



Special Law Enforcement Officer (SLEO) Application Form

Please TYPE application and use the "TAB" key to move between blocks.
Written version available upon request.

Full Name:		LAST	FIRST	MIDDLE
Nicknames/Aliases:				
Maiden Name:				
Any previous name changes:		LAST	FIRST	MIDDLE
Birth Date:		##/##/####	AGE	Place of Birth: CITY / STATE
OFFICIAL BIRTH CERTIFICATE IS REQUIRED, WILL NOT ACCEPT PHOTO COPY				
Citizenship:		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		RACE	HEIGHT	WEIGHT
			HAIR COLOR	EYE COLOR
Social Security #:		###-##-####		Driver's License #: # / STATE
Address:		STREET	CITY / COUNTY	STATE ZIP
THIS MUST BE A PHYSICAL ADDRESS AND NOT A P.O. BOX OR THE ADDRESS OF THE PROTECTED PROPERTY				
Phone Number:		HOME (WITH AREA CODE) (###) ###-####	CELL (WITH AREA CODE) (###) ###-####	E-MAIL ADDRESS
Prior Law Enforcement Experience				
Within the past 5 years, have you been employed as a sworn public peace officer for a period of no less than one (1) year?				<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, supply the following information:				
NAME OF LAW ENFORCEMENT AGENCY	DATES EMPLOYED:		FROM ##/##/####	TO ##/##/####
				PHONE NUMBER (W/ AREA CODE) (###) ###-####
Within the past 5 years, have you served in the United States Armed Forces or National Guard as a full-time (active duty) military policeman engaged in law enforcement service for a period of no less than one (1) year?				<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, give details:				
PROVIDE A COPY OF YOUR DD-214				

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Personal Details					
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				
Spouse's details:					
Name	DOB ##/##/####	Street Address	City/State	Birthplace	
If spouse is employed, list their employer, location and title.					
Employer		Location		Title	
Provide home addresses and the approximate time frames of each location for the <u>past 10 years</u> . *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*					
Street Address		City/State		From	To
Specify all traffic violations within the <u>last ten (10) years</u> . Include dates, locations, police department, whether or not convicted and fine paid if convicted. IF NO TRAFFIC VIOLATIONS, WRITE "NONE", DO NOT WRITE N/A *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*					
Traffic Violation	Date ##/##/####	Location	Police Department	Convicted or Not (yes/no)	Fine Paid or Not (yes/no)
Specify all arrests (felony, misdemeanor or violation). This would include physical arrests, summonses and non-traffic offense citations. Include dates, locations, by what agency, whether or not convicted. <u>IF YOU HAVE HAD ANY ARRESTS OR CITATIONS AND YOU DO NOT LIST THEM, THERE IS A POSSIBILITY THAT YOU WILL NOT BE APPROVED FOR COMMISSION BY THE JUSTICE AND PUBLIC SAFETY CABINET.</u> IF NO ARRESTS, WRITE "NONE", DO NOT WRITE N/A *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*					
Dates ##/##/####	Offense/Location		Agency	Convicted or Not (yes/no)	Fines or Sentence
Have you ever been a defendant in any civil court action? If so, specify:					
Date ##/##/####	Type of Action			Disposition	
IF NO COURT ACTION, WRITE "NONE", DO NOT WRITE N/A *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*					

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Military Service: Give dates, Branch of Service and Type of Discharge received.				
Date ##/##/####		Branch of Service		Type of Discharge
From	TO			
DD-214 REQUIRED FOR EACH BRANCH SERVED *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*				
Medical History				
Have you had any serious injuries or illnesses within the past five (5) years?				<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, explain:				
Describe any physical defects:				
Do you now have or have you ever suffered from habitual drunkenness, narcotics addiction or dependence?				<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, explain:				
Have you been a patient in a mental hospital or institution or have you been declared mentally disabled?				<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, explain:				
Education/Training History				
Education and Training: *ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED CERTIFICATE*				
	Name	Address	City/State	Date ##/##/#### From To
Elementary School				
High School				
Diploma received:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date received:		
College/University				
Degree received:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date received:		
Other Training				
Degree received:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date received:		
ATTACH ANY CERTIFICATES/DIPLOMAS RECEIVED				
IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION				

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Employment History			
Employment History: Beginning with the most recent employer, provide details specifying Employer Name, Address, Title/Position Held and Dates of Employment, (also list periods of unemployment) within the past ten (10) years. *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*			
Name of Employer:			
Street Address:			
City/State/Zip:			
Phone Number: (###)###-####			
Title/Position Held:			
Dates of Employment: ##/##/####	From	To	
Reason for Separation:			
Annual Salary/Wages:	\$		
Name of Employer:			
Street Address:			
City/State/Zip:			
Phone Number: (###)###-####			
Title/Position Held:			
Dates of Employment: ##/##/####	From	To	
Reason for Separation:			
Annual Salary/Wages:	\$		
Name of Employer:			
Street Address:			
City/State/Zip:			
Phone Number: (###)###-####			
Title/Position Held:			
Dates of Employment: ##/##/####	From	To	
Reason for Separation:			
Annual Salary/Wages:	\$		
May we contact your present or past employers?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If no, explain:			

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References					
Provide two (2) personal references, (exclude relatives & co-workers) that have known you for at least three (3) years or more. *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*					
Name	Address, include City/State/Zip	Home, Work and Cell Phone Numbers	Best time to call	# or years known	E-mail Address

Photograph
<ol style="list-style-type: none"> 1. Provide one (1), un-mounted photograph, no larger than 3" x 5" to each application. 2. For identification, write your full name on the back of the photographs. 3. PHOTOGRAPHS MUST HAVE BEEN TAKEN NO MORE THAN THRITY (30) DAYS PRIOR TO SUBMITTING THE APPLICATION. 4. Application will not be considered unless proper photographs are included.

Attach Photo
(no larger than 3" x 5")

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Addendum Section

Please use this space for additional information not provided above (3600 characters max):

NEW

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THIS PAGE MUST CONTAIN ORIGINAL SIGNATURES ON BOTH SETS OF THE APPLICATION.

Note: This application must be notarized in the space provided below prior to submitting the application.

I, being a candidate to receive a commission as a Special Law Enforcement Officer in compliance with KRS 61.900-61.930, certify that the information required in the above statements of this application are to the best of my knowledge true, and I am not prohibited from serving by the provision of KRS 61.300.

Signature of Candidate

Subscribed and duly sworn to before me by the above named candidate, this _____ day of _____, 20____, at City (or town) of _____ County of _____ and State of _____.

Signature of Notary

(Official Impression Seal)

Notary Expiration Date

NOTE:

Complete and mail both applications and a \$25.00 non-refundable application fee (check or money order made payable to **Kentucky State Treasurer**) to:

Kentucky Law Enforcement Council
Funderburk Building
4449 Kit Carson Drive
Richmond, KY 40475

Any false, misleading or withholding of information requested on the application or by the Kentucky Law Enforcement Council Staff investigator, may be grounds for rejection without further consideration.

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