



Highlands Ranch Public Safety Training Institute

Application Packet –

INDIVIDUAL APPLICANT, NON SPONSORED



Highlands Ranch Public Safety Training

Applicant Check-List

- Review and check-off each item noted below to ensure that you have provided the required document or information as part of your application packet.
- Copy of High School Diploma (or G.E.D.)
- Liability Waiver (signed and dated)
- Certificate of Application Lack of Criminal History, and Release of Information (signed, dated, and NOTARIZED)
- Physician's Certification of Physical Examination and/or Drug Screening, able to do all types of physical activity.
- **\$90.00 fee**, payable to "HRPSTI" for background Investigation (check or money order)
- Drug screen completed by Wiz-Quiz. (www.wiz-quiz.com)
- P.O.S.T. fingerprint card completed and mailed WITH FEE of \$39.50 to CBI (Fingerprint cards are available at the Academy).
- Copy of current CPR AND FIRST AID CARDS (The Academy will conduct a class during if you do not have a current card)
- If you have **not** lived in Colorado for all of the last three years, a copy of your driving record from each state in which you resided is required.
- Copy of current driver's license and DMV driving record.
- If applying for veteran financial aid, a copy of your DD-214 or a Certificate of Eligibility.



Highlands Ranch Public Safety Training Institute Application Packet

Application for INDIVIDUAL applicant.

PRINT CLEARLY:

FULL NAME: _____
(LAST, FIRST MIDDLE)

ADDRESS: _____

PHONE # HOME: _____

CELL: _____

DATE OF BIRTH: _____

SS# _____

E-MAIL ADDRESS: _____

Are you a US Citizen? _____
YES NO

If NO, are you authorized to work in the United States? _____
Yes No

Do you have any previously Law Enforcement training? _____
Yes No

If YES, with what Law Enforcement Agency: _____

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EMPLOYMENT HISTORY

Please include all employment for the past 5 years.

COMPANY: _____

ADDRESS: _____

DATES EMPLOYED: _____

RESPONSIBILITIES: _____

COMPANY: _____

ADDRESS: _____

DATES EMPLOYED: _____

RESPONSIBILITIES: _____

COMPANY: _____

ADDRESS: _____

DATES EMPLOYED: _____

RESPONSIBILITIES: _____

(Use additional sheets if needed)

Highlands Ranch Public Safety Training Institute

Application Packet

Common Questions

1-A WHAT CAN I EXPECT THE FIRST DAY OF CLASS?

The day begins with an extensive Orientation that covers topics such as examinations, tuition payments and election of class leaders. One or more courses will also be presented.

Attire for the two weeks of class is a black polo or fully buttoned shirt and kaki pants, a black belt and black boots or shoes (no sneakers or tennis shoes).

2-A WHAT PHYSICAL ACTIVITIES CAN I EXPECT?

Most classes will be conducted in the classroom, and won't require much physical activity. For Arrest Control, each student will be expected to run distances of 1½-2 miles and do push-ups, sit-ups and other rigorous physical activities. Each student **MUST** be able to perform such activities. Courses such as Crowd Control also include some physical activity.

Effective with this class, we are starting a more intensive ongoing physical training program.

3-A WHAT IS PROVIDED AS PART OF MY TUITION?

Two HRPSTI shirts, one Arrest Control Techniques shirt, all textbooks and student materials, the fee for taking the P.O.S.T. exam, use of firearms and all ammunition.

4-A HOW CAN I CONTACT THE INSTITUTE?

The local phone number is (303) 683-6540. You can also e-mail the administrative assistant at info@hrpsti.com. You are welcome to visit us at 9008A North Highway 85 (Santa Fe), Littleton, Colorado 80125 (Between mile markers 194 and 195).

5-A HOW IS TUITION TO BE PAID?

Current tuition is \$6000. If you are not sponsored by an agency, the tuition is **DUE IN FULL AT THE BEGINNING OF THE START DATE OF THE ACADEMY.**

Highlands Ranch Public Safety Training Institute

Liability Waiver

The undersigned certifies and agrees to the following terms and conditions:

1. I understand the application of Arrest Control Tactics, as a physical activity undertaken in participation with other persons, poses a risk of physical injury, illness or other harm, and I expressly assume all risk and responsibility for all such injury, illness and harm.
2. Having this knowledge, I agree that I am mentally and physically capable of completing the rigors of 62 hours of Arrest Control Tactic Training (ACT), which will include at a minimum:
 - • Push ups (daily while in ACT training)
 - • Sit ups (daily while in ACT training)
 - • Running in formation for 1 ½ to 2 miles (daily while in ACT training)
 - • Strength training drills to include personal weapon strikes, e.g. front punches, kicks, etc. to the body
 - • Handcuffing drills, e.g. stress-inducing drills
 - • Baton drills
 - • Control hold/take down techniques, e.g. joint manipulation & stress-inducing drills
 - • Pressure point application, e.g. application to nerve endings throughout the body
3. I agree to read and abide by all policies, procedures, instructions and training methods provided or otherwise made available by the Highlands Ranch Public Safety Training Institute, its instructors and staff, including orientation procedures for new students, Highlands Ranch Public Safety Training Institute medical treatment policies and procedures, and all other related Highlands Ranch Public Safety Training Institute policies and procedures, written and oral.
4. I agree that the health, welfare and safety of all students, instructors, and staff of Highlands Ranch Public Training Institute are of paramount importance. I certify I do not have a communicable or contagious disease or other health condition that poses or could pose a medically recognized, unreasonable or dangerous risk of harm to other students, instructors or staff at the Highlands Ranch Public Safety Training Institute.
5. I understand that I am responsible for all personal property I choose to bring to Highlands Ranch Public Safety Training Institute, and I expressly assume all risk of loss of or damage to such personal property.
6. I also understand that many other aspects of the training at Highlands Ranch Public Safety Training Institute, such as Law Enforcement Driving and Law Enforcement Firearms Training, will involve me in situations that could result in harm or injury to me. I further understand that my participation in all of the courses that make up the Basic Law Enforcement Program is required in order for me to take the P.O.S.T examination for certification as a Colorado Peace Officer. Accordingly, on behalf of myself, my heirs, assigns, agents, personal representatives, dependents and all others who may act on my behalf, I forever hold harmless and unconditionally release Highlands Ranch Public Safety Training Institute, its instructors and its staff from any and all liability, claims, demands, actions and courses of action whatsoever arising from any and all damage, loss, injury or other harm to myself or my property while participating in Arrest Control Tactics or any other aspect of my training and education while participating in the Basic Law Enforcement Program at Highlands Ranch Public Safety Training Institute, whether such loss, damage, injury or harm is caused by my own conduct or that of another person.
7. The terms of this Liability Waiver may be modified only with the written consent of Highlands Ranch Public Safety Training Institute and are governed by and subject to the laws of the state of Colorado.
8. I certify that I read and understand the English language, and that I have thoroughly read and now understand all the terms and conditions of this Liability Waiver. I further agree that if any section, condition or term of this Liability Waiver is adjudicated to be unenforceable under applicable law, the remaining sections, conditions and terms shall not be affected and shall remain enforceable and binding upon me.

Signature: _____

Print Name: _____

Date: ____/____/20____

Highlands Ranch Public Safety Training Institute

Certification of Application and Lack of Criminal History, and Release of Information

I, _____, certify that I personally completed all aspects of this application and all attachments. I certify that all the answers are true and complete to the best of my knowledge and belief, and I certify that all of the information provided in my application is accurate and complete.

I certify that I have never been (a) convicted of a felony crime/offense in any state or federal court, (b) convicted of any of the Colorado misdemeanors listed below, or (c) convicted of a crime/offense comparable or similar to any of the Colorado misdemeanors listed below in any federal or other state's court. I further certify that no felony, or listed or comparable or similar misdemeanor is pending against me. I authorize the Highlands Ranch Public Safety Training Institute or any of its staff, employees, or agents to perform a background investigation to verify the truth of these statement.

18-3-204 Assault in the third degree
18-3-402 Sex assault
18-3-404 Unlawful sexual contact
18-3-405.5 Sexual assault on a client by a psychotherapist
18-3-412.5 Sex offenders—duty to register—penalties
18-6-403 Sexual exploitation of children
18-7-201 Prostitution prohibited
18-7-202 Soliciting for prostitution
18-7-203 Pandering
18-7-204 Keeping a place of prostitution
18-7-208 Promoting sexual immorality
18-7-302 Indecent exposure
18-7-601 Dispensing violent films to minors
18-8-102 Obstructing government operations
18-8-103 Resisting arrest
18-8-104 Obstructing a peace officer, firefighter, emergency medical services provider, rescue specialist, or volunteer
18-8-108 Compounding
18-8-109 Concealing death
18-8-111 False reporting to authorities
18-8-112 Impersonating a peace officer
18-8-113 Impersonating a public servant
18-8-114 Abuse of public records
18-8-201 Aiding escape
18-8-204.2 Possession of contraband in the second degree
18-8-208 Escapes
18-8-208.1 Attempt to escape
18-8-212 Violation of bail bond conditions
18-8-304 Soliciting unlawful compensations
18-8-305 Trading in public office
18-8-308 Failing to disclose a conflict of interest
18-8-403 Official oppression
18-8-404 First degree official misconduct
18-8-503 Perjury in the second degree
18-8-611 Simulating legal process
18-8-612 Failure to obey a juror summons
18-8-613 Willful misrepresentation of material fact on juror questionnaire
18-8-614 Willful harassment of juror by employer
18-8-802 Duty to report use of force by peace officers
18-9-111 Harassment
18-9-121 Ethnic intimidation
18-18-404 Unlawful use of controlled substances
18-18-405 Unlawful distribution, manufacturing, dispensing, sale, or possession of a controlled substance
18-18-406 Offenses relating to marihuana and marihuana concentrate
18-18-411 Keeping, maintaining, controlling, renting, or making available property for unlawful distribution or manufacture of controlled substances.

Highlands Ranch Public Safety Training Institute

Certification of Application and Lack of Criminal History, and Release of Information

(Continued)

I understand that any misstatement of fact or willful withholding of information during the application process will disqualify me, or if selected to attend, will be cause for immediate dismissal from the Highlands Ranch Public Safety Training Institute's Basic Law Enforcement Program. Should I be so disqualified or dismissed, I understand that I will remain liable for all charges incurred as part of the application process, and that I will not be eligible for any refund for money I paid for such things as a background investigation and a fingerprint check.

I authorize Highlands Ranch Public Safety Training Institute and its staff, employees and agents to release any and all information concerning my application to, participation in or graduation from the Basic Law Enforcement Program to any agency or its representatives or agents requesting such information as part of my application for employment by that agency.

Signature of Applicant

Date

NOTORIZE:

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public My commission expires: _____

SEAL....

Highlands Ranch Public Safety Training Institute

PHYSICIAN'S CERTIFICATION OF PHYSICAL

EXAMINATION AND/OR DRUG SCREENING

Dear Examining Doctor:

Your patient has applied to Highlands Ranch Public Safety Training Institute. The duties of a law enforcement officer place physical and mental demands upon an individual, including exposure to a wide variety of hazardous situations and environmental conditions.

Please conduct a physical examination and drug and alcohol screen of the patient sufficient to render to us your definitive opinion as to the present ability of this individual to perform the essential job functions of a law enforcement officer. If you do not have the facilities for the drug/alcohol screen, the applicant may be referred to an agency that may complete that aspect of the examination.

It is important that your examination includes a determination of cardiovascular/respiratory endurance, muscular strength and endurance of the abdominal and lower back musculature, flexibility of the upper and lower back/hamstring musculature and body composition (the ratio of lean body weight to fat weight).

As soon as you have the results of your examination and/or laboratory analysis, please sign and date the accompanying "Certification", stating your opinion of the present condition of your patient, and return it to: Director, H.R.P.S.T.I., 9008A North Highway 85, Littleton, CO 80125.

It is imperative that the completed "Certification" be returned as soon as possible. We must have medical clearance for each applicant before he/she may be considered for admittance.

Thank you for your assistance and cooperation. If you have any questions or require additional information, please contact me directly at 303-683-6540, or if outside of the Denver metro area, at. Fax number is 303-683-6541.

Sincerely,

HRPSTI Academy Director

Highlands Ranch Public Safety Training Institute

PHYSICIAN'S CERTIFICATION OF PHYSICAL EXAMINATION AND/OR DRUG SCREENING

Form 5-B 2 of 2
Revised 6/30/2006

To: Highlands Ranch Public Safety Training Institute

I, _____, a licensed physician in the State

of Colorado, hereby certify that _____
PRINT FULL NAME

on the _____ day of _____, _____,

conducted a physical examination for:

PRINT FULL NAME

CHECK THE APPROPRATE BOX:

_____ After the completion of the physical examination, I hereby certify that the above-named person is physically qualified to perform all of the essential job functions of a law enforcement officer.

_____ After the completion of the physical examination, I am **unable** to certify that the above-named person is physically qualified to perform all the essential job functions of a law enforcement officer.

_____ **Drug and Alcohol Screen Results:**

Positive for: _____ **Negative:** _____

_____ **Not completed by me.**

Signature of Examining Physician

Date

Highlands Ranch Public Safety Training Institute BACKGROUND RESEARCH RELEASE

Form 4-B 1 of 2 - Revised 6/30/2006

Please read this section carefully and acknowledge your understanding and acceptance by signing your name in the space below.

I certify that all the statements made by me on this application for admission to this program are true, correct, and complete to the best of my knowledge.

1. Consent to Conduct Background Investigation -- As a condition of and in consideration for admission to the Highlands Ranch Public Safety Training Institute I give permission to **HRPSTI** to investigate my personal and employment histories. I understand that this background investigation will include, but not be limited to, verification of all information on this Application, credit, criminal and driving history, as well as interviews with past employers and listed and developed references. I further give permission to **HRPSTI** to assign this investigation to its staff or agents, and to discuss the results of this investigation in connection with my application.

2. Consent to Contact Past Employers -- I give permission to **HRPSTI** and their staff and agents to contact all employers listed in this Application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with **HRPSTI** and its staff or agents and consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any **HRPSTI** staff member or agent. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers to **HRPSTI** and its staff or agents. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. Consent to Contact Government Agencies -- I give permission to any agent, attorney or investigative representative of **HRPSTI** and its staff or agents to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for release of such information. In the event state law does not provide for prospective employers to have access to information, I hereby delegate **HRPSTI** and its staff or agents as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

4. Cooperation with Investigation

I agree to fully cooperate with this background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state, or local governmental agency will not release information or criminal history information directly to the employer, I agree to personally request and obtain such information to the extent permitted by law.

5. Falsification Statement -- I understand that any falsification or willful omission of fact made in this Application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after admission, for immediate dismissal from the Institute.

6. Information Availability -- I understand and agree that all information developed during the course of this background investigation will be made available, upon request, to any law enforcement agency to which I apply for employment.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public My commission expires: _____

Seal..