

MIAMI POLICE TRAINING CENTER

Room 327 ~ 400 NW 2 Avenue ~ Miami, Florida 33128 ~ Office (305) 603-6624 ~ Fax (305) 579-6143



STUDENT APPLICATION FORM

Submit a thoroughly completed student application by the closing date, if applicable, as indicated on the Training Announcement and/or website (www.miami-police.org). All student applications are subject to inspection in accordance with the provisions of State of Florida Public Records Act. Select the appropriate Application category: **Region XIV** (Complete Personal Info (A)(B)(C) & Work Info Only) Basic Law Enforcement (Complete first page only) Internship Program (Complete all pages) Auxiliary Police Officer (Complete first page only) Public Service Aide (Complete first page only) **Entrepreneurial** (Complete first page only) Other (Complete first page only) COURSE/CLASS TITLE: COURSE/CLASS DATE: PERSONAL INFORMATION: (A) Last Name: First Name: M.I.: Place of Birth: Rank/Classification: Date of Birth: Weight: Race: Sex: Height: Eye Color: Hair Color: (B) Social Security #: Driver License #: D/L State: Home Address: Zip/Postal Code: City: State: **(C)** Home Telephone: Work Telephone: Cell Telephone: Home Email: WORK INFORMATION: Place of Employment: Work Address: City: State: Zip/Postal Code: Employer Telephone: Unit/Section Assignment: Supervisor's Name: Work Email: VEHICLE INFORMATION: Make of Vehicle: Type of Vehicle: Color of Vehicle: Year of Vehicle: Vehicle Insurance Company: Policy #: Date: Applicant Signature: ___ Do not write/mark below this line. (STAFF USE ONLY) Application Completed: ☐ YES ☐ **NO** Training Coordinator Signature: _ Recommended Not Recommended NOTES:

WORK EXPERIENCE (include previous Field Internsh	ip Programs):				
Place of Employment	From		То		
Place of Employment	From		То		
Place of Employment	From		То		
Name of University Attending:					
Director of the University Internship Program:					
Director's Telephone # :	Director's Email:				
Graduation Year and Month (future):					
G.P.A.: Degree:					
Previous College or University attended:		From	,	То	
Previous College or University attended:		From	,	То	
REFERENCES (Do not include family members):					
(1) Name:					
Address:					
Telephone:	Email:				
(2) Name:					
Address:					
Telephone:	Email:				
(3) Name:					
Address:					
Telephone:	Email:				
EMERGENCY CONTACT INFORMATION:					
Name:	Relationship:				
Home Telephone: Cell Telephone:	W	Vork Telepho	ne:		

BACKGROUND INFORMATION:				
Have you ever been arrested for a crime or a traffic violation? Yes No				
If Yes, explain:				
Write a brief autobiographical sketch to include pertinent information about your life, work, and educational experience:				
What do you consider your highest ashiovement notantial quality in chaosing to make a commitment to a Corner/Degree in				
What do you consider your highest achievement, potential quality in choosing to make a commitment to a Career/Degree in Criminology?				
TRAINING CENTER USE ONLY				
Date of Background Check:				
Oral Interview Date:				
Oral Interview Bute.				