



Arkansas Law Enforcement Training Academy

# Application for Training

FILL IN FORM AND PRINT



## APPLICANT PERSONAL

Applicant's Last Name	First Name	MI	Rank
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Preferred First Name	SSN #	DOB	Age
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Gender		Education		College Degree
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> GED	<input type="checkbox"/> High School	<input type="checkbox"/> College

Home Address: (Street, City, State, Zip)
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Email Address:	Cell Phone Number:
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## LAW ENFORCEMENT HISTORY

Present Employing Agency:	Phone Number:	Supervisor's Cell Phone:
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Agency Mailing Address: (Street, City, State, Zip)	Fax Number:
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Date of Present Employment:	Initial Law Enforcement Employment Began:
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Initial Law Enforcement Agency: (If different than present)	Total Law Enforcement Experience:
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## COURSE INFORMATION

Course Title:	Course Date:
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Location:
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### ENTER ADVANCED TRAINING INFORMATION ON REVERSE SIDE

NOTICE: I AGREE to abide by the RULES and REGULATIONS established by the Arkansas Law Enforcement Training Academy. Both the undersigned applicant and supervisor certify that the applicant is a criminal justice agency employee (**LAW ENFORCEMENT OFFICERS MUST COMPLETE PAGE 2 AND HAVE THIS FORM NOTARIZED**) and is eligible to attend ACADEMY sponsored training.

Signature of Applicant:	Printed Name of Supervisor:
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Date:	Supervisor's Signature:
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Supervisor's E-Mail address:
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**ADVANCED TRAINING ONLY**

Level of CERTIFICATION:  Basic  General  Intermediate  Advanced  Senior  
Instructor Development Training Completed:  Yes  No  
Attended ALETA Basic Training:  Yes  No (If No, please specify below)  
BASIC TRAINING RECEIVED AT: \_\_\_\_\_

**STUDENT EMPLOYMENT STATUS STATEMENT**

I hereby attest that initial employment report on this applicant HAS BEEN FILED with the Commission on Law Enforcement Standards and Training and that this applicant MET the minimum standards for appointment as a law enforcement officer as prescribed in the Rules and Regulations. The supporting documentation as prescribed by CLEST Manual are recorded and permanently filed by the employing department.

I, \_\_\_\_\_, certify that I am a Law Enforcement Officer as defined by Section 1001.(9) of the Arkansas Law Enforcement Standards Manual which states "Law Enforcement Officer means any appointed law enforcement officer who is responsible for the prevention and detection of crime and the enforcement of criminal, traffic, or highway laws of this state, excluding only those officers who are elected by a vote of the people".

Additionally, I certify that I am employed twenty (20) or more hours each week on a continuous basis as a paid, sworn officer for either a municipal police department, sheriff's department, or other agency accepted for training by the Arkansas Commission on Law Enforcement Standards and Training.

I understand that my signature on this document places the responsibility on me for the truthfulness of this statement, further, that if any part of this statement is not true, I will be subject to immediate dismissal from the Arkansas Law Enforcement Training Academy without further training.

I hereby attest that to the best of my knowledge the information on this form is true and correct.

Signature of Employee	Rank	Date
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Signature of Department Administrator of Designee (NO STAMP)	Rank	Date
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SWORN AND SUBSCRIBED BEFORE ME  
\_\_\_\_\_  
NOTARY PUBLIC, this \_\_\_\_\_  
Day of \_\_\_\_\_, \_\_\_\_\_.  
My Commission Expires \_\_\_\_\_

**FALSE SWEARING is a Class A misdemeanor (Arkansas Code of 1987 Annotated 5-53-103) Punishable under Arkansas Statute 5-4-401 & 5-1-111.**

NOTICE: The above statement is NOT applicable when applying for civilian – eligible training.

**DUPLICATE THIS APPLICATION FOR YOUR USE**

**MAIL, FAX OR EMAIL APPLICATION TO:**

**OFFICE OF LAW ENFORCEMENT STANDARDS  
C.O. Central ALETA  
#4 STATE POLICE PLAZA DRIVE  
FAX: 501-682-1582  
EMAIL:central.aleta@arkansas.gov**