



Criminal Justice
904•808•7490

Financial Aid
904•808•7407

St. Johns River State College

Criminal Justice Program Application





**ST. JOHNS RIVER STATE COLLEGE
CRIMINAL JUSTICE TRAINING PROGRAM
Cross-over Program Application Checklist**

NAME: _____ SS#: _____ - _____ - _____

Please check the applicable cross-over program: LAW ENFORCEMENT CROSS-OVER TO CORRECTIONS
 CORRECTIONS CROSS-OVER TO LAW ENFORCEMENT

Student Checklist

(For College use only)

Please check each box as it is completed.

	1 st Admin. Review	2 nd Admin. Review
<input type="checkbox"/> St. Johns River State College Application for Admission	_____	_____
<input type="checkbox"/> Application for Criminal Justice Program	_____	_____
<input type="checkbox"/> Copy of valid Florida driver's license	_____	_____
<input type="checkbox"/> Copy of Social Security Card	_____	_____
<input type="checkbox"/> Copy of birth certificate	_____	_____
<input type="checkbox"/> Please attach copy of <input type="checkbox"/> GED scores	_____	_____
Or <input type="checkbox"/> Official High School Transcript	_____	_____
<input type="checkbox"/> Affidavit of Applicant	_____	_____
<input type="checkbox"/> Fingerprinting by SJR STATE	_____	_____
<input type="checkbox"/> Copy of DD 214/military discharge, IF APPLICABLE	_____	_____
<input type="checkbox"/> Copy of citizenship by Naturalization, IF APPLICABLE	_____	_____
<input type="checkbox"/> Copy of BAT score	_____	_____
<input type="checkbox"/> CJSTC Form 75B	_____	_____
<input type="checkbox"/> Copy of Certificate of Completion from previous academy	_____	_____

By my signing below, I, the applicant, hereby attest that the above items that are checked are complete.

Applicant's Signature Date Signed

Comments: _____

1st Administrative Review Date 2nd Administrative Review Date



ST. JOHNS RIVER STATE COLLEGE
CRIMINAL JUSTICE TRAINING PROGRAM

2990 College Drive
St. Augustine, FL 32084

APPLICATION

INSTRUCTIONS:

Please return this application to the address above with all portions fully, accurately, and clearly completed by printing in **BLACK OR BLUE INK OR BY TYPING**. You can type in this form and print it. Do Not E-Mail. You may use additional sheets of plain paper to complete your responses.

Check the appropriate training program for which you are applying (also indicate the date class begins):

Corrections TO LAW ENFORCEMENT (Date: _____)

Law Enforcement TO CORRECTIONS (Date: _____)

FULL NAME AND ADDRESS:

Last First Middle

Address City State County Zip Code

How long at this address? _____ How long in Florida? _____
Years Months Years Months

Mailing Address (if different from above) City State Zip Code

Home Phone Number: _____ Cellular Phone Number: _____

E-mail address: _____

PERSONAL INFORMATION:

• Social Security Number: _____

• Age: _____
Date of birth: (mm/dd/yyyy) _____
Place of birth: _____

City County State Country (if not USA)

• Education: Check appropriate boxes:
 High School diploma
 GED
 AS or AA
 BS or BA
 MA or MS
 PhD or EdD
 Other; please list _____

High School: _____
Name of School

Address (City/State)

Date of Graduation (month/year)

GED Equivalent (if applicable): _____
Place of issuance

College: _____
Name

Address (City/State)

Degree Major Date of Graduation

College: _____
Name

Address (City/State)

Degree Major Date of Graduation

For any additional colleges attended, please attach a separate sheet of paper.

Emergency Contact Information

Please provide information of person to be contacted in case of an emergency:

Name: _____ Relation: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____
Cellular phone: _____ Other: _____

• Are you currently employed? Yes No
If yes, please list if full or part-time; how long you have been employed; and the name, address, and phone number of your employment: _____

• Are you a United States Citizen? Yes No
If no, please provide the date for your Naturalization: _____

• Have you ever served on active duty in the Armed Forces of the United States? Yes No
Branch: _____
Date of discharge: _____
If currently serving, list name of post, base, etc. where stationed: _____

• Can you perform the essential job functions of the type of officer for which you are applying to receive training without reasonable accommodations? Yes No
If no, please explain what accommodation(s) you will require: _____

• Do you have medical insurance? Yes No
If yes, please list name of company and validity dates: _____

In compliance with FL Statute 119.071, this document serves to notify you of the purpose for the collection and usage of your Social Security number. St. Johns River State College collects and uses your social security number only in performance of the College's duties and responsibilities. To protect your identity SJR State will secure your social security number from unauthorized access, never release your social security number to unauthorized parties, and assign you a unique student or employee identification number. This unique identification number is used for all associated employment and educational purposes at SJR State. For more information regarding the College's use of Social Security Numbers, visit our Web site at <http://sjrstate.edu/ssnotification.html>.

BACKGROUND INFORMATION

- Is your Florida driver's license valid, clear of suspension(s) or revocation(s)? Yes No
If no, please explain when, charge, and length of suspension/revocation:

- Have you ever been detained or arrested by law enforcement for any criminal offense? Yes No
If yes, explain the reason for the detention or the arrest including the date(s), agency, and charge(s) filed against you and if this occurred while you were still a juvenile or you were an adult.

- Have you ever been convicted, had adjudication withheld, had sentence suspended, or have entered a plea of guilty or *nolo contendere* in any criminal offense? Yes No
If yes, please explain charge(s), date(s), agency, location, disposition
(including fine, incarceration, length of probation, etc.), and whether you were still a juvenile or were an adult:

- Have you ever been the subject of litigation involving allegations of domestic abuse/violence or juvenile sexual offenses, or have you ever been under the provisions of an injunction dealing with domestic violence? Yes No
If yes, please provide the date(s) and final disposition(s):

- Have you recently/currently used, experimented with, tested, supplied, possessed, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroids, or any drug of a similar nature? Yes No
If yes, please explain substance, when last used, and how often:

- Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted or has demonstrated a policy or cause of approving or advocating the commission of violence to deny other persons their rights under the Constitution of the United States, or which has sought to alter the form of local, state, or Federal government by unconstitutional means? Yes No
If yes, please provide the name(s) of the organization(s), the date(s) of your involvement, and your responsibilities:

PERSONAL STATEMENT

In your own words, explain why you want to become a corrections or law enforcement officer and how the Training Program will help you reach your goal?

ACKNOWLEDGEMENT AND RELEASE

By affixing my signature below, I certify that the information contained in this application is true, complete, and accurate to the best of my knowledge. **I further understand that any false, misleading, or intentionally withheld or inaccurate information may prevent my admittance into, or result in grounds for my future withdrawal from the Training Program. I further understand that the Criminal Justice Training Program will review all information supplied in the blanks in this application and may require the applicant to provide additional written documentation or may be asked to be present during a formal review of the information contained herein.**

Printed Full Name: _____

Social Security Number: _____

Date: _____

Signature: _____

NOTICE TO APPLICANTS: This document shall constitute an official statement within the purview of Section 837.06, Florida Statutes, and is subject to verification by St. Johns River State College, employing agency, and/or the Florida Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and may disqualify you from employment as a law enforcement or corrections officer in the State of Florida.

NON-DISCRIMINATION STATEMENT: St. Johns River State College does not discriminate against any employee, prospective employee, student, or student applicant in admission or access to, or treatment or employment in, its programs and activities on the basis of race, ethnicity, color, national origin, marital status, religion, age, gender, genetic information or disability. Questions regarding this statement or compliance with laws relating to non-discrimination may be directed to the Equity Officer, St. Johns River State College, 5001 St. Johns Avenue, Palatka, Florida, 32177; 386-312-4070.