

# LAW ENFORCEMENT ACADEMY



# APPLICATION PACKET Independent (Non-sponsored) Recruit

May 2025

Lompoc Valley Campus
Public Safety Training Complex
One Hancock Drive - Building 5
Lompoc, CA 93436
805-922-6966 ext. 3284
Fax: 805-737-0319

### Dear Prospective Academy Recruit:

The Allan Hancock College Basic Law Enforcement Academy has earned a reputation for quality training. Our distinguished instructors have played an important role in developing the program, but it is the students that make the program truly successful. Since the Academy was established in 1968, over 1,700 students have graduated from the program with approximately ninety percent attaining law enforcement positions with agencies in California and other states. They have proven to be well trained to perform the multifaceted duties required of peace officers. Many of our graduates have been promoted to high-ranking positions within their organizations.

Our primary goal at the Academy is to prepare you to be a fully capable and employable law enforcement officer. To accomplish this, you will need to understand what it takes to be a peace officer, and the dedication required to complete Academy training. This information packet will provide you with information on Academy expectations, admissions procedures, and general standards for employment.

Our staff is available to assist with questions you may have regarding the training and admission requirements. We hope you will see the advantages of beginning your law enforcement career at Allan Hancock College Law Enforcement Academy, your first step to success.

David Whitham Public Safety, Director

Academy Staff

David Whitham, Public Safety-Director Marc Hammill, Academy Coordinator Alison Martinez, Academy Coordinator Lisa Hernandez, Program Technician

# APPLICATION INSTRUCTIONS

The beginning of a law enforcement career and your first step to success starts with completing the Allan Hancock College (AHC) Law Enforcement Academy Application Packet. The information you provide in the Application Packet will be used to determine your suitability to be accepted to the Academy.

- It is your responsibility to complete the application packet and provide all required information.
- All application documents must be completed in black ink or typed.
- You must respond to all items and questions. If an item or question does not apply to you, write "N/A" (not applicable in the space provided for your response).
- Any application that is incomplete or missing information will not be processed and will be returned to the applicant for completion

The Academy can accommodate up to forty students. Law enforcement agencies have the first priority for student vacancies, co-sponsored students are given second priority for vacancies, and the remaining vacancies are held open for independent students. Students (hereafter referred to as Recruits) applying for acceptance to/or enrolled in the Academy are classified into three categories:

### **Sponsored Recruit:**

Sponsored Recruit - hired by a law enforcement agency prior to the start of the Academy, is being paid while attending the Academy and has passed a background investigation. After graduating from the Academy, this recruit enters the agency field training officer program (FTO). (First priority on acceptance to the Academy)

### **Co-sponsored Recruit:**

Co-sponsored Recruit - a law enforcement agency is providing partial financial support to offset college registration fees and Academy fees, e.g. uniforms, agency patches and ammunition, but is not being paid while attending the Academy and may not have undergone a background investigation. This recruit is eligible for hire by the co-sponsoring agency or other law enforcement agency, but is not necessarily promised employment. (Second priority on acceptance to the Academy)

#### **Independent Recruit:**

Independent Recruit - is responsible for all college registration and Academy fees. This recruit is eligible for hire by a law enforcement agency while attending or after graduating from the Academy. (By law, we must reserve 15% of available seat for independent recruit, which is 6 seats out of 40)

### ACADEMY ENTRANCE MINIMUM REQUIREMENTS

- Must be 21 years of age at the start of firearms training in the Academy
- Must possess a current and valid state issued driver's license
- Must not have any conviction of a crime classified as a felony

For additional information, refer to the Frequently Asked Questions.

### APPLICATION PACKET CHECKLIST

- 1. **Academy Application Packet:** All Recruits must complete the <u>Application Packet</u>. Any application packet that is incomplete will not be processed and will be returned to the applicant for completion.
- 2. Application Cover Sheet. Complete entire form with most current information.
- 3. **POST Personal History Statement:** All non-sponsored applicants must complete and submit the POST PHS with application packet. Go to the POST website at: <a href="http://post.ca.gov/forms.aspx">http://post.ca.gov/forms.aspx</a> and under the Background/Hiring tab, select form 2-251. You can also check on the link from the academy web page.
- 4. **State of California, Department of Justice (DOJ) Live Scan:** Co-Sponsored and Independent Recruits are required to complete a DOJ Live Scan fingerprint check in accordance with Government Code 1031(c) and Penal Code Section 13511.5. The Academy must receive the original DOJ Live Scan approval letter **dated within 3 months prior to the start of academy**. See attached *Live Scan Information* sheet for additional information and instructions on completing the Live Scan fingerprint check.

Co-Sponsored and Independent Recruits must include a copy of the completed <u>Request for Live Scan Service</u> form in the application packet.

- 5. Peace Officer Standards and Training (POST) Entry-Level Law Enforcement Test Battery (PELLETB): Independent Recruits must take the PELLETB per POST Regulation 1951(a) which states, "Every peace officer candidate shall be able to read and write at the levels necessary to perform the job of a peace officer."
- 6. The PELLETB must be taken within **3 years prior to the start of the Academy** and a score of 42 or higher is required to be accepted into the Academy. The PELLETB administered at AHC will generally be scheduled on the second day of the Pre-Academy. The test results will be available from POST approximately ten days after the test is administered.

Academic performance on the PELLETB is highly correlated with performance in the Academy. Many law enforcement agencies and academies use the PELLETB score as an indicator of a Recruit's readiness for a career in law enforcement.

Sponsored and Co-Sponsored Recruits may not have to take this test depending upon the requirements of their agency.

7. **Background Check:** Co-Sponsored and Independent Recruits **must** complete a background check prior to submitting the application packet. The Academy has an established background screening process through an alliance with <u>Trusted Employees</u>.

The cost to you for the background check is \$26.00. To begin the background check, click on the link: <u>Law Enforcement Academy Screening Website</u>; then follow the instructions. You will have 30 minutes to complete the application. The results of the background check will be sent to the Law Enforcement Academy Coordinator and you will also get a copy within two days of the request. The results will remain confidential as part of your application packet.

- 8. **Driver's License:** All Recruits must have a valid driver's license to attend the Academy and must submit a copy of their Driver's License (enlarged to 200%) with the application packet.
- Department of Motor Vehicle (DMV) Driver's History: Co-Sponsored and Independent Recruits are required to submit an original printout of their DMV Driver's History with the application packet. Co-Sponsored and Independent Recruits should request an "H-6" driver's history printout from DMV, which must have the word "END" printed at bottom of the printout. The DMV driver's history printout must be dated within 3 months of the start of the Academy.
  - Sponsored Recruits will need to provide a driver's license verification statement from their agency.
- 10. **Medical History Statement:** Co-Sponsored and Independent Recruits must compete and sign the *Medical History Statement*.
- 11. **Medical Examination:** Co-Sponsored and Independent Recruits must have a medical examination by a licensed physician. The physician must complete and sign the *Medical Examination Report*. The Medical Examination **must be completed within 3 months** of the start of the Academy.
- 12. **Academy Release of Liability and Indemnification Agreement:** All Recruits must sign and date the Academy *Release of Liability and Indemnification Agreement*.
- 13. AHC Acknowledgment and Assumption of Potential Risk: All Recruits must sign and date the AHC Acknowledgment and Assumption of Potential Risk form.
- 14. **Arrest History:** Co-Sponsored and Independent Recruits must complete the *Arrest History* form. If you check "yes", you must provide the disposition of the case from the courts, with a cover memorandum that has the date of violation, violation, location, law enforcement agency, and an explanation of each circumstance.
- 15. **Criminal History Check:** Co-Sponsored and Independent Recruits must sign and date the Academy *Criminal History Check* form.
- 16. **Academy Affidavit of Background Suitability for Employment:** Co-Sponsored and Independent Recruits must sign and date the Academy *Affidavit of Background Suitability for Employment as a Peace Officer* form.
- 17. **Authorization to Release Information:** All Recruits must sign and date the *Authorization to Release Information* form.
- 18. **Publicity Release Form.** All Recruits must sign and date.
- 19. **Firearm Disclosure:** All Recruits must sign and date the *Firearm Disclosure* form.
- 20. **Other Law Enforcement Academy Attendance:** All Recruits must complete the *Have You Ever Attended a Law Enforcement Academy* form.

21.	<b>LE310 Intro to LE Academy:</b> Co-Sponsored and Independent Recruits must provide date of completion of the AHC Law Enforcement Pre-Academy-LE310 Intro to LE Academy.					
	LE 310 date of completion:					
	Application Packet and Background Check Certification: All Recruits must complete the <i>Application Packet and Background Check Certification</i> form.					

22. **DD214.** All recruits must submit a copy of their DD214 if they have served in the military.

After completing, signing, and enclosing all the required documents, the completed application packet can either be hand delivered or mailed to the Allan Hancock Law Enforcement Academy Office, One Hancock Drive, Building 5, Lompoc, CA 93436. There is a after hours drop box (blue drop box) outside of the Law Enforcement Academy office window. After verification of completeness, the application packet will be given to the Law Enforcement Coordinator for review. The Law Enforcement Coordinator will contact the applicant to schedule a interview date and time.

Once you have been accepted to attend the Academy, you will be contacted by email or by telephone and provided instruction for on-line registration at <a href="www.hancockcollege.edu">www.hancockcollege.edu</a>. At the time of on-line registration, you will be required to pay in full, all college registration for both LE321 and LE322. Academy course fees are (approximately \$2,785.00). The overall total cost for the Law Enforcement Academy, which includes college registration fees, all Academy course fees, POST Learning Domain workbooks, physical training clothing, uniforms, and ammunition will be approximately \$2.785.00-\$3,700.00.

Completion of LE 321/322 - Basic Law Enforcement Academy (20 college units), meets the requirements necessary to obtain a Certificate of Achievement.

Any questions regarding the Academy application packet should be directed to the Public Safety Program Technician at 805-922-6966 ext. 3284.

Academy applicants are eligible to apply for Financial Aid. For additional information contact <u>Financial Aid</u> at (805) 922-6966 ext. 3200 or by email at <u>finaid@hancockcollege.edu</u>. Early application for Financial Aid is strongly encouraged.

Recruits/students with Disabilities may contact the AHC Learning Assistance Program at 805-922-6966 ext. 3274. The Learning Assistance Program provides individualized support services for students with learning, psychological, physical, communication, and other disabilities as prescribed by the Learning Assistance Program specialist. Recruits/Students with Disabilities must apply and be approved for reasonable accommodations **prior** to the start of the Academy.



# APPLICATION COVER SHEET

# PRINT or TYPE ALL INFORMATION

Last Name:	First:	MI:	Student ID/H#
DOB:/	/	SSN:	
Other name(s) Used:			
Home Phone: ()		Cell Phone: (	)
Home Address:			
City:	State:		Zip:
E-mail:			
Name:		_ Relationship:	
Name:		_ Relationship:	
Preferred Phone#: ()		_ Other Phone#	t: ()
Physician's Name/Medic	eal Clinic:		
Physicians/Medical Clin			
Phone Number:			
*******	********	*****	********
Agency Contact Inforn	nation (Sponsored/Co-Spo	onsored Recruits	SONLY)
Agency:		Rank/Name:	
Preferred Phone# ( )		Other Phonet	t· ( )



### LIVE SCAN INFORMATION

Independent Recruits attending the Academy must undergo a State of California, Department of Justice (DOJ) Live Scan fingerprint check in accordance with Government Code Section 1031(C) and Penal Code Section 13511.5. The approximate cost for a Live Scan is \$65.00 to \$80.00.

Complete the Request for Live Scan Service form. The form may be downloaded and hand-written or typed online. Fill out the information listed below:

- 1. Name of Applicant
- 2. Alias (if applicable)
- 3. Driver's License No.
- 4. Date of Birth
- 5. Sex (M or F)
- 6. Misc. No., BIL (Your agency has this only if you are from an agency)
- 7. Height
- 8. Weight
- 9. Eye Color
- 10. Hair Color
- 11. Place of Birth
- 12. Social Security Number

Allan Hancock College – Police Academy, One Hancock Drive, Lompoc, CA 93436 should be listed as the home address. The Academy will not accept any DOJ Live Scan results that have been mailed to your home address. Both the DOJ and FBI boxes for Level of Service should be checked.

All other information on the Request for Live Scan form has been completed and the box on the bottom of the form is for OFFICE USE ONLY.

### LIVE SCAN LOCATIONS

The following are suggested Live Scan Locations; however, you may go to any agency that completes the Live Scan Service.

### San Luis Obispo County Locations

- Arroyo Grande Police Department 200 N. Halcyon Road Arroyo Grande, CA 93420 805-473-5100
- Paso Robles Police Department 900 Park Street Paso Robles, CA 93446 805-237-6464
- Atascadero Police Department 5505 El Camino Real Atascadero, CA 93422 805-461-5053
- Department of Education Education Drive @ Highway 1 San Luis Obispo, CA 93405 805-782-7236
- Cal Poly Police Department
   1 Grand Ave. Bldg. 36
   San Luis Obispo, CA 93407
   805-756-2281
- San Luis Obispo County Sheriff's Office 1585 Kansas Ave.
   San Luis Obispo, CA 93405 805-781-4550

### Santa Barbara County Locations

- Santa Barbara County Sheriff's Office 812-A W. Foster Road Santa Maria, CA 93454 805-934-6150 ext. 5
- Santa Barbara County Sheriff's Office 4434 Calle Real Santa Barbara, CA 93110 805-681-4118
- Santa Maria Police Department 222 E. Cook Street Santa Maria, CA 93454 805-928-3781 ext. 295
- Lompoc Police Department 107 Civic Center Plaza Lompoc, CA 93436 805-736-2341
- Santa Barbara Police Department 213 E. Figueroa Street Santa Barbara, CA 93101 805-897-2355
- Silvia's Fingerprint Express Mobile Live Scan Service P.O Box 1729 Santa Maria, Ca 93456 805-264-9526

## **REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission				
CA0349400			POST CERTIFICATION (NON-SF	ONSORED 13511.5 PC)
ORI (Code assigned by DOJ)			Authorized Applicant Type	
POST CERTIFICATION				
Type of License/Certification/Per	mit <u>OR</u> Working	itle (Maximum 30 characters -	if assigned by DOJ, use exact title assigned)	
Contributing Agency Informati	ion:			
DOJ/BUREAU OF FIREARM	IS			
Agency Authorized to Receive Crimin		ion	Mail Code (five-digit code assigned by DO	J)
P.O. BOX 820200				
Street Address or P.O. Box			Contact Name (mandatory for all school se	ubmissions)
SACRAMENTO	CA	94203-0200	(916) 227-1375	
City	State		Contact Telephone Number	
Applicant Information:				33.44
Applicant Information:				
Last Name			First Name	Middle Initial Suffix
Last Name			First Name	Wildle IIItiai Sulix
Other Name		<del> </del>	First	Suffix
(AKA or Alias) Last			Filat	Sullix
See See	ex Male	Female	Driver's License Number	
Date of Birth		•	Driver's License Number	
	E - O-l-		Billing	
Height Weight	Eye Color	Hair Color	Number (Agency Billing Number)	
			Misc.	
Place of Birth (State or Country)	Social Security	Number	(Other Identification Number)	
AUG Law Enforceme	nt Training On	- Hanaaak Driva	,	CA 93436
Home AHC Law Enforceme Address Street Address or P.O. Box		e nancock Drive	Lompoc City	State ZIP Code
, ida 1995				
Your Number:			Level of Service: X DOJ	√ FBI
	ency Identifying Number)			
If we are bounded by the form of A	TI			
If re-submission, list original A (Must provide proof of rejection			Original ATI Number	
(Must provide proof of rejection	)n)		M	
Employer (Additional respons	a for aganaias	anagified by statuta):		
Employer (Additional respons	e ioi agencies :	specified by statute).		
DOJ/BUREAU OF FIREARM	IS		00000	
Employer Name			Mail Code (five digit code assigned by DO	J)
P.O. BOX 820200				
Street Address or P.O. Box				
SACRAMENTO	CA	94203-0200		
City	State	ZIP Code	Telephone Number (optional)	
Live Scan Transaction Compl	leted By:			
Name of Operator			Date	
Hame of Operator			<u> </u>	
Transmitting Agency	LSID		ATI Number A	mount Collected/Billed



### MEDICAL HISTORY STATEMENT

In accordance with California Government Code Section 1031(f) and POST Commission Regulation 1954 requires that peace officer candidates be examined by a licensed physician and surgeon to ensure the absence of any physical defect or medical condition which might adversely affect job performance.

This information you provide in this statement is extremely important. It will be used by a medical health professional to evaluate your qualifications for the position of entry-level law enforcement officer; therefore, fill out the questionnaire completely and accurately. All statements are subject to verification and deliberate inaccuracies or incomplete statements may bar or remove you from employment.

This form must be completed and presented when reporting for your medical examination. This information will assist the examining physician in conducting your medical examination and in making appropriate recommendations. When answering "Yes -No" questions, place an "X" in the appropriate space. If you are unable to answer a question for any reason, place a "?" in the "Yes" space. Please explain all "Yes" items in the designated areas. Most individuals will have some "Yes" answers. A "Yes" answer does not necessarily mean that you will be disqualified.

N.T.			1	D 4 CD: 41
Name				Date of Birth
Last	First	Middle	Month	Day Year
Address where you can be conta	cted			
Number Street	· · · · · · · · · · · · · · · · · · ·	City	State	Zip code
Trumber Street		City	State	Zip code
Telephone numbers where you o	can be contacted			
( )	( )			
		luation. I also authorize the medical examiner to her medical consultants as necessary.	Date completed	
PLEASE DESCRIBE PREVIOUS	US JOBS THAT LASTED	AT LEAST SIX (6) MONTHS (INCLUDING MAPPROXIMATE DATES OF EMPLOYME	SIGNIFI	CANT EXPOSURE TO OR CHEMICALS IF
		to		
		to		·····
		to		

### INDICATE WHETHER YOU HAVE EVER HAD ANY OF THE FOLLOWING CONDITIONS:

	Yes	No	Eye, Ear, Nose, Throat		Yes	No	Gastrointestinal		Yes	No	Joint injury / surgery/ dislocation / pain / swelling
1			Eye surgery	37			Ulcer/Stomach trouble	76			Shoulder
2			Need to wear glasses/ Contact Lenses	38			Vomited Blood	77			Elbow
3			Cataracts	39			Persistent Diarrhea	78			Wrist
4			Blurred or double vision	40			Colitis	79			Fingers/Toes
5			Color deficiency or blindness to any degree	41			Blood in stool	80			Hip
6			Orthokeratology	42			Recurrent hemorrhoids	81			Knee
7			Radial Keratology (Refractive Surgery) or Keratotomy	43			Gall Bladder trouble	82			Ankle/Foot
8			Glaucoma	44			Hepatitis/Jaundice				
9			Blindness in one or both eyes	45			Recurrent Stomach Pain		Yes	No	Neurology
10			Sinus Trouble	46			Mucous in Stool	83			Epilepsy
11			Hoarseness (Frequent)	47			Pancreatitis	84			Convulsions/Seizures
12			Allergy/Hay Fever	48			Abnormal Liver Tests	85			Fainting Spells/Blackout
13			Ruptured Ear Drum	49			Hernia	86			Recurrent dizziness
14			Ringing or buzzing in ears	50			Ulcerative Colitis	87			Head Injury
15			Loss of hearing	51			Irritable Bowel Syndrome	88			Recurrent headaches
16			Ear Surgery	52			Tarry Black Stool	89			Stroke
17			Ear Aches	53			Ulcer	90			Skull defect
18	`		Other not listed	54			Crohn's Disease	91			Meningitis/Encephalitis
				55			Other not listed	92			Other not listed
	Yes	No	Respiratory		Yes	No	Cardiovascular		Yes	No	Miscellaneous
19			Asthma (Age of last episode)	56			Heart Attack or Chest Pain	93			Diabetes (Sugar in urine)
20			Shortness of breath	57			Hear Trouble/Murmur	94			Low blood sugar
21			Chronic or frequent cough	58			Mitral Valve Prolapse	95			Thyroid trouble
22			Tuberculosis	59			Palpitation (Irregular heartbeat)	96			Bleeding tendencies
			Tuociculosis	39							
23			Emphysema	60			High Blood Pressure	97			Anemia
								97 98			Anemia Enlarged glands
24			Emphysema	60			High Blood Pressure				
24 25			Emphysema Coughed up blood	60			High Blood Pressure Pain or discomfort in chest	98			Enlarged glands
24 25 26			Emphysema Coughed up blood Pneumothorax (Collapsed Lung)	60 61 62			High Blood Pressure Pain or discomfort in chest Rheumatic Fever	98 99			Enlarged glands Cyst/Tumor
24 25 26 27			Emphysema Coughed up blood Pneumothorax (Collapsed Lung) Pneumonia	60 61 62 63			High Blood Pressure Pain or discomfort in chest Rheumatic Fever Swelling of feet	98 99 100			Enlarged glands Cyst/Tumor Rashes
24 25 26 27			Emphysema Coughed up blood Pneumothorax (Collapsed Lung) Pneumonia Sarciodosis	60 61 62 63 64			High Blood Pressure Pain or discomfort in chest Rheumatic Fever Swelling of feet Leg pain on walking	98 99 100 101			Enlarged glands  Cyst/Tumor  Rashes  Wool allergy  Non-healing sores  Recent change in a wart or mole
26 27			Emphysema Coughed up blood Pneumothorax (Collapsed Lung) Pneumonia Sarciodosis	60 61 62 63 64 65			High Blood Pressure Pain or discomfort in chest Rheumatic Fever Swelling of feet Leg pain on walking Painful varicose veins	98 99 100 101 102			Enlarged glands Cyst/Tumor Rashes Wool allergy Non-healing sores Recent change in a wart
24 25 26 27	Yes	No	Emphysema Coughed up blood Pneumothorax (Collapsed Lung) Pneumonia Sarciodosis	60 61 62 63 64 65	Yes	No	High Blood Pressure Pain or discomfort in chest Rheumatic Fever Swelling of feet Leg pain on walking Painful varicose veins	98 99 100 101 102 103			Enlarged glands  Cyst/Tumor  Rashes  Wool allergy  Non-healing sores  Recent change in a wart or mole
24 25 26 27 28	Yes	No	Emphysema Coughed up blood Pneumothorax (Collapsed Lung) Pneumonia Sarciodosis Other not listed	60 61 62 63 64 65	Yes	No	High Blood Pressure Pain or discomfort in chest Rheumatic Fever Swelling of feet Leg pain on walking Painful varicose veins Other not listed	98 99 100 101 102 103			Enlarged glands  Cyst/Tumor  Rashes  Wool allergy  Non-healing sores  Recent change in a wart or mole  Cancer/Leukemia
24 25 26 27 28	Yes	No	Emphysema Coughed up blood Pneumothorax (Collapsed Lung) Pneumonia Sarciodosis Other not listed  Genitourinary	60 61 62 63 64 65 66	Yes	No	High Blood Pressure Pain or discomfort in chest Rheumatic Fever Swelling of feet Leg pain on walking Painful varicose veins Other not listed  Musculoskeletal	98 99 100 101 102 103 104 105			Enlarged glands  Cyst/Tumor  Rashes  Wool allergy  Non-healing sores  Recent change in a wart or mole  Cancer/Leukemia  Chronic Fatigue
24 25 26 27 28 29 30	Yes	No	Emphysema Coughed up blood Pneumothorax (Collapsed Lung) Pneumonia Sarciodosis Other not listed  Genitourinary Kidney disease or stone	60 61 62 63 64 65 66	Yes	No	High Blood Pressure Pain or discomfort in chest Rheumatic Fever Swelling of feet Leg pain on walking Painful varicose veins Other not listed  Musculoskeletal Fractures/Broken bones	98 99 100 101 102 103 104 105 106			Enlarged glands  Cyst/Tumor  Rashes  Wool allergy  Non-healing sores  Recent change in a wart or mole  Cancer/Leukemia  Chronic Fatigue  Night Sweats  Undesired weight loss
24 25 26 27 28 29 30 31	Yes	No	Emphysema Coughed up blood Pneumothorax (Collapsed Lung) Pneumonia Sarciodosis Other not listed  Genitourinary Kidney disease or stone Bladder trouble	60 61 62 63 64 65 66 67	Yes	No	High Blood Pressure Pain or discomfort in chest Rheumatic Fever Swelling of feet Leg pain on walking Painful varicose veins Other not listed  Musculoskeletal Fractures/Broken bones Back trouble/pain or sciatica	98 99 100 101 102 103 104 105 106 107			Enlarged glands  Cyst/Tumor  Rashes  Wool allergy  Non-healing sores  Recent change in a wart or mole  Cancer/Leukemia  Chronic Fatigue  Night Sweats  Undesired weight loss or gain
24 25 26 27 28 29 30 31 32	Yes	No	Emphysema Coughed up blood Pneumothorax (Collapsed Lung) Pneumonia Sarciodosis Other not listed  Genitourinary Kidney disease or stone Bladder trouble  Difficulty in urinating	60 61 62 63 64 65 66 67 68	Yes	No	High Blood Pressure Pain or discomfort in chest Rheumatic Fever Swelling of feet Leg pain on walking Painful varicose veins Other not listed  Musculoskeletal Fractures/Broken bones Back trouble/pain or sciatica Neck Trouble/Pain	98 99 100 101 102 103 104 105 106 107			Enlarged glands  Cyst/Tumor  Rashes  Wool allergy  Non-healing sores  Recent change in a wart or mole  Cancer/Leukemia  Chronic Fatigue  Night Sweats  Undesired weight loss or gain  Heat Stress  Environmental illness  Multiple chemical sensitivity
24 25 26 27 28 29 30 31 32 33 34	Yes	No	Emphysema Coughed up blood Pneumothorax (Collapsed Lung) Pneumonia Sarciodosis Other not listed  Genitourinary Kidney disease or stone Bladder trouble Difficulty in urinating Blood in urine Prostate trouble  Irregular vaginal bleeding	60 61 62 63 64 65 66 67 68 69 70 71	Yes	No	High Blood Pressure Pain or discomfort in chest Rheumatic Fever Swelling of feet Leg pain on walking Painful varicose veins Other not listed  Musculoskeletal Fractures/Broken bones Back trouble/pain or sciatica Neck Trouble/Pain Numbness of extremities Shin Pains Arthroscopy	98 99 100 101 102 103 104 105 106 107 108 109 110			Enlarged glands  Cyst/Tumor  Rashes  Wool allergy  Non-healing sores  Recent change in a wart or mole  Cancer/Leukemia  Chronic Fatigue  Night Sweats  Undesired weight loss or gain  Heat Stress  Environmental illness  Multiple chemical sensitivity  Fever lasting 1 month or more
24 25 26 27 28 29 30 31 32 33 34 35	Yes	No	Emphysema Coughed up blood Pneumothorax (Collapsed Lung) Pneumonia Sarciodosis Other not listed  Genitourinary Kidney disease or stone Bladder trouble Difficulty in urinating Blood in urine Prostate trouble  Irregular vaginal bleeding Menstrual problem that kept you from work	60 61 62 63 64 65 66 67 68 69 70 71 72	Yes	No	High Blood Pressure Pain or discomfort in chest Rheumatic Fever Swelling of feet Leg pain on walking Painful varicose veins Other not listed  Musculoskeletal Fractures/Broken bones Back trouble/pain or sciatica Neck Trouble/Pain Numbness of extremities Shin Pains Arthroscopy Arthritis Rheumatism	98 99 100 101 102 103 104 105 106 107 108 109 110			Enlarged glands  Cyst/Tumor  Rashes  Wool allergy  Non-healing sores  Recent change in a wart or mole  Cancer/Leukemia  Chronic Fatigue  Night Sweats  Undesired weight loss or gain  Heat Stress  Environmental illness  Multiple chemical sensitivity  Fever lasting 1 month or
24 25 26 27 28 29 30 31 32 33	Yes	No	Emphysema Coughed up blood Pneumothorax (Collapsed Lung) Pneumonia Sarciodosis Other not listed  Genitourinary Kidney disease or stone Bladder trouble  Difficulty in urinating Blood in urine Prostate trouble  Irregular vaginal bleeding Menstrual problem that kept you	60 61 62 63 64 65 66 67 68 69 70 71	Yes	No	High Blood Pressure Pain or discomfort in chest Rheumatic Fever Swelling of feet Leg pain on walking Painful varicose veins Other not listed  Musculoskeletal Fractures/Broken bones Back trouble/pain or sciatica Neck Trouble/Pain Numbness of extremities Shin Pains Arthroscopy	98 99 100 101 102 103 104 105 106 107 108 109 110			Enlarged glands  Cyst/Tumor  Rashes  Wool allergy  Non-healing sores  Recent change in a wart or mole  Cancer/Leukemia  Chronic Fatigue  Night Sweats  Undesired weight loss or gain  Heat Stress  Environmental illness  Multiple chemical sensitivity  Fever lasting 1 month or more  Any other problem or

Use the space below to provide explanations for any item you marked "Yes" on the previous page. Please reference the item number in your response.

Item No.			
YES NO	<ul> <li>113. Have you ever had a medical examination If "Yes," when?</li> <li>114. Have you worked as a peace officer before If "Yes," where?</li> <li>115. Describe your typical exercise or physical</li> </ul>	and for what agencye?	
	115. Describe your typical exercise or physical	activity including that at work:	
	Activity	How much time do you spend doing this per week?	How many months/years have You been doing this activity?
	#1	-	•
	#2	· · · · · · · · · · · · · · · · · · ·	
	#3		
	π3 ————————————————————————————————————		
	<ul><li>116. Are you a current cigarette smoker?</li><li>a. How many packs of cigarettes do yo</li><li>b. How long have you been smoking c</li></ul>	ou smoke a day?igarettes?	
	117. Are you an ex-smoker?  a. How many years did you smoke? b. How many packs a day? c. When did you quit?		
	118. Have you ever been enrolled or are you cu If "Yes," please provide description and d 119. When was your last drink (alcohol)?	ates.	
	120. I drink beers; ounces of ha	ard liquor; ounces of wine a week.	
	121. I am right left handed.		
	122. Describe any hobbies/recreational activitie	es that expose you to noise or chemicals	
	122. Describe any noodies/recreational activities	that expose you to holse of elicilitatis.	

Yes	No		
		123.	Have you ever been unable to hold a job or been refused employment because of any physical, mental, or other medically related reason?
		124.	Have you ever been rejected for or discharged from a military position because of any physical, mental, or other medically related reason?
		125.	Have you ever taken any illegal drugs? If "Yes," list type, frequency and date on the following page.
		126.	Have you ever been medically disqualified or terminated from employment due to a positive drug or alcohol test?
		127.	Have you taken any prescription or over-the-counter medications in the last 12 months? This would include vitamins, birth control pills, antacids, laxatives, aspirins, antihistamines, and weight reducing aids. If "Yes," list name and dosage.
		128.	Have you ever been absent from work due to job stress?
		129.	Have you ever had any surgical operations?
		130.	Have you ever been hospitalized (at least overnight)? If "Yes," list year, age, reason, and length of stay.
		121	
H	H		Are you currently under a doctor's care?
Ш	Ш	132.	Are you currently limited by any temporary conditions (e.g., broken bone, pregnancy, recovery from surgery)? If "Yes," please describe
		133.	Have you ever had any doctor-imposed activity restrictions? If "Yes," please describe on the following page.
		134.	Have you ever been to a doctor for back/neck pain or problems?
		135.	Have you ever been off work because of back/neck pain or problems?
		136.	Is there any history of heart disease in your immediate family?
		137.	Do any diseases run in your family?
		138.	Do you or anyone in your family have high cholesterol?
		139.	Have you ever coughed, wheezed, or had chest discomfort after exercise?
		140.	Do you currently have a cold/cough or have you had either in the last two weeks?
		141.	Have you recently been exposed to smoke or any noxious or chemical fumes?
		142.	Have you missed more than 5 days from work due to medical reasons in the past 12 months?
		143.	Have you been exposed to loud noise today? If "Yes," were you wearing ear protection?
		144.	Have you ever been diagnosed by a licensed medical professional, psychiatrist, board certified clinical psychologist, etc. with a serious mental illness or as being psychotic?
		145.	Have you ever been committed to a mental institution by a court, the military, a medical doctor or self?

Use the number	Use the space below to provide explanations for any item you marked "Yes" on items 113 to 143. Please reference the item number in your response.						
Item No.							

I hereby certify that all statements made in this Medical History Statement are true and complete, and I understand that any misstatement of material fact may subject me to disqualification or dismissal from the Academy.

Signature in full	Date statement completed



# MEDICAL EXAMINATION REPORT

### **INSTRUCTIONS TO PHYSICIAN**

The person requesting this examination is an applicant to the Allan Hancock College Law Enforcement Training Academy. Listed below are examination categories and descriptions of the types of activities the applicant will be required to perform. Please examine the applicant and answer the following. Provide any written comments or notations on the attached page.

пррп	cant's Name (Last, first, middle)							
Date	of Birth (Month, Day, Year)		Se	ex		Height		Weight
			M	F				
1) V	dimlight, and inclement weather identification of persons and ob movement. The applicant will	r. The jects be required the second the seco	e appli by col- uired t	cant vor and so sper	vill be j shape nd exten	placed in and in sit	realistic puations the sof read	nio training that will be performed in daylight, police situations requiring visual acuity for the hat will require the ability to detect peripheral ing textbooks and manuals. In your opinion, imitations that could impair performance as
2) H	detect sounds, hear movement, a them to loud noises such as gund ear protection is required.	nd dis fire, si olicant ed?	cern di rens, a	rection nd ala	n with b rms. F	ooth ears. or situatio	The applins where	alistic police situations that require the ability to icant will participate in training that will expose extended exposure to loud noise is anticipated, develop, any hearing limitations that could
<b>3)</b> C <sub>2</sub>	ARDIOVASCULAR, MUSCULAI  3a. The applicant will be a performing short sprints performing calisthenics through an obstacle cou	R, SK requires, crav s, pus urse, ru the a	ELET ed to parting, j h-ups, unning pplica s desc	AL, A perform umpin pull- up an nt hav ribed?	n rigoroge, clim ups, us ud dowr w <b>e, or i</b>	ous physic bing, drag ing exerc a stairs and	cal activit ging a sin ise weigh l over und	ty to include running distances up to 3 miles, mulated body weighing approximately 160 lbs., hts, performing stretching exercises, running even terrain, and jumping from a six foot wall. ely to develop, any physical limitations that

3b.		extended periods as in a military formation, marching, and directing nt have, or is the applicant likely to develop, any physical limitations bed?
1	No	
	No Yes - Describe in the comments section.	
3c.	falls, throws, rolls, kicks, punches, and str	arrest control and self defense training which includes martial arts-like ressing the shoulder, elbow, wrist and finger joints by twisting and plicant have, or is the applicant likely to develop, any physical nce as described?
	No	
	Yes - Describe in the comments section.	
The appendix deflect while opinion	ting an assault. The applicant must be able to keeping arms down to sides, walk heel-to-to	ire spontaneous reaction to threats such as drawing a firearm quickly and o walk across a 12 foot balance beam, balance on each leg for 30 seconds be in a straight line while keeping both arms down to sides. In your clicant likely to develop, any physical limitations that could impair
_		
	No	
	Yes - Describe in the comments section.	
Include: Performassociated with		f severity. Duration of impairment (if intermittent). Likelihood(s)
PHYSICIAN 1	NFORMATION	
Physician's Na	me (printed)	Phone:
		Address:
		I .
Physician's Sig	nature	Date



### RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I acknowledge that the Allan Hancock Joint Community College District, Law Enforcement Training Program may include physically demanding and strenuous training activities. Furthermore, related training activities involve risks of serious injuries, even death. Nevertheless, I hereby voluntarily assume all risks of any and all loss, injury, illness, death, or damage to myself or my property that might be suffered while participating in the training. I understand that entering into this agreement is a condition of my participation and that I will deem to have accepted these terms and conditions of my participation.

I hereby agree, for myself, my heirs, successors, assigns, executor, personal representative, and estate, to release, waive, discharge, defend, indemnify, and hold harmless the Allan Hancock Joint Community College District, and their respective employees, agents, officers and my fellow students from any and all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the right to indemnity or in urged on appeal) resulting from my involvement and participation in the training, whether caused by any negligent act or omission of any fellow students, and/or the college's respective employees, agents, and officers or otherwise, regardless whether such negligence was active or passive and past present or future. I understand and agree that this release, waiver, discharge, and agreement to defend, indemnify, and hold harmless applies to all loss, injury, illness, death, or damage to me or my property resulting from my participation and involvement in the Allan Hancock Joint Community College District, Law Enforcement Training Program.

This agreement cannot be waived or altered; it affects your rights and obligations if injury or loss occurs during your participation in any activity sponsored by Allan Hancock Joint Community College District, Law Enforcement Training Program.

I acknowledge that I have read the foregoing and that I am fully aware of the legal consequences of this agreement, including that it prevents me from suing my fellow students, the district, and their respective employees, agents, or officers if I am injured or damaged as result of participation in the **Basic Law Enforcement Academy.** 

Student's Name/Print	Student's Signature	Date



### ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

Use with all sports, recreation, and high risk classes, i.e., athletics, public safety, performing arts, labs, dance. wishes to participate in the Allan Hancock Joint (PRINTED NAME) Community College District sponsored activity(ies) of LE 320 Basic Law Enforcement Academy. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate. I understand and acknowledge that some of the injuries/ illnesses that may result from participating in these activities include, but are not limited to, the following: 1. sprains/strains 3. unconsciousness 5. paralysis 7. death 2. fractured bones 6. loss of eyesight 4. head/back injuries 8. communicable diseases I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District. I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities. I understand, acknowledge, and agree that the District, its employees, officers, agent, or volunteers, shall not be liable for any injury/illness suffered by me as a result of my actions that is incidental to and/or associated with preparing for and/or participating in the activity(ies). Unless otherwise advised, I understand that I am responsible for my own transportation to and from the activity(ies) and the college assumes no liability for loss or injury resulting from my transportation, and any person driving a personal vehicle is not an agent of the District. Although the college may assist in coordinating the transportation, any assistance and/or recommendations provided may not be mandatory. If the college is providing transportation but I do not use the transportation, I am responsible to make my own transportation arrangements, and the college assumes no responsibility or liability of any kind. I have no known medical condition that may pose a health and/or safety risk to me or others by participating in the activity(ies). I acknowledge that I have carefully read this ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK form and that I understand and agree to its terms. Student Signature Date Parent's Signature (if minor) Date

<u>IMPORTANT NOTE</u>: Before a student will be allowed to participate in the above activity(ies), a signed Acknowledgment and Assumption of Potential Risk form must be on file each semester and retained within the department for 14 months from the end of activity per the statute of limitation (Gov. Code Sec. 911.2).



# **ARREST HISTORY**

If you have an arrest history, you must provide the disposition of the case from the courts, complete with a cover memo that has the date, violation, location, and law enforcement agency.

NAME:	E:			
(Print Full Legal Name and other Names used)				
DATE	OFFENSE	LOCATION	ARRESTING AGENCY/CASE DISPOSITION	



# **CRIMINAL HISTORY CHECK**

egal Name and other Names u	used)
ot on criminal parole or	felony or violent crime, either as a probation, I am not the subject of a gs, and I am not a member of any
, offenses, locations, and	d arresting agencies that I have been
	emical agents (tear gas) and have to ar sensitive information relating to
responsibility and trus ny sensitive information	with the AHC Law Enforcement. I will not mishandle any law n that I overhear or read strictly actions must remain above suspicion
er's license number and	aw Enforcement Academy, or their other personal information into any law enforcement agencies, to verify
Signature	
	not been convicted of a ot on criminal parole or icted to any illegal drug, offenses, locations, and ms, ammunition, and che stand that I may overhed ons of this assignment responsibility and trustry sensitive information aracter, reputation and a ession at all times.  Inator(s) of the AHC Later's license number and bases, as well as to local



# AFFIDAVIT OF BACKGROUND SUITABILITY FOR EMPLOYMENT AS A PEACE OFFICER

In accordance with Government Code Section 1029(a) any person convicted of a felony (or of a crime in another jurisdiction that would be a felony in California) is prohibited from employment as a California peace officer. This prohibition holds even if the conviction was sealed, expunged, or set aside. It may also apply to any convictions that were subsequently reduced to a misdemeanor occurring on or after January 1, 2004.

I hereby certify with my signature and initials below that the following statements are true and correct:

Ηονο ν	ou ever been:			
•		ny: ves (initials) n	o (initials)	
<ul> <li>Co of wo</li> <li>Ar bu</li> <li>Ar that no</li> <li>A 1</li> </ul>	nvicted of a crime classified as a felon nvicted of a Domestic Violence or an the California Penal Code or any othe uld prohibit my possession of a firear rested for a crime classified as a felon was reduced to a misdemeanor as pa rested for a crime classified as a felon t was reduced to a misdemeanor after (initials) member of a criminal street gang; or,	y other crime classified as a restate or political subdivision: yes (initials) not ay, which was filed with the art of a plea bargain: yes, which was filed with the successfully completing that to my knowledge, entered in	a misdemeanor enumerate ion of the United States of o (initials)  Court by the District Atto (initials) no  Court by the District Atto the terms of probation: yes onto a law enforcement file	America that  orney as a felony,  _(initials)  orney as a felony, (initials)  e as a member or
	ociate of a criminal street gang within			
	member of a terrorist organization, do tes Government: yes (initials)		ocated the violent overthro	ow of the United
• Ad	dicted to any illegal narcotic or substa	ance: yes (initials)	no(initials)	
	mmitted to a mental institution by a c (initials)	ourt, the military, a medica	l doctor or self: yes	(initials)
• Cu	rrently on parole or probation: yes_	(initials) no (	initials)	
• An	y pending or current arrest or bench vs (initials) no (initials)	warrants issued for Failure t		ır:
pu: Ac	rested or convicted of a life threatening result or traffic collision resulting in seademy: yes(initials) no	rious injury or death, within (initials)	n the three years prior to the	he start date of the
	rested or convicted of Driving Under or to the start date of the Academy: ye			ne last three years
	yo or more arrests or convictions of Descriptions of Descriptions (initials) no(initials)		(DUI) of alcohol and/or d	rugs:
Emplo knowl	by certify that I have read and init byment as a Peace Officer and a edge and belief. I understand lification and/or dismissal from the	all statements made are that any misstatement	true and complete to of material fact may	the best of my subject me to
Print I	Full Legal Name	Signature		



## **AUTHORIZATION TO RELEASE INFORMATION**

I understand that investigative-consumer reports may be requested and may include information as to my character, general reputation, personal characteristics, mode of living, academic or professional credential verification, job performance, experience and reasons for termination.

**I understand** this information will assist in the assessment of my qualifications and may include, but is not limited to, my academic, performance, attendance, achievement, disciplinary, employment history, military service history, criminal history record, and residential history.

I hereby authorize Allan Hancock College Law Enforcement Academy to make any investigations and obtain information relating to my activities from schools, employers, military services, criminal justice agencies, residential management agents, or other sources of information.

I understand that Allan Hancock College Law Enforcement Academy may be requesting information concerning my worker's compensation claims, motor vehicle operations history, and criminal history from various private and public sources along with other public records available.

**I understand** that Allan Hancock College Law Enforcement Training Program, Basic Law Enforcement Academy may need to release information relating to my activities in the Basic Law Enforcement Academy to the California Peace Officers Standards and Training (POST) to maintain regulatory compliance.

I understand that Allan Hancock College Law Enforcement Training Program, Basic Law Enforcement Academy may release all information relating to my activities in the Basic law Enforcement Academy to my (co)sponsoring agency.

**I hereby authorize** sources of information or custodians of records to release information pertaining to me upon request by Allan Hancock College Law Enforcement Academy.

**I acknowledge** that a facsimile (FAX) or photographic copy of this authorization will be as valid as the original.

**I acknowledge** that I have carefully read and reviewed all the provisions above and have voluntarily agreed to sign this authorization.

Signature	Date	
Print Full Legal Name	AKA/Other Name(s) Used	
Date of Birth	Social Security Number	



#### PUBLICITY RELEASE FORM

I hereby grant my consent to Allan Hancock College to use my name and my likeness, whether in still or moving pictures, my photograph and/or other reproduction, including my voice and features, with or without my name for any editorial, promotion, trade, business or other purpose whatsoever, including testimonial and endorsement advertising. Allan Hancock College may exercise its rights in any way it sees fit for its productions, for advertising and for other purposes. I hereby waive any right to approve the finished photograph, audio recording or video, or any copy that might be used in conjunction with the finished product. I understand I will receive no compensation for photographs, audio recordings or videos used and/or reused.

Please print clearly	
NAME	PHONE
STREET ADDRESS	CITY ZIP
EMAIL	MAJOR
SIGNATURE	DATE



# FIREARM DISCLOSURE

possessing a firearm?No	<b>7</b> 1	which would prevent you from legally
If "Yes," list the location, offense	e(s), date(s), court disposition, and	l any other pertinent details.
of the misdemeanors enumerated 29900(a) and 29900(b) of the Opolitical subdivision of the United against me that is classified as a	ed in sections 29800(b), 29805, California Penal Code in the Sta d States of America, nor do I curr	of a crime classified as a felony or any 29815(a), 29820, 29825(a), 29825(b), ate of California or any other state or rently have any criminal action pending mors enumerated in sections 29800(b), (b) of the California Penal Code.
		Enforcement Academy application or ling or a dismissal with prejudice from
Print Full Legal Name	Signature	Date



# HAVE YOU EVER ATTENDED A LAW ENFORCEMENT ACADEMY

Yes	_ No	If yes, name of Academy:
Address: _		
Did you g	raduate?	YesNo
If no, expl	ain why:	



# APPLICATION PACKET AND BACKGROUND CHECK CERTIFICATION

I hereby certify that I have personally completed the Academy Application Packet and the Backgroun
Check through First Advantage, and all statements made are true and complete to the best of m
knowledge and belief. I understand that any misstatement of material fact may subject me t
disqualification and/or dismissal from the Allan Hancock College Law Enforcement Academy.

Print Full Legal Name	Signature	Date	



### POST WORKBOOK ODERING SITE AND INSTRUCTIONS

1. Log on to the Workbook ordering site hosted by FedEx Kinko's at: <a href="https://docstore.fedex.com/post\_ca">https://docstore.fedex.com/post\_ca</a>

2. Click on: Select Documents From Your Online Catalog

3. Select folder: Becoming An Exemplary Peace Officer

Enter: 1 in the Quantity box Click On: Add to Cart

4. Select folder: Learning Domain Workbooks

Enter: 1 in the Quantity box for each Workbook LD 01- LD 43 (Workbook LD 14

has been eliminated. Do not order LD 60-LD 63)

Click On: Add to Cart

5. Select folder: Student Scenario Manual

Enter 1 in the Quantity box Click On: Add to Cart

6. Click On: Continue

- 7. Enter your **Contact Information** and **Payment Method** (A credit card is required to purchase the Workbooks)
- 8. Click on: **Continue** and follow any additional instructions.

NOTE: The cost for all books is approximately \$250.00.

# **No Cost Option**

\*\*\* You also have the option of going to the Law Enforcement Academy page on the college web site and downloading the workbooks to your laptop or tablet \*\*\*

\*\*\* If we convert all manual to the digital format and issue laptop computers, the POST workbooks will be downloaded to the computers\*\*\*

NEED HELP WITH PLACING YOUR ORDER

CALL: 1-800-GoFedEx (1-800-463-3339) customerrelations@fedexkinkos.com



# ACADEMY UNIFORM SPECIFICATIONS AND PURCHASING INSTRUCTIONS

Uniform requirements for the Allan Hancock College Law Enforcement Academy:

Class A	Long sleeve shirt, tie, duty pants, boots, duty gear	Inspections, Graduation
Class B	Short sleeve shirt, duty pants, boots, duty gear	Standard Daily Uniform
Class C	Polo (or sweatshirt), tactical BDUs, boots, duty gear	Range
Class C	T-shirt (or polo), tactical BDUs, boots or athletic shoes,	ARCON
Modified	duty gear if required.	
PT	PT shirt (or sweatshirt), running shorts, athletic shoes	PT and ARCON

As an Academy Recruit, you will need to purchase the following equipment with the following specifications:

- 1. **Uniform Shirt:** Long sleeve LAPD navy blue shirt, wash and wear polyester blend material with permanent military creases. The uniform shirt shall have button down shirt flap pockets with Velcro closures, shoulder epaulets and badge tab. Academy patches must be sewn on sleeves ½ inch from the shoulder seam and centered. Minimum of one shirt long sleeve shirt is needed. Minimum of 3 short sleeve shirts are needed.
- 2. **Uniform Pants:** LAPD navy blue, wash and wear polyester blend pants. Minimum of three pairs are needed..
- 3. **Tactical Pants:** Black BDU pants. Polyester/cotton blend, six pocket style with button or Velcro pocket closers (no snaps). Minimum of one pair needed.
- 4. Polo Shirt: Black polo, name on front and back, ordered through All American Screen Printing.
- 5. Trouser Belt: Black basket weave belt.
- 6. **Black plain toe boots:** Lace-up, leather (HiTech, 5.11 or comparable) nylon uppers are optional. The boots must be able to hold a high gloss shine and may have an inside zipper. Minimum of one pair needed.
- 7. **Tie:** Standard clip-on black uniform tie.
- 8. **Tie Bar:** Standard plain gold plated tie bar.



- 9. Name Plate: Gold metal name plate (material fee).
- 10. **Duty Jacket:** Black nylon duty jacket (e.g. Tact Squad) with Academy patches sewn on sleeves ½ inch from the shoulder seam and centered.
- 11. **Running Shoes:** High quality running shoes (e.g. Nike, Asics, New Balance, etc.) must be specifically designed for running. Cross trainers, basketball, court shoes are not approved.

You may order your uniforms from any uniform store or police uniform catalog as long as the items meet the Academy uniform specifications. Below is a listing of uniform providers. Often, the local uniform stores will sew on your patches for free if you purchase your uniform items from them. Be sure to take the Academy uniform specifications sheet with you when purchasing uniforms items to ensure that you are getting the proper item.

The following vendors are suggested:

### SAN LUIS OBISPO AREA

RANGEMASTER (uniforms and boots) 149 Granada Drive, Suite #A, San Luis Obispo, 805-545-0322

TEMPLETON UNIFORMS (uniforms and boots) 3850 Ramada Dr. #A-1B, Paso Robles, 805-434-0814

### SANTA MARIA AREA

CARRS BOOT SHOP - (boots only) 1515 South Broadway, Santa Maria, CA 805-922-5228

### **VENTURA AREA**

ON-DUTY UNIFORMS – (uniforms and boots) 4572 Telephone Road #920, Ventura, CA 805-650-3889

#### **LOMPOC AREA**

THE SHACK – (uniforms and boots) 129 W. Central #D, Lompoc, CA 93436 805-737-9600

### **INTERNET VENDORS**

GALL'S UNIFORMS 1-800-477-7766 (uniforms and boots) www.galls.com

LONG BEACH UNIFORMS 1-888-424-3938 (uniform and boots) www.longbeachuniform.com

LA POLICE GEAR 1- 661-294-9499 (uniform and boots) www.lapolicegear.com

BOTACHTATICAL 1-323- 443-3997 (uniform and boots) www.botachtactical.com



Independent recruit may provide their own duty gear, or rent from the academy. The Academy can provide the following equipment for Independent Recruits:

- 1. **Duty Gear:** Black basket weave (see duty gear fee).
- 2. **Academy Patches:** Ten patches (eight for the uniform shirts, two for the jacket) are included in the Academy material fee. Additional patches may be purchased from the by contacting the Academy Equipment Coordinator at 805-922-6966 ext. 3821. Sponsored/co-sponsored Recruits shall wear their Agency issued patches on their uniform shirts and jacket.
- 3. **Firearms:** Independent Recruits will be issued a 9mm Glock 17 handgun. The handgun will be issued at the range and turned in at the conclusion of each range training day. You are not allowed to take the handgun home or off campus grounds. Sponsored/co-sponsored Recruits shall use their Agency issued firearm. In lieu of using the Academy issued Glock, Independent Recruits are authorized to use their own handgun (this is not an Academy requirement). Handguns must meet the following criteria:

**Caliber:** 9 mm (.40 caliber or .45 caliber may be authorized; however, Recruits will have to purchase their own ammunition).

**Barrel Length:** Not less than 3.8 inches nor longer than 5 inches.

**Modifications:** Handguns may not have any after-market modifications that are extreme in nature or that would make it unsuitable to carry as an on-duty weapon.

**Authorization:** Prior to being used in the Academy firearms training, the handgun must be inspected and approved by an Academy Firearms Instructor.

**Approved Handguns:** The handguns listed in the chart below are the approved handguns for Academy use by Independent Recruits.

Manufacturer	Model or Caliber
Sig-Sauer	P226, P229, P239, P250
Springfield Armory	XD9 Service, XD9 Tactical
Glock	17, 19, 20, 23, 30, 32
Smith and Wesson	M&P9, M&P40
Beretta	92F, 96F
Heckler & Koch	USP 40 caliber or 9mm

- 4. **Ammunition:** The Academy will provide 9mm handgun, shotgun and .223 rifle ammunition to independent recuits. (ammunition fee). You will be refunded for unused ammunition.
- 5. **Duty Bag:** A black duty bag (material fee).
- 6. Flashlight: A flashlight (material fee).



# Additional Required Academy Uniform Items To Be Purchased by the Recruit or Agency:

- 1. Academy T-Shirts (four **black** t-shirts are recommended)
- 2. Academy Sweatshirt (one sweatshirt is required)
- 3. Academy Running Shorts: (one pair of running shorts required)
- 4. Navy blue Academy Cap (two required)
- 5. Blue Lycra® compression type shorts (one pair of blue Lycra® type shorts recommended)
- 6. Academy black polo (one required)
- 7. Sweatpants, black (one required)
- 8. Beanie or night cap, black (one required)

The above items are purchased at:

All American Screen Printing 304 E. Oak St. Santa Maria, CA 93454 805-925-0878 <a href="https://www.storessimple.com/allamerican/ahcleacademy">https://www.storessimple.com/allamerican/ahcleacademy</a>

If you have any questions or if you need assistance in ordering online from the website, contact Brooke or Ken Bradley at All American Screen Printing, 805-925-0878.



# LAW ENFORCEMENT ACADEMY

# FEE SCHEDULE - INDEPENDENT RECRUIT

(Effective Fall 2024)

FEE	AMOUNT	EXEMPTIONS AND WAIVERS
(FEES SUBJECT TO CHANGE)		For additional information on college related fees and exemptions visit the Allan Hancock College website
Enrollment Fees - \$46.00		Fee Waiver (BOG or other approved exemption)
<b>Unit</b> LE 321 / LE322 – 20 Units	\$ <b>920</b> .00	Non-California Resident (Contact Admissions and Records)
Health Fee (mandatory)	<b>\$ 26</b> .00	
Student ID Card (mandatory)	\$ 0.00	
Parking Fee (optional)	\$ 20.00	
Materials Fee (mandatory)	\$ 428.60	See attached list
Duty Gear*	\$ 185.00	Fee will be waived if you provide your own duty gear. Prior approval must be obtained from an Academy Coordinator.
Ammunition and Weapon Rental Fee *	\$1212.00	\$625 of the ammunition fee may be deducted if you purchase your own handgun with ammunition. Prior approval must be obtained from an Academy Coordinator. Handgun fee will be waived if you provide your own handhun.
Grand Total	\$2791.60	Paid Online

Uniforms: \$700.00 (approximate) Academy can provide borrowed uniforms (sizes vary) LD Workbooks: \$259.00 (approximate) Digital copies (free) with laptop

Approximate total: \$2,791.60 - \$3,750.60



# **ACADEMY REFUND FORM**

Updated 07/09/2024 (Effective Fall 2024)
\*Fees are subject to change per semester

Student H # \_\_\_\_\_

\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	9.95 33.14 17.00 14.30 7.95 11.49 9.80 25.00 9.00 3.00 4.00 1.29	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	9.95 33.14 17.00 14.30 7.95 11.49 9.80 25.00 9.00 3.00 4.00	Inde	ependent	Spo	nsored	
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