

IMPERIAL VALLEY COLLEGE PUBLIC SAFETY TRAINING CENTER



APPLICATION PACKET

Return applications to Office 209

**Imperial Valley College
Public Safety Department
380 East Aten Road
Imperial, CA 92251
760-355-6280**



**IMPERIAL VALLEY COLLEGE
ACADEMY APPLICATION FORM**



Check Mark the class you are enrolling in.

AJ 141-Arrest and Firearms AJ 142- Level III AJ 144- Level II

I. PERSONAL

FULL NAME: _____
Last
First
Middle

List any other names by which you have been known; including nicknames, adopted names, other: _____

ADDRESS: _____
Street
City
State
Zip Code

_____ Mailing Address, if different City State Zip Code

TELEPHONE: (Home) _____ (Work) _____
Area Code
Number
Area Code
Number

E-MAIL ADDRESS: _____

How often do you check your e-mail? _____

SOCIAL SECURITY NUMBER: _____

BIRTHDATE: _____

PHYSICAL DESCRIPTION: Height: _____ Weight: _____ Ethnicity _____
Hair Color: _____
Eye Color: _____

GENDER: _____

MARITAL STATUS: _____

II. MOTOR VEHICLE OPERATION

California Driver's License Number: _____

Driver's License from other state/country: _____
State/Country License #

III. EDUCATION, TRAINING, SKILLS

	Name	Address	From- To	Diploma Certificate Received? (Y/N)
High School(s)				
Colleges Or Universities				
Other (Technical/Business)				

IV. BACKGROUND/GENERAL INFORMATION

Do you have an agency sponsor? (Y/N) _____ Agency: _____

Is there anything about your physical condition which would hinder, in any way, your performance?

Yes ____ No ____ If "yes," give details: _____

Do you now regard yourself to be in state of good mental health? Yes ____ No ____

If "no," give details: _____

Have you ever been convicted of a felony or domestic violence in the State of California or a crime in any other jurisdiction which, have been committed in the State of California, would have been a conviction or a felony or domestic violence? _____

VI. PERSON TO NOTIFY IN CASE OF AN EMERGENCY

Name: _____ Relationship: _____

Address: _____ Telephone #: _____

After total completion of this paper, please sign and date the bottom.

Signature: _____ Date: _____



Imperial Valley College Photo Release Form

Date: _____ Photographer: Imperial Valley College

Event/Location: Public Safety Class for the current semester

I hereby grant Imperial Valley College permission to use my likeness in a photograph, video or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I further give permission to Imperial Valley College permission to share this image with media outlets and other agencies for use in publications, including website entries, without payment or other consideration.

I understand and agree that these materials will become the property of Imperial Valley College and will not be returned. I hereby irrevocably authorize the Imperial Valley College to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the its programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Imperial Valley College from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

1. Printed Name: _____
Signature: _____
Phone Number: _____ I am over 18 years of age: YES NO

2. Printed Name: _____
Signature: _____
Phone Number: _____ I am over 18 years of age: YES NO

3. Printed Name: _____
Signature: _____
Phone Number: _____ I am over 18 years of age: YES NO

4. Printed Name: _____
Signature: _____
Phone Number: _____ I am over 18 years of age: YES NO

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____

CHECK OFF LIST

Make sure you have:

**Attached the original copy of your
Department of Justice Clearance Letter.**

Signed your Application. Page 5.

Signed your Photo Release. Page 6

**For Level III Students who have successfully
completed the course**

Attached a P.O.S.T. Profile

<http://www.post.ca.gov/general-questions.aspx>