



MDPSTI

Miami-Dade Police Department's
Miami-Dade Public Safety Training Institute

9601 N.W. 58 Street, Doral, Florida 33178 * Office: (305) 715-5000 Fax: (305) 715-5107

REGISTRATION PACKET

Independent Police Academy (Sponsored & Independent)

LAST NAME

FIRST NAME

MIDDLE NAME

STREET ADDRESS

APARTMENT NO.

CITY

COUNTY

STATE

ZIP CODE

RESIDENCE TELEPHONE (AREA CODE)

OTHER TELEPHONE (AREA CODE)

EMAIL ADDRESS

DATE OF BIRTH (Month-Day-Year)

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE #

STATE

PHOTO

M.D.P.D. USE ONLY



-
-
- PLEASE READ ALL INFORMATION IN THIS PACKET VERY CAREFULLY.
 - ALL QUESTIONS MUST BE ANSWERED. **If the question does not pertain to you, indicate so by writing NA in the space.**
 - ALL SECTIONS MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC. **Failure to do so will disqualify your application from consideration.**
 - APPLICANTS MUST COMPLETE ALL REQUIREMENTS ON PAGE 3 BEFORE TURNING IN APPLICATION. **This includes taking the Basic Abilities Test with a passing score.**
 - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

PLEASE INCLUDE COPIES OF ANY REQUESTED DOCUMENTS.
THE TRAINING CENTER WILL NOT MAKE COPIES FOR YOU.
NO PARTS OF THIS APPLICATION WILL BE RETURNED.

THE APPLICATION PROCESS

Make sure all boxes have been completed before submitting

CHECK LIST

COMPLETE THE FOLLOWING FORMS (IN PACKET)

- Affidavit of Applicant (page 4)
- Initial Application (pages 5-12)
- Criminal History/Background Authorization (page 13)
- Criminal History Disclosure Form (pages 14-17)
- Illegal Drug Use/History Form (page 18)
- Take and Pass Basic Abilities Test (pages 19-20)

INCLUDE A COPY OF EACH OF THE FOLLOWING

NOTE: WE WILL NOT ACCEPT OR ACT ON ANY PORTION OF THE APPLICATION WITHOUT THE FOLLOWING ITEMS: THE TRAINING CENTER WILL NOT MAKE COPIES.

-
- Birth certificate or Proof of Citizenship
 - High School Diploma or GED
 - Valid Florida Driver's License
 - Social Security Card
 - DD 214 (military discharge), if you have prior military experience
 - Two (2) Passport Photographs
 - Marriage Certificate, Divorce Decree or other legal name change document (if applicable)
 - Basic Abilities Test Results

All of the paperwork from the above checklist, to include taking the Basic Abilities Test, must be turned in, AS A COMPLETE PACKAGE, in person to office staff, Building 100, Miami-Dade Public Safety Training Institute. If the registration packet is not complete it will not be processed.

AFFIDAVIT OF APPLICANT

NAME: _____
(Print) Last First Middle

(Please read carefully before signing)

I fully understand that in order to qualify for admission to the MDPSTI INDEPENDENT POLICE ACADEMY, I must fully comply with **all** of the provisions outlined below:

1. Be at least 19 years of age
2. Be a citizen of the United States
3. High school diploma or GED
4. Not have been convicted of any felony, domestic violence or of a misdemeanor involving perjury or false statement. Any person who after July 1, 1981, pleads guilty or nolo contendere to, or is found guilty of a felony or of a misdemeanor involving perjury or false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of sentence or withholding of adjudication.
5. Never have received a dishonorable discharge from any of the Armed Forces of the United States
6. Must be able to pass a physical examination by a licensed physician to include a drug screening urinalysis
7. Be of good moral character
8. **Currently** possess a **valid** driver's license

I am aware that the MDPSTI Independent Police Academy is solely intended for the purposes of obtaining a State of Florida Law Enforcement Certification and is in no manner intended as a conditional or official offer for employment within the MDPD. I also understand that all information furnished by me to the Miami-Dade Police Department's – Miami-Dade Public Safety Training Institute may be furnished to any requesting law enforcement/correctional agency during future background checks or inquiries.

I further understand that by executing this document I am attesting that I have met the qualifications as specified. I certify that all information I will furnish in conjunction with my application is true and correct.

NOTICE:

This document shall constitute an official statement within the purview of Section 837.06, Florida Statutes, and is subject to verification by the employing agency and/or Criminal Justice Standards & Training Commission. Any omission, intentional or otherwise, when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualifies you from employment as an officer.

SIGNATURE: _____

DATE: _____

Witness, my hand and official seal, this _____ day of _____ A.D. 20_____.

Personally known to me _____ or Identification produced _____ Identification: _____

NOTARY PUBLIC SIGNATURE

My Commission Expires: _____

3. HEIGHT: _____ Ft. _____ In.

WEIGHT: _____

4. CITIZENSHIP: _____

NATURALIZED: Yes ___ No ___

If Naturalized, certificate number and court: _____

5. MARITAL STATUS:

Married _____ Separated _____

Single _____ Divorced _____

Number of Dependents (excluding yourself) _____

6. EDUCATIONAL INFORMATION:

High School Diploma: Yes ___ No ___

GED: Yes ___ No ___

From: _____
Name of School City & State

Date Received: _____

Associate Degree: Yes ___ No ___ Currently Enrolled: ___

Major: _____

From: _____
Name of School City & State

Date Received: _____

Bachelor's Degree: Yes ___ No ___ Currently Enrolled ___

Major: _____

From: _____
Name of School City & State

Date Received: _____

Master's Degree: Yes ___ No ___ Currently Enrolled ___

Major: _____

From: _____
Name of School City & State

Date Received: _____

7A. EMPLOYMENT HISTORY: (List **ALL** previous employment, unemployment, and school attendance for the past 10 years)

Employer: _____

Immediate Supervisor: _____

Telephone: (____) _____

Address: _____

Position: _____

Dates: (From) _____ (To) _____

Reason for Leaving: _____

Employer: _____

Immediate Supervisor: _____

Telephone: (____) _____

Address: _____

Position: _____

Dates: (From) _____ (To) _____

Reason for Leaving: _____

Employer: _____
Immediate Supervisor: _____
Telephone: (_____) _____
Address: _____
Position: _____
Dates: (From) _____ (To) _____
Reason for Leaving: _____

Employer: _____
Immediate Supervisor: _____
Telephone: (_____) _____
Address: _____
Position: _____
Dates: (From) _____ (To) _____
Reason for Leaving: _____

Employer: _____
Immediate Supervisor: _____
Telephone: (_____) _____
Address: _____
Position: _____
Dates: (From) _____ (To) _____
Reason for Leaving: _____

Employer: _____
Immediate Supervisor: _____
Telephone: (_____) _____
Address: _____
Position: _____
Dates: (From) _____ (To) _____
Reason for Leaving: _____

(Please list additional positions on a separate sheet)

7B.HAVE YOU EVER BEEN SUBJECT TO ANY EMPLOYMENT DISCIPLINARY ACTION?

Yes _____ No _____

If Yes, explain all circumstances below. (Include names and positions of supervisors involved.)

8. MILITARY SERVICE: Yes ___ No ___

Branch: _____ Date: _____

Rank at Discharge: _____

Current Military Status: _____

Discharge Status: _____

Have you ever held a Security Clearance? _____

9A.Have you ever taken any narcotics other than those prescribed to you for a specific ailment by a physician? Yes ___ No ___

If Yes, explain (Include ANY use of marijuana, cocaine, hashish, barbiturates, or any other drug):

9B.Do you presently smoke? Yes ___ No ___

If Yes, how much? _____

If No, have you ever smoked? Yes ___ No ___

9C.Do you use alcoholic beverages? Yes ___ No ___

If Yes, how much and how often?

10. Were you referred to this Training Center by a police agency? Yes ___ No ___

If Yes, which agency? _____

Who did you talk to at that agency?

Name: _____

Rank: _____

Telephone Number: _____

11. Have you attended any other Criminal Justice Training Centers? Yes _____ No _____

If Yes, explain details:

12. List five (5) personal references other than relative or employers:

This section MUST BE COMPLETED

Name: _____

Telephone: (_____) _____

Address: _____

Relation: _____

Name: _____

Telephone: (_____) _____

Address: _____

Relation: _____

Name: _____

Telephone: (_____) _____

Address: _____

Relation: _____

Name: _____

Telephone: (_____) _____

Address: _____

Relation: _____

Name: _____

Telephone: (_____) _____

Address: _____

Relation: _____

13A. I certify that all of the information provided in this application is true and correct to the best of my knowledge and belief.

_____ **initial here**

13B. I understand that any omission or misrepresentation, intentional or otherwise, is cause for immediate removal from the MDPSTI INDEPENDENT POLICE ACADEMY.

_____ **initial here**

13C. I certify that the Miami-Dade Public Safety Training Institute is hereby authorized to fully investigate any and all background information and records relating to my suitability for certification as a Law Enforcement Officer and may release the same to any requesting agency in the future.

_____ **initial here**

13D. I specifically authorize the Miami-Dade Public Safety Training Institute to request any and all records or information relating to my personal, medical, educational, arrest or employment history from any source.

_____ **initial here**

13E. I hereby waive any claim or claims now or in the future that I may have relating to any inquiry conducted by the Miami-Dade Public Safety Training Institute regarding this application and acceptance into the MDPSTI INDEPENDENT POLICE ACADEMY.

_____ **initial here**

13F. I hereby authorize the Miami-Dade Public Safety Training Institute to release any information or statement executed by me or generated as a result of my application and/or attendance in the MDPSTI INDEPENDENT POLICE ACADEMY (i.e.: application information, grades, etc.)

_____ **initial here**

If it is found that you are ineligible statutorily to enter or remain in this academy, you will be removed at that time and not be eligible for any refund of tuition. This would include but not be limited to the Academy or State discovering that a conviction for a crime that was either sealed or expunged that would have precluded you from entry if found at or before the training program began, is found after the Academy is started.

_____ Date _____ Signature of Applicant

WITNESS, my hand and official seal, this _____ day of _____ A.D. 20____.

Personally known to me _____ or Identification produced _____ Identification: _____.

Notary Public
My Commission Expires: _____

CRIMINAL HISTORY DISCLOSURE

THERE WILL BE NO EXCEPTION TO THE FOLLOWING REQUIREMENT:

The following pages **MUST** be filled out in its entirety for **each and every prior arrest, summons, citation, and /or notice to appear**, regardless of the circumstances, case disposition, and where in the United States it occurred. **List all offenses on pages 16-17**. This includes the following:

- A. Felonies
- B. Misdemeanors
- C. Juvenile offenses
- D. Ordinances
- E. Traffic Offenses, including citations (speeding tickets). Even if you do not remember the exact date of a citation, you must disclose it.
- F. Ordinance violations
- G. Notices to appear

ANY omission, intentional or otherwise, with regard to any prior offense will preclude your admission to the MDPSTI INDEPENDENT POLICE ACADEMY.

All information obtained will be used solely for the purposes of screening for the MDPSTI INDEPENDENT POLICE ACADEMY.

NAME: _____ DATE: _____

SS #: _____

Has your record been sealed or expunged? Yes No

Have you ever been charged with or had a capias (warrant) issued for you due to your failure to appear in court? Yes No

If yes, explain: _____

If you have **NO PRIOR RECORD OF ANY KIND (this includes traffic citations)**, check the box below that states, "I certify that I have never been arrested or charged with any felony, misdemeanor, ordinance, juvenile or traffic citation (criminal or non criminal)."

I certify that I have never been arrested or charged with any felony, misdemeanor, ordinance, juvenile or traffic citation (criminal or non criminal)

Also make sure you have filled out the above section of this form, answered the questions above and checked the appropriate boxes, before signing in the presence of a Notary Public.

THIS FORM MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC. IT DOES NOT MATTER IF YOU DO OR DO NOT HAVE A CRIMINAL HISTORY.

I CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS ACCURATE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant Signature: _____ Date: _____

WITNESS, my hand and official seal, this _____ day of _____ A.D. 20_____.

Personally known to me _____ or Identification produced _____ Identification: _____.

Notary Public
My Commission Expires: _____

CRIMINAL HISTORY DISCLOSURE FORM

NAME: _____ DATE: _____
S/S #: _____

Agency: _____

City & State: _____

Date of Offense: _____

Nature of Offense: _____

Circumstances of Offense: _____

Agency: _____

City & State: _____

Date of Offense: _____

Nature of Offense: _____

Circumstances of Offense: _____

CRIMINAL HISTORY DISCLOSURE FORM (Con't)

NAME: _____

DATE: _____

S/S #: _____

Agency: _____

City & State: _____

Date of Offense: _____

Nature of Offense: _____

Circumstances of Offense: _____

Agency: _____

City & State: _____

Date of Offense: _____

Nature of Offense: _____

Circumstances of Offense: _____

ILLEGAL DRUG USE

- 1. Have you ever used any illegal drugs, inhalants, or any other legal substances, to get high? (Marijuana, speed, LSD, paint thinners, aerosol, glue, etc....)

Yes _____ No _____

If Yes, explain details:

- 2. Have you ever been involved in the purchase of any illegal drugs? (Any amount)

Yes _____ No _____

If Yes, include type of drug, the amount, the circumstances, and the last time:

- 3. Have you ever been involved in the sale of illegal drugs, either directly or indirectly?

Yes _____ No _____

If Yes, include type of drug, the amount, the circumstances, and the last time:

I CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS ACCURATE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant Signature: _____ Date: _____

WITNESS, my hand and official seal, this _____ day of _____ A.D. 20_____.

Personally known to me _____ or Identification produced _____ Identification: _____.

Notary Public
My Commission Expires: _____

BASIC ABILITIES TEST (BAT)

The Florida Department of Law Enforcement (FDLE) mandated the Basic Abilities Test in January 2002. Students are required to pass the Basic Abilities Test before entrance into an academy in the State of Florida is permitted. Here at the Miami-Dade Public Safety Training Institute, students may opt for any of the three (3) FDLE approved versions of the Basic Abilities Test.

(CLICK ON THE TITLES)

❖ **[Criminal Justice Basic Abilities Test \(CJBAT\)](#)**

Provider: I/O Solutions

❖ **[Florida Basic Abilities Test \(FBAT\)](#)**

Provider: Miami-Dade College

❖ **[Morris & McDaniel, Inc. \(BAT\)](#)**

Provider: Morris & McDaniel, Inc.

Students *must* pass one (1) of the FDLE approved Basic Abilities Tests in order to be accepted into the MDPSTI Independent Police Academy.

*****Scores must be attached when the application is turned in***
(so plan accordingly)**

For Additional information regarding testing locations, exam fees, retake policies, etc., please visit the below links:

[BASIC ABILITIES TEST \(FDLE GENERAL INFORMATION PAGE\):](#)

[BASIC ABILITIES TEST \(FDLE TEST PROVIDERS PAGE\):](#)

BAT Overview

- Individuals who desire to enter a basic recruit training program for law enforcement or corrections must first pass a basic abilities test (BAT). This test is based on a job task analysis (JTA) in each of these subjects, adopted by the Criminal Justice Standards and Training Commission (Commission) pursuant to Section 943.17, F.S., and further detailed in F.A.C. 11B-35.0011(1). It predicts the likelihood for success in basic recruit training and the State Officer Certification Examination (SOCE).
- FDLE has contracted private test providers to create, manage, and administer the BAT at Commission-certified training centers, criminal justice selection centers, and criminal justice agencies. FDLE manages score management, contractual issues, program clarification, and enforcement.
- The BAT is administered only within the state of Florida.
- The BAT score is valid for four years from the date of the test.

Composition

- The BAT assesses written comprehension and expression, information ordering, spatial orientation, memorization, problem sensitivity, and inductive and deductive reasoning.
- It is a multiple-choice test in a computer-based or paper and pencil format. The test is administered in accordance with contract requirements.

Exam Registration

- The test is offered at Commission-certified training centers, selection centers, and some agencies (testing locations).
- Fees and scheduling are unique to the testing locations—contact them directly for more information.
- Study guides are available through the testing locations and test providers.
- A specific test provider's BAT cannot be taken more than three times per discipline during any 12-month period.
- Former Florida-certified or out-of-state-certified officers may qualify for an exemption from the BAT and basic recruit training program by completing the Equivalency of Training process.

Scores

- Because the tests' compositions and difficulty levels are unique, the passing scores are exclusive to the test providers. The passing scores are based on individual research using educational and psychological principles; thus, the passing scores differ between the test providers. Using scores for other purposes (e.g., minimum score for hiring or ranking candidates) may not be valid unless specific research supports such use.
- Contact the individual criminal justice agency for minimum score and employment requirements.
- To receive a copy of BAT scores, contact the testing location where it was taken. The scores cannot be accessed on the FDLE website.

Note: FDLE and the test providers do not provide copies of BAT score reports.