



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:

- | | |
|--|---|
| <input type="checkbox"/> Region XIV (Complete Personal Info (A)(B)(C) & Work Info Only) | <input type="checkbox"/> Basic Law Enforcement (Complete first page only) |
| <input type="checkbox"/> Internship Program (Complete all pages) | <input type="checkbox"/> Auxiliary Police Officer (Complete first page only) |
| <input type="checkbox"/> Public Service Aide (Complete first page only) | <input type="checkbox"/> Entrepreneurial (Complete first page only) |
| <input type="checkbox"/> Other _____ (Complete first page only) | |

COURSE/CLASS TITLE: _____ COURSE/CLASS DATE: _____

PERSONAL INFORMATION:

(A) Last Name: _____ First Name: _____ M.I.: _____

Rank/Classification: _____ Date of Birth: _____ Place of Birth: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

(B) Social Security #: _____ Driver License #: _____ D/L State: _____

Home Address: _____ City: _____ State: _____ Zip/Postal Code: _____

(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: _____ Year of Vehicle: _____ Type of Vehicle: _____ Color of Vehicle: _____

Vehicle Insurance Company: _____ Policy #: _____

Applicant Signature: _____ Date: ____/____/____

Do not write/mark below this line. (STAFF USE ONLY)

Application Completed: YES NO

Training Coordinator Signature: _____ Date: ____/____/____

Recommended Not Recommended

NOTES: _____

INTERNSHIP PROGRAM ONLY

WORK EXPERIENCE (include previous Field Internship Programs):		
Place of Employment	From	To
Place of Employment	From	To
Place of Employment	From	To
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	To
Previous College or University attended:	From	To
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:	Work Telephone:

