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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 toareas 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)**