

PUBLIC SAFETY CABINET

Special Local Peace Officer (SLPO) Renewal Application Form

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

THIS APPLICATION IS TO BE USED FOR <u>RENEWALS</u> ONLY DO NOT USE THIS APPLICATION FOR NEW APPLICANTS

Full Name:								
		LAST			FIRST		MIDDLE	
Nicknames/Aliases:		1						
Maiden Name:								
Any previous name changes:								
		LA	AST		FIRST		MIDDLE	
Birth Date:				Place	Place of Birth:			
		mm/mm/yyyy	AGE				CITY / STATE	2
Citizenship:		YES	NO					
		Gender:	Male	Fema	le			
			-					
		F	RACE	HEIG	T WEIGHT	HAIR	COLOR EYE C	COLOR
Social Security #:				Driver's	License #:			
		###-##-####					# / STATE	
Address:								
		S	STREET		CITY / CO	UNTY	STATE	ZIP
		*THIS MUST	*THIS MUST BE A PHYSICAL ADDRESS AND NOT A P.O.BOX OR THE ADDRESS OF THE					
					ECTED PROPERTY			
Phone Number:								
		HOME (WITH AF (###)###-	REA CODE) -####	CELL (WITH (###)##			E-MAIL ADDRESS	
Do you have a		YES NO Have		Have you	we you filed under the		YES	NO
satisfactory credit		Bankruptcy Law since your						
rating?		last renewal?						
List all police training that you received								
since your last rene	is would i	nclude						
firearms training:	DIOMAS PECET		DITIONAL SP	ACT IS NEFDED		FNDIM SECTION*	,	
ATTACH ANY CERTIFICATES/DIPLOMAS RECEIVED *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*								
		Per	sonal	Detail	S			
Marital Status:	Single	Mar	ried	Divorce	ed S	eparate	d Wid	owed
Spouse's details:								
Name DOB		S	Street Address		s City/State		Birthplace	
	mm/mm/yyy	уу						
If spouse is employed	ed, list	their emp	lover. 1	ocation a	nd title.			
Employer		Location		Title				
i								
Provide home addresses and the approximate time frames of each location since your last						last		
renewal. *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*								
Street Address							From (mm/yyyy) To	
							1	

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Specify all traffic violations since your last renewal. Include dates, locations,							
police department, whether or not convicted and fine paid if convicted.							
				NONE", DO NOT TYPE N/A	L		
		IF ADDITIC	ONAL SPACE IS NEEDED,	USE ADDENDUM SECTION		Tine Deid	
Traffic Vic	lation	Date	Location	Police	Convicted	Fine Paid	
		mm/yyyy	LOCALION	Department	or Not	or Not	
					(yes/no)	(yes/no)	
Specify all	arrest	s (felony, mi	sdemeanor or viol	ation) since your	last renewa	l. This	
would inclue	de phys:	ical arrests,	summonses and no	n-traffic offense	citations.	Include	
				convicted. IF YOU			
			RE IS A POSSIBILITY T	HAT YOU WILL NOT BE A	PPROVED FOR COM	MISSION BY	
		SAFETY CABINET.	ידידרחמ אדיד ג/א אסעייי	ONAL SPACE IS NEEDED,	USE ADDENDUM SE	CTTON*	
II NO MA	10010, 11			AND DIMED IS REDDED,	Convicted		
Dates		Offense/Lo	ocation	Agency	or Not	Fines or	
mm/yyyy		, .		5	(yes/no)	Sentence	
Have you be	en a dei	fendant in an	v civil court act	ion since your lag	st renewal?	If so,	
specify:						,	
Date mm/yyyy	Type of Action Disposition						
IF NO COURT	ACTION,	TYPE "NONE", DO	NOT TYPE N/A *IF ADDII	TIONAL SPACE IS NEEDED	, USE ADDENDUM	SECTION*	
Military Service: Give dates, Branch of Service and Type of Discharge received since							
your last renewal.							
	Date Branch of Service Type of Discharge						
From		0					
DD-214 REQUIRED FOR EACH BRANCH SERVED *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*							
Medical History							
Have you had	d any se	erious injuri	es or illnesses s	ince your last rea	newal?	YES NO	
If yes, exp	lain:						
Describe any	У						
physical de:					•		
Since your last renewal did you have or have you suffered from habitual YES NO							
drunkenness, narcotics addiction or dependence?							
If yes, explain:							
Since your last renewal have you been a patient in a mental hospital or YES NO							
institution or have you been declared mentally disabled?							
If yes, exp	Lain:						

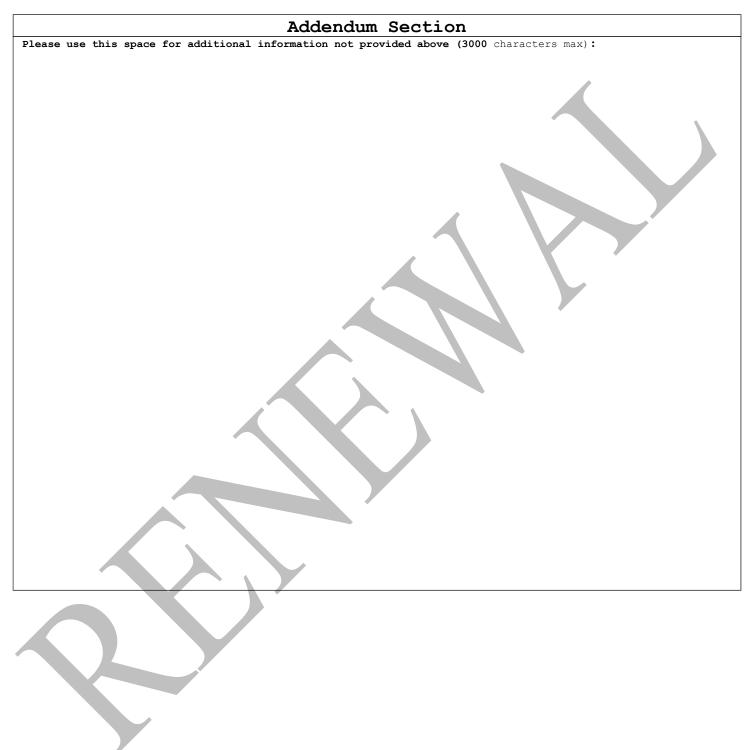
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Employment History					
Employment History: Begi					
Employer Name, Address,			tes of Emplo	yment, (also	list periods
of unemployment) since y		enewal. L SPACE IS NEEDED	. USE ADDENDUM S	SECTION*	
Name of Employer:					
Street Address:					
City/State/Zip:					
Phone Number: (###)###-####					
Title/Position Held:		T			
Dates of Employment: mm/yyyy					
	From	То			
Reason for Separation:					
Annual Salary/Wages:	\$				
		Photograph	IS		
 Provide one (1), u application. For identification PHOTOGRAPHS MUST H THE APPLICATION. 	a, write your IAVE BEEN TAK	full name on EN NO MORE THA	the back of N THRITY (30	the photograp) DAYS PRIOR	bhs. TO SUBMITTING
4. Application will n	ot be conside	ered unless pr	oper photogr	aphs are incl	uded.
		Attach Pho larger than 3 ⁴			

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

Commonwealth of Kentucky, _____ County

The Affiant_states he is the person recommended for appointment as a special local peace officer in the attached application for same to the Executive Director of the Kentucky Law Enforcement Council, that he is a citizen of the United States and the Commonwealth of Kentucky, that his full name is as stated, that he has resided in the Commonwealth for at least one year immediately preceding the making of this affidavit, that he has not been convicted of and is not under indictment for a crime involving moral turpitude, dishonesty or fraud, unauthorized divulging or selling of information or evidence, impersonation of a law enforcement officer or employee of the United States or any state or political subdivisions, thereof, illegally using, carrying or possessing a firearm or dangerous weapon, habitual drunkenness, using or selling or possession of narcotics, that he has not been adjudged mentally disabled by a court of competent jurisdiction and such adjudication has not been set aside, that he has not renounced his citizenship, that being an alien he has not illegally or unlawfully entered the United States, that within a period of two years immediately preceding the filing of this affidavit he has not hired himself out, performed any service, or received any compensation from any private service for acting as a privately paid detective, policeman, guard, peace officer or otherwise as an active participant in any labor dispute, that he has not conducted the business of a private detective agency or with any agency supporting private detectives, private policeman or private guards, or authorized or solicited any such business in connection with any labor disputes.

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 Local Peace Officer in compliance with KRS 61.360, 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 candi	idate, this day of
, 20, at City (or town) of	County of
and State of	
(Official Impression Seal)	Signature of Notary
	Notary Expiration Date

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NOTE :

**Enclose with this application a copy of the \$5000.00 bond executed in the name of the applicant as required by KRS 61.360 (5). For the purpose of notification, verification and in the event the bond is cancelled, the Executive Director of the Kentucky Law Enforcement Council in the Justice and Public Safety Cabinet shall be listed as the third party beneficiary.

Complete and mail both applications and a \$10.00 non-refundable application fee (check or money order made payable to **Kentucky State Treasurer**) to:

Justice & Public Safety Cabinet Internal Investigations Branch 125 Holmes St. Frankfort, KY 40601

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

500 KAR 3:020