



School of Emergency Services

Criminal Justice Training Center

Advanced Technology College
1770 Technology Blvd.
Daytona Beach, FL 32117
(386) 506-4202

To: Prospective Applicant
From: Director, Criminal Justice Training Center
Subject: Law Enforcement and Correctional Officer Academy Application

Thank you for your interest in the Daytona State College Basic Recruit Academy. This academy provides instruction and learning as provided in the curriculum mandated by the Florida Department of Law Enforcement for all individuals perusing a career in Law Enforcement in the state of Florida. The Daytona State College Criminal Justice Training Center is certified by the Criminal Justice Standards and Training Commission through the Florida Department of Law Enforcement in accordance with Florida Statute 943.

The purpose of the application is to seat those best qualified to become a Law Enforcement or Correctional Officer. The process was developed by the Criminal Justice Training Center at Daytona State College with the assistance of the Law Enforcement and Correctional Assessment Committees and the endorsement of the Criminal Justice Advisory Committee.

The Law Enforcement Academy is 770 hours in length and consists of 20 courses required by the State of Florida for law enforcement certification. Daytona State College Basic Recruit Academy offers two schedules for the programs:

- **Full-time** classes are offered four (4) times each year, typically scheduled to start in January, April, July, and October. This program is 40 (+/-) hours per week, Monday through Friday from 8 a.m. to 5 p.m. Some sessions may be conducted from 1 p.m. to 10 p.m., and there may be some Saturday sessions scheduled. There may be weeks which are scheduled from Monday through Thursday 8 a.m. to 7 p.m. to accommodate for testing and Physical Training. Depending on holidays or emergencies, these programs last five (5) to six (6) months. Students are provided with a complete schedule at the beginning of the program.
- **Part-time** classes are offered once a year, contingent upon enrollment, typically scheduled to start in March. This program is 24 (+/-) hours per week, Monday through Thursday from 6 p.m. to 10 p.m. and Saturday 8 a.m. to 5 p.m.

The Correctional Officer Training Academy is 420 hours in length and consists of 12 courses required by the State of Florida for correctional officer certification. Daytona State College Basic Recruit Academy typically offers **full-time** programs two (2) times each year, typically scheduled to start in January and June. This program is 40 (+/-) hours per week, Monday through Friday from 8 a.m. to 5 p.m. Some sessions may be conducted from 1 p.m. to 10 p.m., and there may be some Saturday sessions scheduled.

Your ability to complete the application as requested will be evaluated for acceptance into the Daytona State College Basic Recruit Academy.

To become employed as a certified law enforcement, correctional officer in Florida individuals must:

- Be at least 19 years of age for law enforcement and correctional probation.
- Be at least 18 years of age for corrections.
- Be a citizen of the United States.
- Have earned a high school graduate or equivalent (GED).
- Have not been convicted of any felony or of any misdemeanor involving perjury or a false statement.
- Any person who, after July 1, 1981, pleads guilty or nolo contendere to, or is found guilty of any felony or of a misdemeanor involving perjury or a false statement, shall not be eligible for employment or appointment as an officer, notwithstanding suspension of sentence or withholding of adjudication.
- Have never received a dishonorable discharge from any of the Armed Forces of the United States.

- Have good moral character.
- Have passed a Commission approved Basic Abilities Test, if not certified and attending a Florida Basic Recruit Training Program.
- Have successfully completed the Florida Basic Recruit Training Program for the respective discipline.
- Have achieved a passing score on the State Officer Certification Examination.
- Have been fingerprinted by the employing agency with prints processed by the FDLE and the FBI.
- Have successfully passed a background investigation, to include drug testing.
- Have passed a physical examination by a licensed physician, physician assistant, or certified advanced registered nurse practitioner.

Daytona State College recognizes that an individual's Social Security number is a unique form of identification that can be utilized to obtain sensitive information. However, DSC must collect Social Security numbers under certain circumstances to accurately and efficiently perform its duties and functions as an educational institution. Social Security numbers are collected only for the following purposes: identification and verification; background checks; billing and payments; payroll administration; tax reporting; state and federal educational and employment reporting; administration of federally funded financial aid and student services programs; vendor applications; and independent contractors. This statement has been prepared by Daytona State College in compliance with Florida Statute 119.071(5).

Daytona State College pledges nondiscrimination, equal access, equal education opportunity and equal employment opportunity to all persons regardless of race, ethnicity, religion, national origin, age, gender, disability, marital status, ancestry, or political affiliation. Our pledge covers recruitment, admission, registration, financial assistance, counseling, advising, course offerings, extracurricular programs, facilities, health services, athletics, employment and its privileges and benefits. For more information about Daytona State College's equal access and equal opportunity policies, procedures, and practices, call the Director of Institutional Equity at (386) 506-3916.

Approximate Cost for Law Enforcement and Correctional Officer Academy

Law Enforcement Academy

	<i>In-State</i>	<i>Out of State</i>
Tuition	\$2,240	\$8,578
Lab Fees	\$425	\$425
Total	\$2,665	\$9,183

*Financial Aid is available for the Law Enforcement Academy through the Financial Aid Department in building 100, located on the Main Daytona Beach campus. **Please be aware** that the figures above are estimates and these figures can change due to FDLE changes in curriculum, tuition rates and lab fees.*

Correctional Officer Academy

	<i>In-State</i>	<i>Out of State</i>
Tuition	\$1,221	\$4,675
Lab Fees	\$325	\$325
Total	\$1,546	\$5,000

*Financial Aid is **NOT** available for the Correctional Officer Academy. **Please be aware** that the figures above are estimates and these figures can change due to FDLE changes in curriculum, tuition rates and lab fees.*

Miscellaneous Costs of Academies (approximate)

Basic Abilities Test	\$40
State Officer Certification Exam	\$100
Graduation Fee	\$10
Physical Exam	\$150
Drug Screen	\$40
Fingerprints	\$60
Uniform/Books	\$800
Total	\$1,200

Checklist

- Take and Pass the FDLE Basic Abilities Test (see enclosed instructions)
- Complete application
- Apply for Admission to Daytona State College at www.daytonastate.edu/apply
- Physical Examination (see the CJSTC 75 Form enclosed)
- EKG
- Drug Screen (see the CastleBranch information sheet)
- Fingerprints Processing (see the MacData Form enclosed)
- Obtain Driving Record (see the state Department of Highway Safety & Motor Vehicle)

Include Copies of the Following

- Birth Certificate
- Florida Driver's License
- Social Security Card
- High School Diploma/GED
- ANY/ALL Criminal History Documentation
- FDLE Basic Abilities Test score
- DD214 – if applicable

Only **COMPLETED** Applications will be accepted by staff in the Criminal Justice Training Center. The Training Center Director and Staff will review all applications. A brief interview will be scheduled with the Director and/or Program Manager upon review.

You may be disqualified for any of the following reasons:

- **Incomplete Application/Forms.**
- **Insufficient score on FDLE BAT Test.**
- **Criminal History which will preclude certification by the State of Florida.**
- **Unfavorable background, criminal record, or driving record which will exclude the applicant from employment consideration.**
- **Any physical condition which, without reasonable accommodations, precludes the applicant from becoming a law enforcement or correctional officer.**
- **The unexplained presence of any controlled substance detected during urinalysis.**
 - **If controlled substances are detected, you must provide evidence it was used lawfully.**

If your address, phone number, and/or criminal history changes subsequent to filing your initial application, you must notify the Criminal Justice Training Center.



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Check One: Law Enforcement Corrections

Applicant Information

Full Name: _____ Maiden: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____ Sex: MALE FEMALE

Height: _____ Weight: _____ lbs. Eye Color: _____ Hair Color: _____

Are you a citizen of the United States? YES NO
Are you a Florida resident? YES NO *If yes, when?* _____
Are you Naturalized? YES NO *Certificate #* _____

List ALL names (real and nickname) you have been known by: _____

Have you ever applied to any law enforcement agency? (City/County/State/Federal) YES NO

List agencies here: _____

Were you rejected or dismissed by any law enforcement training school or academy? YES NO

If yes, explain: _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Employment History

List every place you have been employed in past ten (10) years starting with the most recent. Give complete information and if there is not enough space, use additional paper. **Supply Month/Year** for each employment Start and End Date.

Employer: _____ Phone: _____

Address: _____

Job Title: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

Job Title: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

Job Title: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

Job Title: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

Job Title: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

May we contact your current employer?

YES NO

Were you ever discharged, terminated, fired, or asked to resign?

YES NO

Were you ever disciplined during any employment?

YES NO

Education

List the information of the High School you received your Diploma/GED.

Diploma

GED

High School: _____

City/State: _____

Year Graduated: _____

Associates Degree Bachelor's Degree Master's Degree

School: _____

Major: _____

Years Attended: _____

Associates Degree Bachelor's Degree Master's Degree

School: _____

Major: _____

Years Attended: _____

Associates Degree Bachelor's Degree Master's Degree

School: _____

Major: _____

Years Attended: _____

List other certificates or degrees: _____

List other institutions attended: _____

Military Service

Have you served in any branch of the U.S. Armed Forces?

YES

NO

Branch: _____

Are you currently in the Reserved Forces or National Guard?

YES

NO

Branch: _____

Were you ever court-martialed, tried on charges, or given non-judgment punishment under Article 15?

YES

NO

Were you Discharged other than Honorably Discharged?

YES

NO

If yes, explain: _____

List dates of Active Military Service

To: _____

MM/YY

From: _____

MM/YY

Branch: _____

Rank: _____

To: _____

MM/YY

From: _____

MM/YY

Branch: _____

Rank: _____

To: _____

MM/YY

From: _____

MM/YY

Branch: _____

Rank: _____

Criminal History

This form must be signed in front of a Notary Public.

There will be **NO EXCEPTION** to the following requirements.

The following pages **MUST** be filled out in its entirety for **each and every prior arrest, summons, citation, and Notice to Appear** regardless of the circumstances, case disposition and where in the United States it occurred.

List and provide **ALL** official copies to **ALL** offenses which include:

- A. Felonies
- B. Misdemeanors
- C. Juvenile Offences
- D. Ordinances/Ordinance Violations
- E. Notice to Appear
- F. Traffic Offenses – including citations (speeding tickets)
 - Applicants must provide a copy of your driving record, even if there are no traffic offenses.

ANY omission, intentional or otherwise regarding any prior offenses will preclude your admission to the Law Enforcement or Correctional Officer Academy at Daytona State College.

All information obtained will be used solely for the purpose of police application screening. Additional forms may be obtained from the Criminal Justice Training Center office, or you may make copies as needed.

If you have **NO PRIOR RECORD OF ANY KIND** (this includes Traffic Offenses), check the box below.

I certify that I have never been arrested, charged with any felony, misdemeanor, juvenile offense, ordinance/ordinance violation, traffic citation or received any Notice to Appear.

I CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS ACCURATE, TRUE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant Signature: _____ Date: _____

STATE OF _____

COUNTY OF _____

Witness, my hand and official seal, this _____ day of _____ A.D. 20_____.

Personally known to me

Produced Identification

Type of Identification Produced: _____

Notary Public

Criminal History

- | | | |
|--|---------------------------------|--------------------------------|
| 1. Have you ever been arrested, charged, convicted, plead nolo contendere, or plead guilty to any violation (including as a juvenile) whether the record was sealed or expunged? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 2. Have you ever been arrested or charged with any felony and/or misdemeanor? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 3. Have you ever been convicted of any felony and/or misdemeanor? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 4. Have you ever been convicted of misdemeanor involving moral turpitude, false statements, perjury, or Domestic Violence? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 5. Have you ever been arrested or charged specifically for Domestic Violence, even if the charges were dropped? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 6. Have you ever been given a polygraph examination by a law enforcement agency for any reason? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 7. Are you or have you ever been a member of a gang or any association that engages in criminal activity? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 8. Have you ever taken anything from an employer without permission? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 9. Has your record been sealed or expunged? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 10. Have you ever been charged with or had a capias (warrant) issued for you due to your failure to appear in court? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

If yes, explain: _____

List all social media account usernames: _____

Criminal History

List and provide **ALL** official copies to **ALL** offenses including any **YES** indications from the previous page. Attach any additional pages as needed.

Name: _____ Date: _____

Agency: _____ City/State: _____

Date of Offense: _____ Nature of Offense: _____
MM/DD/YY

Circumstance of Offense: _____

Name: _____ Date: _____

Agency: _____ City/State: _____

Date of Offense: _____ Nature of Offense: _____
MM/DD/YY

Circumstance of Offense: _____

Name: _____ Date: _____

Agency: _____ City/State: _____

Date of Offense: _____ Nature of Offense: _____
MM/DD/YY

Circumstance of Offense: _____

Name: _____ Date: _____

Agency: _____ City/State: _____

Date of Offense: _____ Nature of Offense: _____
MM/DD/YY

Circumstance of Offense: _____

Criminal History/Background Authorization

This form must be signed in front of a Notary Public.

I authorize the staff of the Criminal Justice Training Center, Daytona State College, or their authorized representative, to enter my name and personal data into the NCIC/FCIC computer for a criminal history check.

Full Name: _____ Maiden: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Date of Birth: _____ SS No. _____

Race: _____ Sex: MALE FEMALE

I CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS ACCURATE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant Signature: _____ Date: _____

STATE OF _____

COUNTY OF _____

Witness, my hand and official seal, this _____ day of _____ A.D. 20____.

Personally known to me

Produced Identification

Type of Identification Produced: _____

Notary Public

Drug History

Indicate if you have ever TRIED, USED, or EXPERIMENTED with any of the following:

Yes	No	Name	Total Times Used	Date Last Used
<input type="checkbox"/>	<input type="checkbox"/>	<i>Marijuana</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Hashish</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Cocaine</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Crack Cocaine</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Opium</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Heroin</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Barbiturates</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Downers</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Amphetamines</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>LSD</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Mushrooms</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>MDMA (Ecstasy)</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Rohypnol (Ruffies)</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Ketamine (Special K)</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>GHB</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Methamphetamine</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>PCP</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Mescaline</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Inhalants (Poppers)</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Glue (Sniffing/Huffing)</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Steroids</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<i>Other:</i>		

Have you ever been involved in the sale of illegal drugs, either directly or indirectly? YES NO

If yes, explain: _____

Have you ever been involved in any way with the purchase of illegal drugs or in a drug deal? YES NO

If yes, explain: _____

Have you ever carried, transported, or distributed any illegal drugs? YES NO

If yes, explain: _____

Do you have any additional information or knowledge in addition to the above which may be relevant, directly, or indirectly regarding determination of your eligibility for certification as a law enforcement/correctional/probation officer? YES NO

If yes, explain: _____

Physical Examination

To be completed along with CJSTC Form 75.

Name: _____ Date: _____

Date of Birth: _____ Social Security No.: _____

I hereby give my consent and permission for the Criminal Justice Training Center at Daytona State College to use the attached material for the purpose of Law Enforcement/Corrections applicant screening and may disclose this information to the FDLE/CJSTC or any Agency making an inquiry.

Applicant Signature: _____ Date: _____

To be completed by Physician.

- Does the Applicant smoke? YES NO
- Is the Applicant overweight? YES NO
- Is there evidence of the Applicant's use of narcotics or misuse of drugs? YES NO
- Are there any health problems for which you recommend treatment? YES NO

If yes, explain: _____

Physician Signature: _____ Date: _____

Please note: This must be turned in to the training center with the CJSTC Form 75, copy of EKG, and Urinalysis Drug Screen (see CastleBranch Information sheet).

PHYSICIAN'S ASSESSMENT

Incorporated 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: Daytona State College

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. _____
Physician, Cert Adv Reg Nurse Practitioner, or Physician Asst Signature Printed Name Examination Date

15. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State

15. _____
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 Nam.** 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.

Physical Fitness Training Plan: Overview for Physician

Physical fitness is most easily understood by examining its components, or "parts." There is widespread agreement that these four components are basic.

1. **Cardiorespiratory Endurance** – the ability to deliver oxygen and nutrients to tissues, and to remove wastes, over sustained periods of time. **Long runs** and **swims** are among the methods employed in measuring this component.
2. **Muscular Strength** – the ability of a muscle to exert force for a brief period of time. Upper- body strength, for example, can be measured by various **weightlifting exercises**.
3. **Muscular Endurance** – the ability of a muscle, or a group of muscles, to sustain repeated contractions or to continue applying force against a fixed object. **Pushups** are often used to test endurance of arm and shoulder muscles.
4. **Flexibility** – the ability to move joints and use muscles through their full range of motion. The **sit-and-reach test** is a good measure of flexibility of the lower back and backs of the upper legs.

The Workout Schedule

The physical fitness training plan will include something from each of the four basic fitness components described above. Each workout will begin with a warm-up and end with a cool down. As a general rule, the workouts will be spaced throughout the week and avoid consecutive days of hard exercise. Sixty (60) hours of the academy will be dedicated to physical fitness training.

Here are the amounts of activity necessary for the average, healthy academy cadet to maintain and/or increase his or her overall level of fitness. Included are some of the popular exercises we will be using in each category.

WARMUP – five to ten minutes of exercises such as **walking, slow jogging, knee lifts, arm circles** or **trunk rotations**. Low intensity movements that stimulate movements to be used in the activity can also be included in the warm-up.

MUSCULAR STRENGTH – approximately two 20-minute sessions per week that include exercises for all the major muscle groups. **Lifting weights** is the most effective way to increase strength. The use of fitness cords and bands can be used to reduce the risk of injury and to keep equipment costs at a minimum.

MUSCULAR ENDURANCE – approximately three 30-minute sessions each week that include exercises such as **calisthenics, pushups, sit-ups, pull-ups**, and **weight training** for all the major muscle groups. The use of fitness cords and bands can be used to reduce the risk of injury and to keep equipment costs at a minimum.

CARDIORESPIRATORY ENDURANCE – approximately three 20-minute bouts of continuous aerobic (activity requiring oxygen) rhythmic exercise each week. Popular aerobic conditioning activities include **brisk walking, jogging, swimming, cycling, rope-jumping, rowing**, cross-country skiing, and some continuous action games like **racquetball** and **handball**.

FLEXIBILITY – ten to twelve minutes of stretching exercises performed slowly without a bouncing motion. This can be included after a warm-up or during a cool down.

COOL DOWN – approximately five to ten minutes of slow walking, low-level exercise, combined with stretching.

Sample One (1) Hour Workout:

1. Warmups: Trunk Rotations, Arm Circles, Lunges, Stretching – 10 Minute
2. Muscular Endurance: Push Ups, Sit Ups, Pull Ups – 10 Minute
3. Cardiorespiratory Endurance: Class Run – 30 Minute
4. Flexibility/Cool Down: Slow Walk, Stretching – 10 Minute

Pace will vary based on fitness level of group running; classes can be broken into different groups based on individual fitness level (i.e., beginning, advanced, etc.).

OC Spray: MSDS Information for Physician

MSDS Safety Information for Punch/M-3: Information for included physical forms

Punch/M-3

FSC: 1377 **MSDS Date:** 09/29/1992 **MSDS Num:** BXDCP
Submitter: N EN **LIIN:** 00N058488 **Tech Review:** 04/04/1995 **Status CD:** C
Product ID: PUNCH/M-3 **MFN:** 01
Article: N **Kit Part:** N
Responsible Party **Cage:** AERKX
Name: AERKO International
Address: 3410 N E 5th Avenue **Box:** 23884
City: Ft. Lauderdale **State:** FL **Zip:** 33307
Country: US
Info Phone Number: 305-565-8475
Emergency Phone Number: 800-424-9300 (CHEMTREC)
Preparer's Name: N/P
Proprietary Ind: Y **Review Ind:** N
Published: Y **Special Project CD:** N

Health Hazards Data

LD50 LC50 Mixture NONE SPECIFIED BY MANUFACTURER.
Route of Entry Inds – Inhalation: YES **Skin:** YES **Ingestion:** NO
Carcinogenicity Inds – NTP: NO **IARC:** NO **OSHA:** NO

Health Hazards Acute and Chronic

SKIN: ONLY MINOR SENSATION W/SKIN CONTACT IN MOST AREAS. INHAL: INFLAMMATORY, CAUSES BLOOD FLOW TO AFFECTED AREA CAUSING FEELING OF RESTRICTED AIRWAY. INGEST: SEVERE BURNING HEARTBURN SENSATION MAY CAUSE NAUSEA. EYE: PROD IS AN EYE IRRIT. T EARING & REDNES MAY OCCUR.

Explanation Of Carcinogenicity

NOT RELEVANT.

Signs And Symptoms of Overexposure

SEE HEALTH HAZARDS.

Medical Condition Aggravated by Exposure

NONE SPECIFIED BY MANUFACTURER.

Frist Aid Information

EYES: FLUSH EYES W/LGE QTYS OF WATER FOR AT LEAST 15 MINUTES TO HELP SPEED RECOVERY. FACE SUBJECT INTO WIND/FORCED AIR SOURCE SUCH AS FANS/AIR CNDTNG OUTLET. SKIN: WASH AFFECTED AREA W/SOAP & WATER TO AVOID TRANSFER TO MORE SENSITIVE AREAS. INHAL: REMOV PERSONS TO FRESH AIR. INGEST: CALL MD IMMEDIATELY (FP N).

Spill Release Procedures

VENT AREA. REMOVE ALL POSSIBLE SOURCES OF IGNITION. AVOID PROLONGED BREATHING OF VAPORS. CONFINE SPILL WITH INERT ABSORBENT. WEAR PROTECTIVE EQUIPMENT DURING CLEAN UP.

Neutralizing Agent

NONE SPECIFIED BY MANUFACTURER.

Waste Disposal Methods

INCINERATE IN AN APPROVED INCINERATOR OR DISPOSE OF IN ACCORDANCE W/LOCAL, STATE & FEDERAL REGULATIONS.

Handling and Storage Precautions

STORE IN A COOL DRY AREA AWAY FROM SOURCES OF IGNITION. WHEN STORING LARGE QUANTITIES, STORE IN BUILDING DESIGNED & PROTECTED AGAINST FIRE.

Other Precautions

DO NOT STORE IN DIRECT SUNLIGHT OR ABOVE 120F. "FOR INDUSTRIAL USE ONLY". DO NOT TAKE INTERNALLY. IF INGESTED, DO NOT INDUCE VOMITING. CONSULT MD.

Fire and Explosion Hazard Information

Flash Point Method: N/P

Flash Point:

Flash Point Text: 53.0F,11.7C

Autoignition Temp:

Autoignition Temp Text: N/A

Lower Limits: >2.5%

Upper Limits: 12.0%

Extinguishing Media

FOAM, WATER, CO*2, DRY CHEMICAL.

Fire Fighting Procedures

WEAR NIOSH/MSHA APPRVD SCBA & FULL PROT EQUIP (FP N). FOG NOZZ SHOULD BE USED TO COOL CLSD CNTNRS TO PVNT PRESS BUILDUP. MOVE UNDMG CNTNRS FROM FIRE AREA(SUPDAT)

Unusual Fire/Explosion Hazard

DO NOT EXPOSE TO HEAT/FLAME/STORE ABOVE 120F AS HIGH INTERNAL PRESS MAY CAUSE LEAKING.

Control Measures

Respiratory Protection

USE NIOSH/MSHA APPROVED CHEMICAL/MECHANICAL TYPE FILTER SYSTEM TO REMOVE A COMBINATION OF PARTICLES, GAS & VAPOR. USE AIR LINE IF NECESSARY.

Ventilation

USE ADEQ VENT IN VOLUME & PATTERN TO KEEP LEL & TLV'S BELOW RECOMM LEVEL TO PRDCE EXPOS/FIRE. GENL MECH VENT (SUPDAT)

Protective Gloves

RUBBER GLOVES.

Eye Protection

ANSI APPRVD CHEM WORKERS GOGGS (FP N).

Other Protective Equipment

PVNT PLNGD SKIN CONT TO CONTAMD CLTHG. EMERGENCY EYEWASH & DELUGE SHOWER MEETING ANSI DESIGN CRITERIA (FP N).

Work Hygienic Practices

NONE SPECIFIED BY MANUFACTURER.

Supplemental Safety and Health

USERS OF THE "L" VERSION OF HMIS TO CONSULT "LR" VERSION FOR ADDITIONAL INFO (FP N). VENT: SHOULD COMPLY WITH OSHA 1910.94. FIRE FIGHT PROC: IF ACCOMPLISHED W/O RISK. %VOLAT: 95-99(WT).

Physical/Chemical Properties

HCC: **NRC/State LIC No:**
Net Prop WT For Ammo:
Boiling Point: **B.P. Text:** 180F,82C
Melt/Freeze Pt: **M.P./F.P. Text:** N/K
Decomp Temp: **Decomp Text:** N/K
Vapor Pres: SEE INGS **Vapor Density:** 2.1
Volatile Org Content %: **Spec Gravity:** 0.786 @ 60F
VOC Pounds/Gallon: **PH:** N/K
VOC Grams/Liter: **Viscosity:** N/P
Evaporation Rate & Reference: 1.7 (BUTYL ACETATE=1)
Solubility in Water: N/K
Appearance and Odor: AMBER TO LIGHT RED W/PUNGENT, HIGH BITE NOTICEABLE TASTE IN THROAT.
Percent Volatiles by Volume: SUPDAT **Corrosion Rate:** N/K

Reactivity Data

Stability Indicator: YES
Stability Condition to Avoid: HEAT, OPEN FLAMES, ELECTRICAL & STATIC DISCHARGES. Materials To Avoid: STRONG ACIDS, ALKALIES & OXIDIZERS.
Hazardous Decomposition Products: NONE SPECIFIED BY MANUFACTURER. Hazardous Polymerization Indicator: NO
Conditions To Avoid Polymerization: NOT RELEVANT.

Toxicology Information

Toxicological Information: N/P

HIMS HAZCOM Label

Product ID: PUNCH/M-3
Cage: AERKX **Assigned IND:** Y
Name: AERKO International
Address: 3410 N E 5th Avenue **Box:** 23884
City: Ft. Lauderdale **State:** FL **Zip:** 33307
Country: US
Health Emergency Phone: 800-424-9300 (CHEMTREC)
Label Required IND: Y **Date of Label Review:** 04/04/1995
Status Code: C **MFG Label NO:**
Label Date: 04/04/1995 **Year Procured:** N/K
Origination Code: G **Chronic Hazard IND:** N
Eye Protection IND: YES **Skin Protection IND:** YES
Signal Word: DANGER **Respiratory Protection IND:** YES
Health Hazard: Slight
Contact Hazard: Slight
Fire Hazard: Severe
Reactivity Hazard: None

Hazard and Precautions

EXTREMELY FLAMMABLE. SKIN: ONLY MINOR SENSATION W/SKIN CONTACT IN MOST AREAS. INHAL: INFLAMMATORY, CAUSES BLOOD FLOW TO AFFECTED AREA CAUSING FEELING OF RESTRICTED AIRWAY. INGEST: SEVERE BURNING HEARTBURN SENSATION MAY CAUSE NAUSEA. EYE: PR OD IS AN EYE IRIT. TEARING & REDNESS MAY OCCUR. CHRONIC: NONE LISTED BY MANUFACTURER.

This information is derived from the Hazardous Material Information System which is utilized by the U.S. Department of Defense. IntraWEB, LLC and its Distributors in no manner whatsoever, expressly or implied warrants, states, or intends said information to have any application use or viability by or to any person or persons. Any person utilizing this information should seek competent professional advice to verify and assume responsibility for the suitability of this information to their particular situation.

Basic Abilities Test

The Florida Department of Law Enforcement (FDLE) requires students applying to the Daytona State College Florida Law Enforcement Academy or Correctional Officer Recruit Training programs to successfully complete a Basic Abilities Test.

The BAT measures the defined "minimum competencies" in three separately-timed sections as follows: Section I - behavioral attributes; Section II - memorization; and Section III – written comprehension, written expression, deductive reasoning, and inductive reasoning. In total, there are 97 questions on the BAT. You will have 1 ½ hours (90 minutes) to complete the exam. BAT is only given on the Daytona Beach, Deland, and ATC campuses.

To register for the FDLE Basic Abilities Test Exam, please go to the Pearson Vue website at <https://home.pearsonvue.com/fdle/bat>.

Candidates will need to create a Pearson VUE account before being able to register for an exam. The unique client candidate ID will be a nine alphanumeric field. The prefix will be BAT followed by 6 numeric digits.

All payments for exam fees are handled through Pearson VUE, the cost is \$39.00

Candidates need to request accommodations from Pearson VUE, as noted in the "Accommodations" section. The Pearson VUE Accommodations Team will schedule the appointments and make the necessary arrangements.

All FDLE (BAT) exams should be scheduled at least 24 hours in advance.

Rescheduling and Cancellations

FDLE (BAT) candidates must reschedule and cancel exam appointments at least 24 hours before the appointment through the Pearson Vue candidate website or the Pearson Vue call center. Appointments must be rescheduled within the authorized exam delivery period. All registrations with accommodations must be rescheduled or canceled through the Pearson Vue call center.

Retake Requirements

Candidates can retake an exam only three times per year. They need to wait until the following year for another retake if they have retaken the exam three times already within the year.

Students **must** pass the FDLE BAT to get into any of the academies here at the Criminal Justice Training Center.

Drug Screening Information



Daytona State College Basic Law Enforcement and Corrections Academies

1. Go to <https://mycb.castlebranch.com/>
2. In the upper right-hand corner, enter this Package Code: DP86dt: Drug Test
3. Package Cost: \$38.00

About CastleBranch

Daytona State College - Basic Law Enforcement and Corrections Academies has partnered with CastleBranch, one of the top ten background check and compliance management companies in the nation to provide you a secure account to manage your time sensitive school and clinical requirements. After you complete the order process and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements.

You will return to your account by logging into www.castlebranch.com and entering your username (email used during order placement) and your secure password.

Payment Information

Your payment options include Visa, Mastercard, Discover, Debit, electronic check, and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

Accessing Your Account

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

Contact Us

For additional assistance, please contact the Service Desk at 888-723-4263 or visit <https://mycb.castlebranch.com/help> for further information.



MacData Background Screening, LLC

609 S. Ridgewood Ave, Daytona Beach, FL 32114

386-254-4888 FAX 866-856-0367

SCHEDULE APPOINTMENT ONLINE: www.macdata.com

To be completed by applicant: VALID PHOTO ID REQUIRED

Last Name: _____ First: _____ M: _____

Social Security #: _____ DOB: _____

Present Address: _____

City/State/Zip: _____ Contact Number: _____

List All Aliases and/or Maiden Name: _____

Gender: Male Female Height: ft in

Eye Color: _____ Weight: _____

Hair Color: _____ State of Birth: _____

Country of Citizenship: _____

Race: Oriental/Asian Black American Indian/Alaskan Native Unknown White

Daytona State College, Criminal Justice Department

P.O. Box 2811, Daytona Beach, FL 32120 386-506-3882

Please transmit to: **ORI: FL922180Z**

Applicant is required to pay MacData Advantage Background Screening a fee of \$56.75 at time of screening. This does not include tax or cc processing fee. **NOTE:** Cash or Credit/Debit Cards will be accepted.



MacData Background Screening is located on the east side of South Ridgewood Avenue between Cedar and South Streets.

MacData Background Screening
609 S. Ridgewood Ave.
Daytona Beach, FL 32114

SCHEDULE APPOINTMENT ONLINE:

www.macdata.com

FOR OFFICE USE	
TCN:	
Submission:	
Paid by:	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card



Name: _____

DSC Student ID: _____

Phone: _____

Email Address: _____

DSC Program

Law Enforcement Academy Firefighting

Citizenship Status

US Citizen Permanent Resident

State Residency Status

Will be verified by DSC Admissions office.

I am a Florida resident and meet the Florida residency requirements
 I am NOT a Florida resident and do not meet the Florida residency requirements

Employment Status

Unemployed – not currently working
 Underemployed – employed, but not full-time, or less than your skills
 Furloughed – currently not working, but will be called back

Acknowledgements

I have read, understand, and voluntarily completed the participant eligibility form. I confirm the information above is accurate to establish my eligibility for the Open Door Grant. In addition, by signing below I agree to:

- Take the state certification exam within 6 months of my program completion
- Allow Daytona State College to share my program, state examination scores, and other requested information with the Florida Department of Education upon their request.
- If I am denied eligibility, I have the right to appeal with the Financial Aid Services office.

Applicant Signature: _____

Date: _____

For FAS Office Use Only:

FL Residency Confirmed:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FAFSA Complete:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Eligible:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Open Door Grant Added:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Amount: _____

Processed By: _____

Date: _____