**

**I UNDERSTAND AND AGREE\_\_\_\_\_ (Initial Here)**

Correct dates, addresses, zip codes, and telephone numbers are required and it is your responsibility to provide them at the time of submission of this packet. Zip code information may be obtained from any U.S. Post Office, the telephone company directory, directory assistance, or through any public library. The internet should also be considered a valuable source of information for virtually any information that you might need. Search engines such as Google, White Pages, Yellow Pages, and People Search are available to assist you in obtaining information. If you do not own a computer with internet access, you may utilize a computer at any county public library.

- Handprint clearly in **Blue** ink in your own handwriting.
- Answer every question.
- If a question does not apply to you, state N/A.
- If the space available is not sufficient, use a separate sheet of 8.5 x 11 paper.
- Do not misstate or omit any material fact since the statements made herein are subject to verification to determine your qualifications for employment.
- Answer all questions accurately and completely. Do not make false or misleading statements, as they may cause your rejection or dismissal.
- Each and every question has a purpose. Do not fail to answer each question completely even if you feel it is "not important."

**NOTE: The preferred method for submitting an application is to walk it in. At that time, the applicant will be required to submit to a fingerprint / back ground check."**

I have read and understand all the instructions provided. \_\_\_\_\_(Initial Here)

## Supporting Documentation

The following documents **must** be included with your application:

- 1. Hillsborough Community College (HCC) Application for Admission.
- 2. **NOTE:** Current or former returning students **MUST** submit the HCC application for admission completed on both sides.
- 3. **\$130.00 non-refundable law enforcement applicant processing fee** made payable to HCC must be attached to the Law Enforcement Program Application for Admission. Processing of this application will not begin without this fee.
- 4. Photocopy of birth certificate or signed affidavit verifying naturalization of U. S. Citizenship.
- 5. Photocopy of passed BAT (Basic Abilities Test) for Law Enforcement
- 6. Photocopy of social security card.
- 7. Photocopy of a valid and current driver's license.
- 8. Certified copy of driving record from each state that has issued a DL including Florida.
- 9. Photocopy of Military Discharge DD214 – Long Form, if applicable.
- 10. Official High School transcripts in sealed envelopes (no exceptions).
- 11. Check box if High School transcripts are on File at HCC
- 12. Photocopy of GED scores.
- 13. **ALL** official college transcripts (including technical institutions). **NO EXCEPTIONS**
- 14. Check box if ALL college transcripts are on File at HCC
- 15. All pages **MUST** be signed and notarized prior to submitting the application.
- 16. A current photograph of passport style and size (2" x 2").
- 17. Make a copy of your completed application and supporting documents for your records.

## Class Schedule

**Please select the training program that you wish to attend.**

**Training Programs:**

- I am applying for the **Full –Time** training program that meets Monday – Friday, 8:00 a.m. - 5:00 p.m.
- I am applying for the **Part-Time** training program that meets Monday-Thursday, 6:00 p.m.-10:00 p.m. and Saturday 8:00 a.m. - 5:00 p.m.

**NOTE 1:** If you wish to change your selection at a later date, you **MUST SUBMIT THE REQUEST IN WRITING** to:

Hillsborough Community College  
Limited Access Program  
Attention: Yvonne Arline (yarline@hccfl.edu)  
2112 N 15<sup>th</sup> St  
Tampa, FL 33605.

**NOTE 2:** Applications are valid for one year from date received.

**Criminal Justice Institute  
Hillsborough Community College**

PLEASE READ, THEN SIGN & DATE THIS STATEMENT

Please be advised that Florida State Statute regulates the collection and use of your social security number as defined in Chapter 119. This statement serves as written notification to the collection and purpose thereof.

Your social security number is requested by Hillsborough Community College solely for the purposes of conducting an applicant background check.

Print Full Name: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Applicant's Personal Information

Last Name	First Name	Middle Name	Date of Birth
Street Address		Apt. or Lot #	Name of Complex
City	County	State	Zip Code
(Area Code) Home/Cell Telephone Number		Social Security Number <b>(Attach Copy of Social Security Card)</b>	
E-Mail Address		Social Media Profile (Facebook /My Space /Twitter)	

## Place of Birth / Citizenship

City	County	State	Country
Height	Weight	Hair Color	Eye Color
Are you a US Citizen? <b>( Attach Copy of Birth Certificate )</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Naturalization Number	

## Marital Status

What is your marital status?    Single     Married     Separated     Divorced     Widowed

Full Name of Spouse \_\_\_\_\_

Maiden Name of Spouse \_\_\_\_\_

In the following space list **ALL** other names you or your spouse have ever used. Example: maiden name, adopted name, nickname, or alias.


## Employment History

1. Are you currently employed?

No

Yes

If YES, indicate employer name, address and phone number

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2. Have you ever been fired, discharged, terminated or asked to resign from employment?

No

Yes

If YES, explain:

---

---

3. Have you ever left a job following allegations of misconduct or unsatisfactory job performance?

No

Yes

If YES, explain:

---

---

4. Have you ever been counseled, reprimanded or suspended by an employer?

No

Yes

If YES, explain:

---

---

5. Have you ever taken anything from an employer without permission or authorization?

No

Yes

If YES, explain:

---

---

6. Have you ever consumed alcohol or illicit drugs in the workplace?

No

Yes

If YES, explain:

---

---

7. Have you ever had a problem with a coworker or supervisor?

No

Yes

If YES, explain:

---

---

8. How many different corporations, companies or businesses have you worked at in the past 10 years?

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## Education History

9. List the high school you attended or graduated from:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you graduate?     No     Yes    Year graduated: \_\_\_\_\_

Did you receive a GED?     No     Yes    Year received: \_\_\_\_\_

***Attach High School transcripts in a sealed envelope from the school. Transcripts are good for one year from date of application.***

10. List all colleges and universities attended and degrees awarded.

Name	Dates Attended	Degrees Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____

• ***Attach transcripts from ALL colleges attended. Transcripts must be in a sealed envelope from the school. Transcripts are good for one year from date of application.***

**NOTE:** In order to qualify for financial aid, students with prior college credit must have successfully completed 67% of the courses attempted with a minimum GPA of 2.0

11. During your education, were you ever expelled, suspended or placed on academic probation?

No     Yes    If YES, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. List any awards, honors, citations, or positions held in school organizations that deserve special recognition:

\_\_\_\_\_  
\_\_\_\_\_

13. List any special education or training that you received which may be related to law enforcement work:

\_\_\_\_\_  
\_\_\_\_\_

## Law Enforcement History

14. Do you have any prior law enforcement experience?

No       Yes      If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Have you ever been released, fired, or terminated from a law enforcement agency for any reason?

No       Yes      If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Have you ever been denied employment with a law enforcement agency?

No       Yes      If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Have you ever submitted an application for admission to any law enforcement or correctional officer academy?

No       Yes      If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Was your application for admission to any law enforcement or correctional officer academy ever rejected?

No       Yes      If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Have you ever failed to complete an academy training program?

No       Yes      If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Military History

20. Have you ever served in the United States Armed Forces?

No

Yes

If YES, which branch: \_\_\_\_\_

Current Rank: \_\_\_\_\_

21. List all separations and discharges (Honorable, Dishonorable, Medical, Other)

Year	Type
_____	_____
_____	_____
_____	_____

• **Attach DD Form 214, Long Form**

22. Are you active duty now?

No

Yes

Expected Discharge Date: \_\_\_\_\_

23. Were you ever tried, punished, reprimanded, the subject of Non Judicial Punishment, Article 15, Code of Military Justice, Captain's Mast, Court Martial, counseled, fined, reduced in rank for an infraction of any rule, regulation, order, procedure or violation of law while serving in the Armed Forces?

No

Yes

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Did you ever receive any medals, awards or commendations while serving in the Armed Forces?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Criminal History

**If you answer yes to any of the following criminal history questions, you must attach a detailed and complete explanation to include any arrest reports and/or court documents listing the final disposition. For the purposes of criminal justice employment, an arrest or conviction sealed or expunged under Florida law must be disclosed.**

25. Have you **ever** been **arrested** (either as a juvenile or adult), received a notice to appear, charged, convicted, pled Nolo Contendere or pled guilty to any criminal violation, regardless if the record was sealed, expunged, dropped or dismissed?

No       Yes      If YES, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

26. Have you **ever** had an arrest charge plea bargained or reduced?

No       Yes      If YES, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

27. Have you **ever** had an arrest record sealed or expunged?

No       Yes      If YES, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

28. Have you **ever** been convicted of a felony?

No       Yes      If YES, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

29. Have you **ever** been convicted of perjury or making a false statement under oath?

No       Yes      If YES, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

30. Have you **ever** been convicted of domestic violence or domestic battery?

No       Yes      If YES, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

31. Have you **ever** been convicted of a serious misdemeanor? **See Appendix I**

No       Yes      If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. Have you **ever** had adjudication withheld, sentence suspended or prosecution deferred for completing probation, community service or a treatment program?

No       Yes      If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Drug Use History

33. Are you currently using any illegal or controlled substance to include but not limited to: Cocaine, Heroin, LSD, PCP, ICE, Ecstasy, Mescaline, Psilocybin, GHB, Marijuana, Hashish, Amphetamines, Steroids or prescription drugs not prescribed to you?

No       Yes      If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. How would you describe your total drug use throughout your entire lifetime:

- Experimental User (less than 5 times)
- Occasional User (between 6 – 20 times)
- Recreational User (more than 20 times)
- Never Used

35. When was the last time you used or experimented with any illegal or controlled substance to include but not limited to: Cocaine, Heroin, LSD, PCP, ICE, Ecstasy, Mescaline, Psilocybin, GHB, Marijuana, Hashish, Amphetamines, Steroids or prescription drugs not prescribed to you?

\_\_\_\_\_ Date (Month/Year)  
\_\_\_\_\_  
\_\_\_\_\_

36. When was the last time you were in the presence of someone who used or experimented with any illegal or controlled substance to include but not limited to: Cocaine, Heroin, LSD, PCP, ICE, Ecstasy, Mescaline, Psilocybin, GHB, Marijuana, Hashish, Amphetamines, Steroids or prescription drugs not prescribed to them?

\_\_\_\_\_ Date (Month/Year)  
\_\_\_\_\_  
\_\_\_\_\_

37. Have you ever been involved in the sale, delivery, manufacturing or trafficking of any illegal or controlled substance to include but not limited to: Cocaine, Heroin, LSD, PCP, ICE, Ecstasy, Mescaline, Psilocybin, GHB, Marijuana, Hashish, Amphetamines, Steroids or prescription drugs?

\_\_\_\_\_ Date (Month/Year)

\_\_\_\_\_  
\_\_\_\_\_

### Driving History

38. Do you have a valid driver's license?  No  Yes Issuing State: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

- **Attach copy of Driver's License.**

39. Have you ever received any traffic violations (not parking tickets)?

No  Yes

- **List every state in which a license was issued to you and ATTACH a copy of your driving history for each state.** \_\_\_\_\_

40. Have you ever had your driver's license suspended or revoked?

No  Yes If YES, explain: \_\_\_\_\_

41. Do you have any unpaid parking tickets?

No  Yes If YES, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

42. Has your vehicle insurance ever been suspended or revoked?

No  Yes If YES, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Criminal Justice Institute  
Hillsborough Community College**

**Firearms Training Affidavit**

The purpose of this Firearms Training Affidavit is to determine if the applicant is eligible to possess a firearm and participate in firearms training in accordance with the Federal Firearms Law 18 U.S.C. 922, the Gun Control Act of 1967 and the Omnibus Consolidated Appropriations Act of 1997. Amendments to the Gun Control Act of 1968 make it unlawful for any person convicted of a "misdemeanor crime of domestic violence" to ship, transport, possess, or receive firearms or ammunition. The amendments also make it unlawful for any person to sell or otherwise dispose of a firearm or ammunition to any person knowing, or having reasonable cause to believe, that the recipient has been convicted of such a misdemeanor. The new prohibitions apply to all persons, including law enforcement officers.

To be certified by the Criminal Justice Standards and Training Commission, a recruit must demonstrate proficiency skills in criminal justice weapons. This proficiency must be demonstrated by each recruit during his/her basic training weapons course. The course requires the recruit to demonstrate proficiency in the use of a service handgun and shotgun. Under the Federal Gun Control Act, someone is prohibited from buying and possessing a firearm if (s)he

- is either under direct indictment or has been convicted for a crime punishable by imprisonment for more than one year;
- is a fugitive from justice;
- is an unlawful user of or addicted to any controlled substance.
- has been adjudicated as mentally defective or been committed to a mental institution;
- was dishonorably discharged from the Armed Forces;
- has renounced United States citizenship;
- is subject to a court order restraining him/her from harassing, stalking, or threatening an intimate partner or a child;
- has been convicted of domestic violence.

In response, Hillsborough Community College must ask the following questions in order to comply with the requirements of the Omnibus Consolidated Appropriations Act of 1997.

I understand that a person who answers "YES" to any of the questions is prohibited from purchasing and possessing a firearm. I also understand that the making of any false oral or written statement in response to the above questions is a crime punishable as a felony. I also understand that a person who answers "YES" to any of the questions cannot be admitted to the Law Enforcement or Correctional Officer training programs because (s)he cannot possess a firearm which is a requirement of the program curriculum.

43. Are you under indictment or information in any court for a crime for which the judge could imprison you for more than one year? An information is a formal accusation of a crime made by a prosecuting attorney ( ie.; the State Attorney's Office, U.S. Attorney's Office).

No       Yes      If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

44. Have you ever been convicted in any court of a crime for which the judge could have imprisoned you for more than one year, even if the judge actually gave you a shorter sentence?

No       Yes      If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

45. Are you a fugitive from justice?

No       Yes      If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

46. Are you an unlawful user of or addicted to marijuana, any depressant, stimulant or narcotic drug, or any other controlled substance?

No       Yes      If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

47. Have you ever been adjudicated mentally defective or been committed to a mental institution?

No       Yes      If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

48. Have you been discharged from the Armed Forces under less than honorable conditions?

No       Yes      If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



49. Are you an alien illegally in the United States?

No       Yes      If YES, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

50. Have you ever renounced your United States Citizenship?

No       Yes      If YES, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

51. Are you subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child of such a partner? An intimate partner is defined as the spouse of the person, a former spouse of the person, an individual who is a parent of a child of the person, or an individual who cohabitates or has cohabitated with the person?

No       Yes      If YES, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

52. Have you been convicted in any court of a misdemeanor crime of domestic violence? This includes any misdemeanor conviction involving the use or attempted use of physical force or threatened use of a deadly weapon committed by a current or former spouse, parent, guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian of the victim or by a person similarly situated as a spouse, parent or guardian of the victim. This includes all misdemeanors that involve the use of or attempted use of physical force (e.g., simple assault, assault, assault and battery), of the offense is committed by one of the defined parties.

A person is not considered to have been "convicted for purposes of the Federal Law if the conviction has been expunged or set aside or is an offense for which the person has been pardoned or has civil rights restored, unless, the pardon, expungement or restoration of civil rights expressly provides that the person may not ship, transport, possess/receive firearms.

No       Yes      If YES, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above answers are true and correct. I understand that a person who answers "YES" to any of the questions is prohibited from purchasing and possessing a firearm. I also understand that the making of any false (oral or written) statement in response to the above questions is a crime punishable as a felony.

\_\_\_\_\_  
Signature of Applicant (Must be signed in the presence of Notary)

\_\_\_\_\_  
Date

County of Hillsborough

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_  
*Date* *Name of Affiant*

He/She is personally known to me or has presented \_\_\_\_\_  
*Type of Identification*

as identification.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

NOTARY PUBLIC

\_\_\_\_\_  
*Title*

Seal

\_\_\_\_\_  
*Commission No.*

\_\_\_\_\_  
*Expires*

**Criminal Justice Institute  
Hillsborough Community College**

**AFFIDAVIT OF APPLICANT**

**Please Read Carefully Before Signing.**

I understand that, in order to qualify for certification as a law enforcement officer, I must fully comply with the following State of Florida minimum requirements (Section 943.13, F.S.):

1. Be at least 19 years of age.
2. Be a citizen of the United States.
3. Be a high school graduate or its equivalent.
4. Not have been convicted of any felony or of a misdemeanor involving perjury or false statement.
5. Not have plead guilty or Nolo Contendere after July 1, 1981, to any felony or misdemeanor involving perjury, false statement or domestic violence, whether or not adjudication was withheld or sentence suspended.
6. Not have received a dishonorable discharge from any of the United States Armed Forces.
7. Have a good moral character as defined by Subsection 943.13 (7), Florida Statutes and Rule 11B-27.0011, F.A.C. (Florida Administrative Code)
8. Complete a sworn application.
9. Have passed a background investigation.
10. Have been fingerprinted.
11. Have successfully completed a medical examination to include an EKG and drug screen.
12. Have successfully completed a CJSTC approved basic recruit training program.
13. Have achieved an acceptable score on the CJSTC approved Officer Certification examination.
14. Have obtained employment within four years of beginning the CJSTC approved basic recruit training program.

I further understand that by signing the document I am attesting that I understand I must meet all of the above qualifications for certification as a law enforcement officer. I have read my application and it is true and correct.

**NOTICE:** This application shall constitute an official statement within the purview of Section 837.06, Florida Statutes, and is subject to verification by the Hillsborough Community College and/or the Criminal Justice Standards and Training Commission. Any intentional omission or false statement in this application shall constitute a misdemeanor of the second degree and will disqualify you from employment as a law enforcement officer.

\_\_\_\_\_  
Signature of Applicant (Must be signed in the presence of Notary)

\_\_\_\_\_  
Date

State of Florida County/City \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ who is personally known to me, or who has produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

Seal

**Criminal Justice Institute  
Hillsborough Community College**

**AFFIDAVIT OF TRUTHFULNESS**

I hereby affirm that this application contains no concealment of material facts, misrepresentations, falsifications, omissions, or, that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware, should an investigation disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application will be rejected and I will be disqualified from applying in the future. If I am enrolled in the program, I may be dismissed.

Also, I understand that my enrollment and completion of this program does not guarantee my employment by a criminal justice agency.

\_\_\_\_\_  
Signature of Applicant (Must be signed in the presence of Notary)

\_\_\_\_\_  
Date

**Affidavit**

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_  
Date Name of Affiant

He/She is personally known to me or has presented \_\_\_\_\_  
Type of Identification

as identification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**NOTARY PUBLIC**

Title

Seal

\_\_\_\_\_  
Commission No.

\_\_\_\_\_  
Expires

**Criminal Justice Institute  
Hillsborough Community College**

**Personal Inquiry Waiver  
Authority for Release of Information**

To: Concerned Person or Authorized Representative of any Organization, Institution or Repository of Records	Applicant's Name:
	Date of Birth:
	Social Security #:

I respectfully request and authorize you to furnish Hillsborough Community College any and all information that you have concerning my personal information, work record, school record, military record, arrest record and driving record. Please include any and all medical, physical, and mental records or reports including all information of a confidential or privileged nature, and photostatic copies of same, if requested. This information is to assist in determining my qualification and fitness for the position I am seeking with the Hillsborough Community College.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

\_\_\_\_\_  
Signature of Applicant (Must be signed in the presence of Notary)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Affidavit**

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_  
Date Name of Affiant

He/She is personally known to me or has presented \_\_\_\_\_  
Type of Identification

as identification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**NOTARY PUBLIC**

Title

*Seal*

\_\_\_\_\_  
*Commission No.*

\_\_\_\_\_  
*Expires*

**Criminal Justice Institute  
Hillsborough Community College**

**RELEASE OF INFORMATION CONSENT FORM**

I, \_\_\_\_\_, do hereby give my permission to Hillsborough Community College, Criminal Justice Institute, to release my records pertaining to my grades, performance, conduct and attendance to the Criminal Justice Standards and Training Commission and to my current employer (if employed by a criminal justice agency) or potential criminal justice employer.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## Drug Testing Consent Form

In keeping with the efforts of Hillsborough Community College to identify the most qualified individuals for the law enforcement profession, I do hereby voluntarily consent to the sampling and subsequent testing for the presence of any illegal drug or controlled substance. I understand that my refusal to supply the necessary sample shall be grounds for rejection of my application and disqualification for admission.

I understand that the results of the testing may be utilized in conjunction with any other information developed during the application process to determine my eligibility for admission to the law enforcement officer certification training program. Written laboratory reports may be subject to disclosure under Florida's Public Records Act. Drug test results under this policy will not be disclosed for the purposes of criminal prosecution.

I further certify that I am not currently using, taking, or injecting any drug, narcotic, marijuana, or other habit forming substance without such substance being lawfully prescribed by and under the direction of a licensed medical doctor. I also understand that any falsification or misrepresentation with respect to this certification will disqualify me from consideration for admission.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Criminal Justice Institute  
Hillsborough Community College**

**RELEASE AND HOLD HARMLESS FORM**

This form must be completed before a student may participate in any practicum or related activities associated with the program.

Student Name: \_\_\_\_\_

Social Security No.:

\_\_\_\_\_

In consideration of the permission and privileges extended to me to utilize college facilities during the Criminal Justice Institute program courses, which activities may pose certain danger or injury to myself and my property, and in recognition of the inherent dangers involved therein, I, (print name)

\_\_\_\_\_

hereby assume all risks, on behalf of myself, my heirs and personal representatives, and hereby hold the Board of Trustees of Hillsborough Community College (Board) and their agents and employees free and indemnified and hold harmless from any and all claims, demands, liabilities or cause of action of every kind or character, whether in law or in equity, by reason of any death, injury or damage to any person or persons, or damage to or destruction of property of the Board, their agents or employees, or any third persons, from any cause or causes whatsoever while in or upon or with respect to the use of the College's property or any part thereof arising out of the College's intentional acts, negligent acts, errors or omission in rendering the curriculum and all related practicums and activities associated with Criminal Justice Institute Programs; and I hereby covenant and agree to indemnify and to save harmless the Board, their agents and employees, of and from any and all such claims, demands, liabilities and causes of action (including attorney's fees and costs through any and all appeals).

\_\_\_\_\_

Student's Signature Date



**Criminal Justice Institute  
Hillsborough Community College**

**Physical Fitness Liability Waiver**

I, \_\_\_\_\_ (print name), an applicant for the physically challenging law enforcement program, declare that I am currently engaged in a regular physical exercise program and can complete HCC's physical fitness test without causing harm to myself.

I understand that HCC's physical fitness test is comprised of a 1.5 mile run, one minute of sit-ups and one minute of push-ups. Sit-ups are performed with the shoulder blades touching the floor, hands behind the head with fingers interlaced, knees bent at ninety degrees and feet placed flat on the floor. Push-ups are performed with the hands flat on the floor and shoulder width apart, arms fully extended, body held straight, feet no more than 3 inches apart and toes touching the floor.

I further understand the purpose of these tests is to measure my general level of physical fitness that is required to perform the essential functions of law enforcement training.

By participating in the above described physical fitness tests, I hereby assume all risks associated thereto and I voluntarily waive any and all claims against Hillsborough Community College, its employees and facilities due to any injury or damage sustained with my participation and execution of these physical tests.

\_\_\_\_\_  
Signature of Applicant (Must be signed in the presence of Notary) \_\_\_\_\_  
Date

State of Florida County/City \_\_\_\_\_

**Affidavit**

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_  
Date Name of Affiant

He/She is personally known to me or has presented \_\_\_\_\_  
Type of Identification

as identification. \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**NOTARY PUBLIC**  
\_\_\_\_\_  
Title

*Seal*

\_\_\_\_\_  
*Commission No.*

\_\_\_\_\_  
*Expires*

## GOOD MORAL CHARACTER

The Florida Criminal Justice Standards and Training Commission defines failure to maintain good moral character as follows:

- A. Any act or acts which would constitute a felony, whether criminally prosecuted or not.
- B. Any act or acts which would constitute a serious misdemeanor, whether criminally prosecuted or not.
- C. Any act or acts which would cause substantial doubt about honesty, fairness, or respect for the rights of others.
- D. The unlawful use of any controlled substance.

### **LIST OF MISDEMEANOR OFFENSES**

The enumerated misdemeanors in subsection (4) (b) of Rule 11B-27.0011 of the Florida Administrative Code (FAC) are as follows:

<a href="#">316.193</a>	Driving under the influence	<a href="#">817.565</a>	Urine testing, fraudulent practices
<a href="#">327.35</a>	Boating under the influence	<a href="#">817.567</a>	Making false claims of academic degree or title
<a href="#">414.39</a>	Fraud	<a href="#">817.61</a>	Fraudulent use of credit cards
<a href="#">741.31</a>	Violation of an injunction for protection against domestic violence	<a href="#">817.64</a>	Receipt of money, etc., obtained by fraudulent use of credit cards
<a href="#">784.011</a>	Assault	<a href="#">827.04</a>	Contributing to the delinquency or dependency of a child
<a href="#">784.03</a>	Battery	<a href="#">828.12</a>	Cruelty to animals
<a href="#">784.47</a>	Violating protective injunction	<a href="#">831.30</a>	Medicinal drugs; fraud in obtaining
<a href="#">784.48</a>	Stalking	<a href="#">831.31</a>	Counterfeit controlled substance; sale, manufacture, delivery, or possession with intent to sell, manufacture, or deliver
<a href="#">784.05</a>	Culpable negligence	<a href="#">832.05</a>	Giving worthless checks, drafts, and debit card orders
<a href="#">790.10</a>	Improper exhibition of dangerous weapons or firearms	<a href="#">837.05</a>	False reports to law enforcement authorities
<a href="#">790.15</a>	Discharging firearm in public	<a href="#">837.055</a>	False information to law enforcement during investigation
<a href="#">790.27</a>	Alteration or removal of firearm serial number or possession, sale, or delivery of firearm with serial number altered or removed	<a href="#">837.06</a>	False official statements
<a href="#">794.027</a>	Duty to report sexual battery	<a href="#">839.13</a>	Falsifying records
<a href="#">796.07</a>	Prostitution	<a href="#">839.20</a>	Refusal to execute criminal process
<a href="#">800.2</a>	Unnatural and lascivious act	<a href="#">843.2</a>	Resisting officer without violence to his or her person
<a href="#">800.3</a>	Exposure of sexual organs	<a href="#">843.3</a>	Obstruction by disguised person
<a href="#">806.101</a>	False alarms of fires	<a href="#">843.06</a>	Neglect or refusal to aid peace officers
<a href="#">806.13</a>	Criminal mischief	<a href="#">843.085</a>	Unlawful use of police badges or other indicia of authority
<a href="#">810.08</a>	Trespass in structure or conveyance	<a href="#">847.011</a>	Prohibition of certain acts in connection with obscene, lewd, etc., materials
<a href="#">810.14</a>	Voyeurism prohibited; penalties	<a href="#">856.021</a>	Loitering or prowling
<a href="#">812.14</a>	Theft	<a href="#">870.01</a>	Affrays and riots
<a href="#">812.15</a>	Retail and farm theft	<a href="#">893.13</a>	Prohibited acts
<a href="#">812.14</a>	Trespass and larceny with relation to utility fixtures	<a href="#">893.147</a>	Use, possession, manufacture, delivery, transportation, or advertisement of drug paraphernalia
<a href="#">817.235</a>	Personal property; removing or altering identification marks	<a href="#">914.22</a>	Tampering with or harassing a witness, victim, or informant
<a href="#">817.49</a>	False reports of commission of crimes	<a href="#">934.03</a>	Interception and disclosure of wire, oral, or electronic communications prohibited
<a href="#">817.563</a>	Controlled substance named or described in s. 893.03; sale of substance in lieu thereof	<a href="#">944.35</a>	Authorized use of force; malicious battery and sexual misconduct prohibited; reporting required
		<a href="#">944.37</a>	Acceptance of unauthorized compensation
		<a href="#">944.39</a>	Interference with prisoners



# HILLSBOROUGH Community College

A/R/R Operator	Entry Term
Date	
Student ID #	

## Application for the Law Enforcement Training Academy at HCC

FOR OFFICE USE ONLY

Please print /type with **black ink** all information.

### PERSONAL INFORMATION

Legal Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Previous Name (if any) \_\_\_\_\_

Local Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Residence (at time of application) City \_\_\_\_\_ State \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Ethnicity (*The information you provide in this section will not be used in a discriminatory manner.*)

Only check one:  White  Black or African American  Asian  Native American or Pacific Islander  American Indian or Alaskan Native

Gender  Male  Female Email Address \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student Driver's License: \_\_\_\_\_

U.S. Citizen?  Yes  No If No, Name of country \_\_\_\_\_

Are you a Resident Alien? Yes  No  Resident Alien # \_\_\_\_\_ Date Issued \_\_\_\_\_

Country of citizenship \_\_\_\_\_ Please attach copy of RA card. Card must be submitted with application.

For Applicants who entered the U.S. on a Visa and are not a resident alien.

Date of entry into the U.S. \_\_\_\_\_ Visa Type \_\_\_\_\_ Date Issued \_\_\_\_\_

Country Issuing Visa \_\_\_\_\_ Expiration Date \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Please attach a copy 1-94 card and visa.

### ADMISSION STATUS

When do plan to enroll: Year \_\_\_\_\_ Check one:  Fall (August start)  Spring (January Start)  Summer (May Start)

Attending?  Full Time  Part-time

INCOMPLETE APPLICATIONS WILL CAUSE A DELAY IN YOUR NAME BEING PLACED ON THE WAITING LIST

**EDUCATIONAL BACKGROUND**

**Secondary Education**

HCC requires a standard high school diploma or a certificate of completion (college placement test eligible). Applicants who do not meet this requirement should meet with an advisor or counselor. You are required to submit all official transcripts directly to the HCC Transcript Office, P.O. Box 31127, Tampa, FL 33631-3127. If you did not attend college, submit your official standard high school transcript or GED scores to the campus you plan to attend. Financial aid applicants must submit high school and college transcripts.

Name High School	City HS located	State HS located/ Foreign Country	Grad. Month	Grad. Day	Grad. Year

Plan to Graduate: I will be receiving:

Name High School	City HS located	State HS located /Foreign Country	Grad. Month	Grad. Day	Grad. Year

General Education Diploma (GED) from the Military or State \_\_\_\_\_ Date \_\_\_\_\_ GED scores must be submitted to ARR

**Postsecondary Information**

List all colleges, universities, technical schools, ect., that you are currently or have previously attended including HCC.

Name of Institution (Print/type complete Name)	City / State/ Foreign Country	Dates of Attendance From mm/yy to mm/yy	Hours earned or Degree awarded.

**RESIDENCE CLASSIFICATION** (Please read carefully)

A Florida "resident for tuition purposes" is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residence in Florida for at least 12 consecutive months. Residence in Florida must be for the purpose of establishing a permanent home and not merely incident to enrollment at an institution of higher education. Other persons not meeting the twelve-month legal residence requirements may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories authorized by the Florida legislature. All other persons are ineligible for classification as a Florida "resident for tuition purposes".

To qualify as a Florida resident for tuition purposes you must be a U.S. citizen, permanent resident alien, or a legal alien granted indefinite stay by the Bureau of Citizenship and Immigration Services. Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents. Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes for the term for which a Florida resident classification is sought. A copy of your most recent tax return or other documentation may be requested to establish dependence/independence.

DEFINITIONS: (A) DEPENDENT: A person for whom 50% or more of his/her support is provided by another as defined by the Internal Revenue Service and is under age 24.

(B) INDEPENDENT: A person who provides more than 50% of his/her own support and is 24 and older.

**NON-FLORIDA RESIDENTS ONLY**

I understand that I do not qualify as a Florida resident for tuition purposes for the term which this application is submitted and that if I should qualify for a future term, it will be necessary for me to file the required documentation prior to the beginning of the term in order to be considered for Florida residency classification.

\_\_\_\_\_  
Signature in Ink

\_\_\_\_\_  
Date

\_\_\_\_\_  
State of Residence prior to Florida

\_\_\_\_\_  
Date Moved to Florida

**CHECK ONE CATEGORY - FLORIDA RESIDENT FOR TUITION PURPOSES AFFIDAVIT**

(IF YOU DO NOT QUALIFY, SIMPLY SIGN THE NON-FLORIDA RESIDENT SECTION ABOVE)

<input type="checkbox"/> 1. I am an independent person and have maintained legal residence in Florida for at least 12 consecutive months.	<input type="checkbox"/> 8. I am a member of the armed services of the United States and am stationed in Florida on active military duty pursuant to military orders, or my home of record is Florida [or I am the member's spouse or dependent child]. <b>(Copy of military orders (DD2058) or military document showing home of record required.)</b>
<input type="checkbox"/> 2. I am a dependent person and my parent or legal guardian has maintained legal residence in Florida for at least 12 consecutive months.	<input type="checkbox"/> 9. I am a full-time Instructional or administrative employee employed by a Florida public school or institution of higher education [or I am the employee's spouse or dependent child]. <b>(Copy of employment verification required.)</b>
<input type="checkbox"/> 3. I am a dependent person and my parent or legal guardian and my relative has maintained legal residence in Florida for at least 12 consecutive months. <b>(Attach a notarized verification letter. Adult relative must also complete the residency information.)</b>	<input type="checkbox"/> 10. I am part of the Latin American/Caribbean scholarship program. <b>(Copy of scholarship papers required.)</b>
<input type="checkbox"/> 4. A Florida public college/university declared me a resident for tuition purposes. Name of Institution _____ <b>(Attach verification from Institution.)</b>	<input type="checkbox"/> 11. I am a qualified beneficiary under the terms of the Florida Pre-Paid Post-Secondary Expense Program (S1009.971,F.S.). <b>(Copy of card required.)</b>
<input type="checkbox"/> 5. I am married to a person who has maintained legal residence in Florida for at least 12 consecutive months. I have established legal residence and intend to make Florida my permanent home. <b>(Copy of marriage certificate required.)</b>	<input type="checkbox"/> 12. I am a full-time employee of a state agency or political subdivision of the state whose student fees are paid by the state agency or a political subdivision for the purpose of job-related law enforcement or corrections training. <b>(Letter of verification required.)</b> (S1012.01,F.S.)
<input type="checkbox"/> 6. I was previously enrolled at a Florida state institution and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 consecutive months ago and am now re-establishing Florida legal residence. <b>(Attach verification from Institution.)</b>	<input type="checkbox"/> 13. I am a full-time student participating in a linkage institute (S.288.8175,F.S.) <b>(Letter of verification required.)</b>
<input type="checkbox"/> 7. According to the United States Bureau of Citizenship and Immigration Services, I am a permanent resident alien or other legal alien granted indefinite stay. I have maintained domicile in Florida for at least 12 consecutive months. <b>(BCIS documentation required.)</b>	

**REQUIRED OF ALL FLORIDA RESIDENTS - ATTACH COPIES OF DOCUMENTATION INDICATED ABOVE** - Additional documentation (e.g. copies of voter's registration, tax returns, deeds, etc.) may be required by HCC in some cases. **ALL DOCUMENTATION IS SUBJECT TO VERIFICATION.** Someone other than the student (e.g., parent) should complete this affidavit if the student is dependent or seeks to be classified as a Florida resident by virtue of a relationship. Otherwise, the student should complete this affidavit. **PLEASE PRINT:** (Two forms of ID are required)

**1. Name of Student:** \_\_\_\_\_ **2. Student SSN:** \_\_\_\_\_

The **CLAIMANT** is the person who is claiming Florida residency, (e.g., the student (if independent), parent, spouse, or legal guardian). All of the questions below pertain to the claimant.

**3. Name of Claimant:** \_\_\_\_\_ **4. Relationship of Claimant to Student:** \_\_\_\_\_

**5. Permanent Legal Address of Claimant:** \_\_\_\_\_  
Street Address City State Zip

**6. Date Claimant Began Establishing Legal Florida Residence:** \_\_\_\_\_

**7. Telephone Number of Claimant:** ( ) \_\_\_\_\_  
Claimant's Claimant's

**8. Driver's License:** \_\_\_\_\_ **9. Vehicle Registration:** \_\_\_\_\_

STATE NUMBER ISSUE DATE STATE TAG NUMBER ISSUE DATE

**10. Claimant's Voter Registration:** \_\_\_\_\_

STATE NUMBER COUNTY ISSUE DATE

**ADDITIONAL DOCUMENTATION MAY BE REQUESTED BY THE INSTITUTION**

I do hereby swear or affirm that the above-named student meets all requirements indicated in the checked category above for the classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties pursuant to 837.06, Florida Statutes, and that a false statement in this affidavit may subject the above named student to the penalties for making a false or fraudulent statement.

\_\_\_\_\_  
 Signature in ink of person claiming Florida Residency Date

**CERTIFICATION**

I agree to abide by all rules and regulations of Hillsborough Community College. I agree that if my credentials are not complete within the initial term of enrollment or if any information is found to be false, I may be suspended from classes without any refund of any fees paid.

I understand that I may be provisionally admitted until all of my transcripts and related academic records have been received.

I authorize HCC to obtain my Florida public school/college/university records and test scores through the use of electronic means, if my former school participates in the Florida Automated System for Transferring Educational Records (FASTER). I agree to the release of any transcripts and test scores to HCC, including any score reports that HCC may request from the College Board or ACT.

I DECLARE under penalty of perjury punishable by law under Section 775.08, Florida Statutes, that information contained in my application and the Certificate of Residency set forth above is true and accurate.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT DATE

**FAILURE TO SUBMIT THE FOLLOWING DOCUMENTATION WITH  
YOUR APPLICATION WILL RESULT IN YOUR APPLICATION BEING  
RETURNED TO YOU AS INCOMPLETE.**

To be in compliance with Florida Law and State Board of Education Rule, two forms of documentation dated or issued at least 12 months prior to the first day of classes for the term (defined as the regular 16-week term) in which residency is requested ARE REQUIRED. The two forms of documentation must be presented prior to the last day of drop/add for the intended term of enrollment. Possession of a legal tie to any other state (driver's license, vehicle registration, voter registration) negates the ability to be classified as a Florida resident for tuition purposes.

- Florida driver's license issued 12 months prior to the first day of classes (original issue)
- Florida Vehicle registration
- Florida Voter's registration issued 12 months prior to the first day of classes
- Florida State Identification Card issued 12 months prior to the first day of classes (only for individuals who do not or cannot drive) accompanied by notarized statement indicating that the student or the student's mother, father or legal guardian does not drive, does not hold a driver's license in any state, and does not own a vehicle
- Letter of employment on company letterhead indicating (a) full-time non-temporary employment in Florida or (b) part time permanent employment in Florida
- Proof of purchase of permanent home in Florida with documentation of the filing of Homestead Exemption
- Professional of Occupation license in Florida issued 12 months prior to the first day of classes
- Declaration of Domicile filed with the Clerk of Court at least 12 months prior to enrollment

**NOTE: Rent receipts, utility bills, telephone bills, leases and tax returns are not acceptable for validating legal Florida residence for tuition purposes at a state-supported institution.**