



JUSTICE AND  
PUBLIC SAFETY CABINET

## 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:	mm/dd/yyyy	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:	Male	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
<b>Prior Law Enforcement Experience</b>			
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 mm/yyyy	TO mm/yyyy
			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 <small>mm/mm/yyyy</small>	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> . <small>*IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*</small>					
Street Address		City/State		<small>From</small> <small>mm/yyyy</small>	<small>To</small> <small>mm/yyyy</small>
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. <small>IF NO TRAFFIC VIOLATIONS, TYPE "NONE", DO NOT TYPE N/A *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*</small>					
Traffic Violation	Date <small>mm/yyyy</small>	Location	Police Department	Convicted or Not <small>(Yes/No)</small>	Fine Paid or Not <small>(Yes/No)</small>
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> <small>IF NO ARRESTS, TYPE "NONE", DO NOT TYPE N/A *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*</small>					
Dates <small>mm/yyyy</small>	Offense/Location	Agency	Convicted or Not <small>(yes/no)</small>	Fines or Sentence	
Have you ever been a defendant in any civil court action? If so, specify:					
Date <small>mm/yyyy</small>	Type of Action	Disposition			
<small>IF NO COURT ACTION, TYPE "NONE", DO NOT TYPE N/A *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*</small>					

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<b>Military Service: Give dates, Branch of Service and Type of Discharge received.</b>				
Date <small>mm/yyyy</small>		Branch of Service	Type of Discharge	
From	TO			
<small>DD-214 REQUIRED FOR EACH BRANCH SERVED *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*</small>				
<b>Medical History</b>				
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:				
<b>Education/Training History</b>				
<b>Education and Training: *ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED CERTIFICATE*</b>				
	Name	Address	City/State	Date <small>mm/yyyy</small> 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:		
<small>*ATTACH ANY CERTIFICATES/DIPLOMAS RECEIVED*</small>				
<small>*IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*</small>				

## Special Law Enforcement Officer (SLEO) Application Form

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<b>Employment History</b>			
<b>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.</b> <small>*IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*</small>			
Name of Employer:			
Street Address:			
City/State/Zip:			
Phone Number: (###)###-####			
Title/Position Held:			
Dates of Employment: <small>mm/yyyy</small>	From	To	
Reason for Separation:			
Annual Salary/Wages:	\$		
Name of Employer:			
Street Address:			
City/State/Zip:			
Phone Number: (###)###-####			
Title/Position Held:			
Dates of Employment: <small>mm/yyyy</small>	From	To	
Reason for Separation:			
Annual Salary/Wages:	\$		
Name of Employer:			
Street Address:			
City/State/Zip:			
Phone Number: (###)###-####			
Title/Position Held:			
Dates of Employment: <small>mm/yyyy</small>	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:			

## Special Law Enforcement Officer (SLEO) Application Form

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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	# of years known	E-mail Address

### Photograph

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 THIRTY (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")

# Special Law Enforcement Officer (SLEO) Application Form

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

## Addendum Section

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

NEW

# Special Law Enforcement Officer (SLEO) Application Form

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

**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:

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 cabinet investigator, may be grounds for rejection without further consideration.

500 KAR 2:020



## COMMONWEALTH OF KENTUCKY

Justice & Public Safety Cabinet  
Internal Investigations Branch

### AUTHORITY TO RELEASE INFORMATION FORM

I, \_\_\_\_\_ having made application for the position of Special Law Enforcement Officer, desires that any information in my personal records that the Internal Investigations Branch deems pertinent to their investigation into my background, to be released to their investigators. This authorization includes, but is not limited to, employment, medical, hospital, school and credit records, whether privileged or not.

This authorization shall serve as a release of all liability to all parties furnishing such information to the Internal Investigations Branch and their authorized agents.

A photocopy of this release shall be considered as effective and binding as the original hand executed copy.

Signature: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

\_\_\_\_\_





**COMMONWEALTH OF KENTUCKY**  
**Justice & Public Safety Cabinet**  
**Internal Investigations Branch**  
**SPECIAL LAW ENFORCEMENT OFFICER (SLEO ACT)**

New Application

Renewal Application

**(Type or Print Legibly in Black Ink)**

**Letter of Intent Form**

The undersigned, as an official Representative of \_\_\_\_\_  
Name of Property

located and situated in: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City County State

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_,

hereby applies for and recommends the appointment of:

\_\_\_\_\_  
 Name of Candidate

Street	City	County	Zip
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as a Special Law Enforcement Officer in compliance with KRS 62.900-61.930 to protect the premises of the public property of the above cited Government unit location at:

**Specific Location of Property**

Street	City	County	Zip
--------	------	--------	-----

Name of Official & Title:	Signature of Official
Agency Phone:	
Agency E-mail:	Date:



**COMMONWEALTH OF KENTUCKY**  
**Justice & Public Safety Cabinet**  
**Internal Investigations Branch**  
**125 Holmes St.**  
**Frankfort, Ky 40601**

**SLEO ACKNOWLEDGMENT FORM**

This is to acknowledge I have received, read, and understand:

- 1. Provisions of the SLEO Act (KRS 61.900-61.930);
- 2. Administrative regulations in 500 KAR Chapter 2;
- 3. Penalties imposed for violating the SLEO Act and its administrative regulations; and
- 4. KRS 61.300, 61.990, 61.991 and 62.990; and

I acknowledge that my authority is limited and restricted under the SLEO Act; and

I understand and acknowledge that my commission as a SLEO does not give me the right or authority to carry a concealed weapon off the premises of the said property, unless I hold a license to carry a concealed deadly weapon issued pursuant to KRS 237.110 or I meet the requirements of 18 U.S.C. §926B or §926C.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I attest that I have provided the above listed applicant all the documents required above.

\_\_\_\_\_  
Governmental Unit Representative's Signature

\_\_\_\_\_  
Date

## Special Law Enforcement Officer (SLEO) Renewal Application Form

(Please TYPE application and use the "TAB" key to move between blocks.)

THIS APPLICATION IS TO BE USED FOR RENEWALS ONLY  
 DO NOT USE THIS APPLICATION FOR NEW APPLICANTS

<b>Full Name:</b>		LAST	FIRST	MIDDLE
<b>Nicknames/Aliases:</b>				
<b>Maiden Name:</b>				
<b>Any previous name changes:</b>				
		LAST	FIRST	MIDDLE
<b>Birth Date:</b>	mm/dd/yyyy	AGE	<b>Place of Birth:</b>	CITY / STATE
<b>Citizenship:</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
	RACE	HEIGHT	WEIGHT	HAIR COLOR
			EYE COLOR	
<b>Social Security #:</b>	###-##-####	<b>Driver's License #:</b>	# / STATE	
<b>Address:</b>	STREET	CITY / COUNTY	STATE	ZIP
*THIS MUST BE A PHYSICAL ADDRESS AND NOT A P.O.BOX OR THE ADDRESS OF THE PROTECTED PROPERTY*				
<b>Phone Number:</b>	HOME (WITH AREA CODE) (###) ###-####	CELL (WITH AREA CODE) (###) ###-####	E-MAIL ADDRESS	
<b>Personal History</b>				
<b>Marital Status:</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
				<input type="checkbox"/> Widowed
<b>Spouse's details:</b>				
Name	DOB mm/yyyy	Street Address	City/State	Birthplace
<b>If spouse is employed, list their employer, location and title.</b>				
Employer	Location		Title	
<b>List any address changes since your last renewal.</b>				
IF NO CHANGES WRITE "NONE", DO NOT WRITE N/A *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*				
Street Address	City/State		From	To
<b>Specify all traffic violations since your last renewal. Include dates, locations, police department, whether or not convicted and fine paid if convicted.</b>				
IF NO TRAFFIC VIOLATIONS WRITE "NONE", DO NOT WRITE N/A *IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION*				
Traffic Violation	Date mm/yyyy	Location	Police Department	Convicted or Not
				Fine Paid or Not

# Special Law Enforcement Officer (SLEO)

## Renewal Application Form

(Please TYPE application and use the "TAB" key to move between blocks.)

THIS APPLICATION IS TO BE USED FOR RENEWALS ONLY  
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Specify all arrests (felony, misdemeanor or violation) since your last renewal. This would include physical arrests, summonses and non-traffic offense citations. Include dates, locations, by what agency, whether or not convicted. 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.

IF NO ARRESTS, TYPE[WRITE] "NONE", DO NOT TYPE[WRITE] N/A. \*IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION\*

Dates mm/yyyy	Offense/Location	Agency	Convicted or Not	Fines or Sentence

Since your last renewal, have you been a defendant in any civil court action? If so, specify:

Date mm/yyyy	Type of Action	Disposition

IF NO COURT ACTION, TYPE[WRITE] "NONE", DO NOT TYPE[WRITE] N/A. \*IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION\*

Since your last renewal, have there been any changes in military service? Provide Dates, Branch of Service and Type of Discharge received.

Date Mm/yyyy	Branch of Service	Type of Discharge
From	TO	

\*DD-214 REQUIRED FOR EACH BRANCH SERVED IF THERE HAVE BEEN CHANGES SINCE YOUR LAST RENEWAL\*  
IF NO CHANGES TYPE[WRITE] "NONE", DO NOT TYPE[WRITE] N/A.

\*ATTACH ANY CERTIFICATES/DIPLOMAS RECEIVED\* \*IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION\*

### Medical History

Have you had any serious injuries or illnesses since your last renewal?  YES  NO

If yes, explain:  YES  NO

Describe any physical defects:

Since your last renewal, have you suffered from habitual drunkenness, narcotics addiction or dependence?  YES  NO

If yes, explain:

Since your last renewal, have you been a patient in a mental hospital or institution or have you been declared mentally disabled?  YES  NO

If yes, explain:

**Special Law Enforcement Officer (SLEO)  
Renewal Application Form**

(Please TYPE application and use the "TAB" key to move between blocks.)

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**Photograph**

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

**Addendum Section**

Please use this space for additional information not provided above (830 characters max):

# Special Law Enforcement Officer (SLEO)

## Renewal Application Form

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\_\_\_\_\_  
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

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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 Staff investigator, may be grounds for rejection without further consideration.

500 KAR 2:020

## County Clerk Oath

**NOTE: The constitutional oath of office below is not to be taken before the County Clerk until the candidate is certified to be commissioned.**

I do solemnly swear that I will support the Constitution of the United States and the Constitution of this Commonwealth, and be faithful and true to the Commonwealth of Kentucky so long as I continue a citizen thereof, and that I will faithfully execute, to the best of my ability, the office of a Special Law Enforcement Officer according to law; and I do further solemnly swear that since the adoption of the present Constitution, I, being a citizen of this state, have not fought a duel with deadly weapons within this state, nor out of it, nor have I sent or accepted a challenge to fight a duel with deadly weapons, nor have I acted as second in carrying a challenge, nor aided or assisted any person thus offending, so help me God.

\_\_\_\_\_  
Signature of County Clerk

\_\_\_\_\_  
Signature of Candidate in presence of  
County Clerk

\_\_\_\_\_  
County, Kentucky

\_\_\_\_\_  
Printed name of Candidate

Sworn and duly subscribed before me by the above, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

at \_\_\_\_\_  
City County

A copy of this affidavit with photograph attached is now on file in the office of the County Clerk in the above County as required by 500 KAR 2:020 Section 8 (4).

**County Clerk's Office Copy**

## County Clerk Oath

**NOTE: The constitutional oath of office below is not to be taken before the County Clerk until the candidate is certified to be commissioned.**

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\_\_\_\_\_  
Signature of County Clerk

\_\_\_\_\_  
Signature of Candidate in presence of  
County Clerk

\_\_\_\_\_  
County, Kentucky

\_\_\_\_\_  
Printed Name of Candidate

Sworn and duly subscribed before me by the above, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

at \_\_\_\_\_  
City County

A copy of this affidavit with photograph attached is now on file in the office of the County Clerk in the above County as required by 500 KAR 2:020 Section 8 (4).

**Internal Investigations Branch Office Copy**