



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)

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:	ALETA Dorm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Basic Students are required to stay in the ALETA dorm
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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:

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:

ARKANSAS LAW ENFORCEMENT TRAINING ACADEMY P.O. BOX 3106
EAST CAMDEN, AR 71711
FAX: 870-574-2706
FOR BASIC CLASSES EMAIL: michelle.blann@arkansas.gov
FOR SPECIALIZED CLASSES EMAIL: terri.lynn.haynes@arkansas.gov