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| SandD Logo Large | **SHERIFF & DEPUTY SHERIFF TRAINING**  **INSTRUCTOR APPLICATION FORM** |

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| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_--\_\_\_\_\_--\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  (First) (M) (Last)  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Street) (City) (State) (Zip)  Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Education - Last Level Achieved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Years of Law Enforcement Experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax Number ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate # ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_  Sponsoring Contractor:  Temple University  Pennsylvania State University | |
| Last instructional assignments: | Number of years of instructor  Experience: |
| Act 2 “Areas of Instruction” for which you are seeking approval:  Law  Professional Development    Physical Conditioning  Firearms  Defensive Tactics  Security  Sheriff/Deputy Safety  Investigations  Emergency Services  Supervisory  Medical  EVOC | Please submit any outside instructor certifications, qualifications, or  experience (documentation must be  provided) for the following if it relates to  areas for which you are seeking  approval:  Chemical Aerosol  Defensive Tactics  Emergency Medical Services  Crisis Intervention  Firearms  EVOC  DUI Enforcement  Electronic Stun Devices  Baton  Instructor Development  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Resume detailing instruction and work experience must accompany this application. Do not include documents**

**that do not apply to the area of instruction for which you are seeking instructor approval.**

# List two employment references:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone

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Name Address Phone

# List two educational references:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone

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Name Address Phone

## Pennsylvania State Police Request for Criminal Records Check SP4-164

## A Police Records Check must be included and completed with 30 days of the date of this application.

# Submit this application to the appropriate contractor for the type of instructional program you want to be considered. An approved contractor must sponsor you before the Sheriff and Deputy Sheriff Education and Training Board will consider your application.

PSU Justice & Safety Institute TU, Criminal Justice Training Programs

Penn State Innovation Park Gladfelter Hall, Rm #525

329 Building, Suite 222 1115 W. Berks St.

University Park, PA 16802-7009 Philadelphia, PA 19122

(Basic & Waiver Programs) (Continuing Education Programs)

I hereby verify that the information I am providing in this application is true and correct to the best of my knowledge, information and belief. I understand that I am providing this information subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

I authorize the Pennsylvania Commission on Crime and Delinquency (PCCD) to inspect those records or documents that PCCD, in its sole discretion, deems relevant to the information required for this application and to obtain all information, that PCCD deems necessary, from the references I have listed, or any other sources, concerning my prior employment, education, or training. Further, this statement is my authorization for any individual or organization to release information that will allow the PCCD to verify my employment, education, or training, including but not limited to information on my conduct, performance, or circumstances of any adverse employment action.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Contractor Approval

**PCCD Form-125 (10/14)**