

PUBLIC SAFETY CABINET

Special Law Enforcement Officer (SLEO) Application Form

Full Name:								
		LAST			FIRST		MIDDLE	
Nicknames/Aliases: Maiden Name: Any previous name c	hanges:							
7.7		LAST	1		FIRST		MIDDLE	
Birth Date:				Place	of Birth:			
	mm/dd,	/YYYY	AGE			CI	TY / STATE	
	0	FFICIAL BIR	TH CERTIFI	CATE IS RE	QUIRED, WILL NOT	ACCEPT PHOTO	COPY	
Citizenship:	YES	МО		- 4/8				
	Gender:		Male	Fem	ale			-30
	RAC	4D	HEIGH					
Social Security #:	KAL		HEIGH		WEIGHT License #:	HAIR COLOR	EYE	COLOR
-		***-**-***		4		##/STA	TE	100
Address:								
		STREET	A		CITY / COUNT	TY	STATE	ZIP
	*THIS MUS	T BE A PHYS	ICAL ADDRE	200h	A P.O.BOX OR TE	E ADDRESS OF	THE PROT	ECTED
Phone Number:			_					
1		(With Area Code	:)		WITH AREA CODE)	B-MAI	L ADDRESS	
	Prior	Law Er	nforce	ment E	experience	9		
Within the past 5 y officer for a perio	ears, have	you beer	n employe	ed as a			YES	NO
If yes, supply the	following	informati	ion:			3		
A SA WARE	1000				3404			
NAME OF LAW ENFORCEMENT	r agency	DATES EMPLO	YED:	FROM TO	/уууу	PHONE NUMBE	R (W/ AREA	CODE)
Within the past 5 y Forces or National engaged in law enfo year?	Guard as a	full-tim	ne (acti	ne United	States Arme	d iceman	YES	NO
If yes, give detail	s:		1	M				
			1	ROVIDE A	COPY OF YOUR DD-	214		

			Perso	onal	Deta	ils				##====================================
Marital Status:	Single	Mar	ried		ivorced		Sepa	rated	Wi	dowed
Spouse's details:										
Name	DOB mm/mm/yyyyy		Street	Addre	88	С	ity/Sta	te	Bir	thplace
	11									
If spouse is	employed, lis	t their	employ	yer, 1	ocation	and	title.			
Empl	oyer			Loca	ation				Titl	.е
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Provide home years.	addresses and						f each I	NO. O. C.		ne past 10
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Traffic Violation	Date mm/yyyy	1	ocation		-	olice artme	105 Page 175 A	1	cted ör Not 18/No)	Fine Paid or Not (Yes/No)
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		10		4			- N	Z/A		<u> </u>
2-A2 5		416		The				40		
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Dates ==/yyyy	Offens	se/Loca	tion		A	Agend	ъХ	or	victed Not s/no)	Fines or Sentence
				/						
All the same of th		100								
ACTION S		. 100		18						
Have you ever	been a defen	dant ir	any c	ivil	court ac	ction	? If s	o, spe	cify:	
Date mm/yyyy	T	ype of	Action					Dis	position	
				-02		-				
IF NO COURT A	ACTION, TYPE "NON	E", DO N	OT TYPE 1	N/A *IF	ADDITION	IAL SPI	ACE IS NEI	EDED, US	E ADDENDUM	SECTION*

Branch of Service Type of Discharge From TO DD-214 REQUIRED FOR EACE BRANCE SERVED *1F ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION* Medical History Medical History Have you had any serious injuries or illnesses within the past five (5) YES years? If yes, explain: Describe any physical defects: Do you now have or have you ever suffered from habitual drunkenness, NO If yes, explain: Have you been a patient in a mental hospital or institution or have you YES narcotics addiction or dependence? If yes, explain: Education/Training History Education and Training: *ATTACE A COPY OF YOUR BIGH SCHOOL DIPLOMA OR GED CERTIFICATE* Name Address City/State Date ##//PACH AND CERTIFICATE* Path School Diploma received: YES NO Date received: College/University Degree received: YES NO Date received:	Military Service: G	ive dates, Br	anch of	f Service and Type	of Discharge r	eceived.			
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Degree received: YES NO Date received:									
Degree received: YES NO Date received:	Other Training				1				
		YES	NO	Date received:					
IF ADDITIONAL SPACE IS NEEDED, USE ADDENDUM SECTION		The second secon	ASSESSMENT OF THE PROPERTY OF	TIFICATES/DIPLOMAS REC					

	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: mm/yyyy	From To					
		D.				
Reason for Separation:						
Annual Salary/Wages:	\$					
Name of Employer:		_				
Street Address:						
City/State/Zip:						
Phone Number: (###) ###-####						
Title/Position Held:						
Dates of Employment:	From To					
		X S				
Reason for Separation:						
Annual Salary/Wages:	\$					
Name of Employer:						
Street Address:						
City/State/Zip:						
Phone Number: (***) ***-****						
Title/Position Held:						
Dates of Employment:	From To					
mm/yyyyy						
Passon for Connection		SEDICE S				
Reason for Separation:	s					
Annual Salary/Wages: May we contact your pres						
If no, explain:	Sour of bear embroxers: TIPS TWO					

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

Written version available upon request.

	Ref	erences			
	personal references, (exthree (3) years or more				
Name	Address, include City/State/Zip	Home, Work and Cell Phone Numbers	Best time to call	# of years known	E-mail Address
			1		

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 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")



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	e above named candidate, this day of
, 20, at City (or town	n) of County of
and Stat	te of
(Official Impression Seal)	Signature of Notary
	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 m	nade application for the	position of Special
I,	s that any information	on in my personal reco	rds that the Internal
Investigations Branch deems perti	_		
their investigators. This authori			ployment, medical
hospital, school and credit records	s, whether privileged	or not.	
This authorization shall serve as a	a release of all liabilit	ty to all parties furnishi	ng such information
to the Internal Investigations Bran		-	
A photocopy of this release shall	ll he considered as 6	effective and hinding	as the original hand
executed copy.	n de considered as c	bricetive and omaing t	as the original hand
G'			
Signature:			_
Street:	City:	4,440-	
State: Zip Co	, da		
StateZip Co	nue		
Date:			
Witnessed by:			
2			
		**	
		10 10 20	



COMMONWEALTH OF KENTUCKY

Justice & Public Safety Cabinet Internal Investigations Branch

SPECIAL LAW ENFORCEMENT OFFICER (SLEO ACT)

New Application

(T	Renev ype or Print Le	val Applicati gibly in Black		
	Letter of I	ntent Form		
The undersigned, as an official	Representative of	of	Name of Property	<u> </u>
	,	,	,	
located and situated in:	/	County	State	
Mailing Address:			Zip Code:	
hereby applies for and recomme	ends the appoint	ment of:		
3	Name of Ca	andidate		
		15		
Street	City		County	Zip
as a Special Law Enforcement premises of the public property Specific Location of Property				
				7:
Street	City		County	Zip
Name of Official & Title:		Signature of Office	cial	
Name of Official & Title.		Signature of Office	otui	
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	t 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

Full Name:								
		LAST			FIRST			MIDDLE
Nicknames/Aliases:								
Maiden Name:								
Any previous name c	hanges:					7.		
***		LAST		100	FIRST			MIDDLE
Birth Date:		5000000		Plac	e of Birth:			
	mm/dd	/уууу	AGE			AA	CI	TY / STATE
Citizenship:	YES	NO			- Constitution			
	Gender:		Male	F	emale			_ A
					-			M
	RA	CE	HEIG	HT	WEIGHT		HAIR COLOR	EYE COLOR
Social Security #:				Drive	r's License	#:		
		-**-		. 4			# / S	TATE
Address:						V	y	
		STREET		A	CITY	COUNTY	20.3	STATE ZIP
	*THIS MUS		SICAL ADDR	SS AND N	OT A P.O.BOX (OR THE AD	DRESS OF 1	THE PROTECTED
Phone Number:	11012101			1	The state of	-	7	
		(WITH AREA COD (###)###-####	E)	CEL	L (WITH AREA CODE)		E-MA	IL ADDRESS
Personal History								
		207				7000	The second second second	CANCEL CO.
Marital Status:	Single		ried	Divo	orced	Separa	ated	Widowed
Marital Status: Spouse's details:	Single		W000	Divo	orced	Separa	ated	Widowed
	DOB mm/yyyy	Mar	W000	-		Separa /State		Widowed
Spouse's details:	DOB	Mar	ried	-				
Spouse's details:	DOB mm/yyyy	Mar	ried treet Ad	dress	City	/State		
Spouse's details:	DOB mm/yyyy	Mar	ried treet Ad	dress	City,	/State	Bi	
Spouse's details: Name If spouse is employ	DOB mm/yyyy	Mar	ried treet Ad	dress	City,	/State	Bi	irthplace
Spouse's details: Name If spouse is employ	DOB mm/yyyy	Mar:	treet Ad	dress	City,	/State	Bi	irthplace
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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

Specify all	arrests (felor	ny, misdemeanor or viol	ation) since your	last renewa	al. This				
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	Offe	ense/Location	Agency	Convicted	Fines or				
mm/yyyy	Olle	mse/ Loca Clon	Agency	or Not	Sentence				
					-				
			A						
	last renewal, h	nave you been a defenda	nt in any civil c	ourt action?	P If so,				
specify:		1 .							
mm/yyyy	;	Type of Action		Disposition	7				
				$-\gamma$					
IF NO COURT SECTION*	ACTION, TYPE [WRITE	S] "NONE", DO NOT TYPE [WRITE]	N/A. *IF ADDITIONAL	SPACE IS NEEDE	D, USE ADDENDUM				
		nave there been any cha e of Discharge received		service? Pro	ovide Dates,				
	ate	Branch of Service	90s. U. N.	pe of Discha	rae				
Mm,	/ Y YYY	Branch of Service	.71	pe or bischa	. .				
From	TO								
	IF NO	ACH BRANCH SERVED IF THERE H CHANGES TYPE [WRITE] "NONE",	DO NOT TYPE [WRITE] N	/A					
ATTACH	ANY CERTIFICATES/	DIPLOMAS RECEIVED *IF ADDIT		, USE ADDENDUM	SECTION*				
		Medical Hi	story		200				
Have you had	d any serious :	injuries or illnesses s	ince your last re	enewal?	YES NO				
If yes, exp	lain:				14				
Describe any	y physical								
defects:					Towns I I I				
	last renewal, l ddiction or dep	have you suffered from pendence?	habitual drunkenr	less,	YES NO				
If yes, exp	lain:				**				
		have you been a patient een declared mentally d		oital or	YES NO				
If yes, exp		sen decrared mencarry c	IISADIEU:						
ir yes, exp									
0									
	*								
1									
- 0									

(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.
- 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")

Addendum Section

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

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

THIS APPLICATION IS TO BE USED FOR <u>RENEWALS</u> ONLY
DO NOT USE THIS APPLICATION FOR NEW APPLICANTS
THIS PAGE MUST CONTAIN ORIGINAL SIGNATURES ON <u>BOTH SETS</u> 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 na	med candidate, this_	day of
	, at City (or town) of		County of
	and State of		
		. 1	
(Official Impression Seal)			Signature of Notary
		131-	Notary Expiration Date
NOTE:		1	
	both applications ar		
application fee (c) Treasurer) to:	heck or money order	made payable t	to Kentucky State
ilousuloi, co.			

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 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, thisday of		20
at City	County	

<u>A</u> 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, thisday of		
at		
City	County	

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Internal Investigations Branch Office Copy