SVC | Skagit Valley College

PARK RANGER LAW ENFORCEMENT ACADEMY

APPLICATION

Complete this form honestly and thoroughly and return to Commander Rick Mossman, Skagit Valley College.
FAILURE TO CORRECTLY COMPLETE AND RETURN ALL APPLICATION MATERIALS MAY ELIMINATE YOU FROM CONSIDERATION FOR ENTRY INTO THE PROGRAM. YOUR FAILURE TO FULLY AND TRUTHFULLY DISCLOSE INFORMATION MAY ALSO BE GROUNDS FOR DISMISSAL FROM THE ACADEMY IF ACCEPTED. Note: section IV, reason for applying must be *handwritten*!

COMPLETE NAME: _____ **PREFERRED NAME:** _____

ADDRESS: _____ **APT. #** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE (HOME): _____ **MESSAGE:** _____

OTHER CONTACT (E-MAIL): _____ **FAX:** _____

SOCIAL SECURITY NO.: _____ **DATE OF BIRTH:** _____

HEIGHT: _____ **WEIGHT:** _____ **WAIST SIZE:** _____

PLEASE CHECK ONE: ☐ RIGHT-HANDED ☐ LEFT-HANDED

DRIVER'S LICENSE NO.: _____ **STATE:** _____ **EXPIRATION DATE:** _____
(ATTACH A COPY OF YOUR DRIVER'S LICENSE(S) TO THIS APPLICATION)

VEHICLE INFORMATION: **YEAR:** _____ **MAKE:** _____ **MODEL:** _____

LICENSE NO.: _____ **STATE:** _____ **EXPIRATION DATE:** _____

AUTO INSURANCE COMPANY: _____ **EXPIRATION DATE:** _____

I. Please complete the following questions to the best of your knowledge.

(*Use back of page if needed, or attach additional pages.)*

a. **DESCRIBE YOUR EDUCATION (INCLUDE DEGREE(S) EARNED, MAJOR, ALL COLLEGES ATTENDED WHETHER COMPLETED OR NOT, CERTIFICATIONS EARNED, AND TOTAL QUARTER/SEMESTER CREDITS):**

b. **EXPLAIN YOUR COMPLETE WORK HISTORY** (TYPE OF WORK OR POSITION AND LENGTH OF TIME EMPLOYED AND REASON(S) FOR LEAVING): This may be accomplished via resume attached to this application.**

*** ATTACH 3 LETTERS OF RECOMMENDATION (From persons who can attest to your **honesty, integrity**, and **mental and physical fitness** to perform law enforcement duties). These may be former supervisors, co-workers, instructors, members of the clergy, close friends, etc. who know you well. THESE LETTERS MUST BE SIGNED BY THE RECOMMENDING PARTY, IN INK, OR BY SCANNED ELECTRONIC SIGNATURE. ***

☐ **I have** ☐ **have not** **Registered for the Selective Service System (military draft).**

Note: A failure to register for the military draft may adversely affect your hiring potential into Federal Law Enforcement employment.

a. ANY MILITARY / LAW ENFORCEMENT / CRIMINAL JUSTICE EXPERIENCE:

b. EXPLAIN ANY FIREARMS TRAINING AND EXPERIENCE (CERTIFICATES EARNED, ETC.)

c. EXPLAIN YOUR DRIVING EXPERIENCE AND/OR TRAINING:

d. HOW MANY YEARS OF DRIVING EXPERIENCE DO YOU HAVE?

e. EXPLAIN ANY MARTIAL ARTS, DEFENSIVE TACTICS, OR OTHER COMPARABLE TRAINING YOU HAVE HAD?

f. WHAT ALLERGIES DO YOU HAVE?

g. DESCRIBE ANY EMPLOYMENT AND/OR EXPERIENCES YOU HAVE ENCOUNTERED LEADING TO YOUR BECOMING FAMILIAR WITH ANY PARK SYSTEM.

h. HAVE YOU EVER ATTENDED ANOTHER SLETP ACADEMY? IF SO, WHERE and WHEN? ANY OTHER ACADEMY? WHERE and WHEN?

II. Personal Insurance Information:

In order to attend the PRLEA, **medical insurance is required** to cover any injury or accident that may occur during training.

Do you presently have personal injury insurance? ☐ **Yes** ☐ **No**

If yes, what is the name of your insurance carrier? _____

Policy No.: _____ Agent: _____ Expiration Date: _____

If no, it is necessary for you to access a plan suitable to your individual needs. An applicant cannot be considered for placement into PRLEA if medical insurance is not obtained.

ACCEPTANCE FOR ENROLLMENT REQUIRES VERIFICATION OF INSURANCE

III. Miscellaneous Information:

a. Are you aware that the sole purpose of this training program is to train you how to perform as a *law enforcement* park ranger, protection officer or reserve officer? ☐ Yes ☐ No

b. If, in the performance of your assigned duties, could you take the life of another if the situation necessitated such an escalation of force? ☐ Yes ☐ No

c. Have you ever been convicted of a felony? ☐ Yes ☐ No

Date(s) _____ Type: _____

d. Have you ever used or experimented with drugs? ☐ Yes ☐ No

e. Have you ever been diagnosed with or experienced a mental or personality disorder or learning disability, including but not limited to schizophrenia, psychoses, manic depression, or have attempted to take your own life? ☐ Yes ☐ No

f. Have you ever been convicted of any crime of Domestic Violence, or violation of an Order for Protection? ☐ Yes ☐ No

g. Is your driver's license currently under suspension, restriction, revocation or awaiting reinstatement? ☐ Yes ☐ No

h. Do you have current First Aid and/or CPR Certification? ☐ Yes ☐ No Expiration _____

Date: _____

Type: _____ Issued By: _____

i. Other than those noted above, list any other certifications you possess:

Type: _____ Expiration Date: _____

Type: _____ Expiration Date: _____

J. Do you desire to seek employment within a specific park or law enforcement agency upon completion of this Program? ☐ Yes ☐ No

k. If known, please list your choice(s) of preferred parks and/or agencies below:

a. Park/Agency _____

Location _____

b. Park/Agency _____
Location _____

c. Park/Agency _____
Location _____

IV. Reason for Applying:

Please complete a short (approximately 500 words), **legibly hand written or hand printed** essay defining why you want to attend the Park Ranger Law Enforcement Academy. Please explain your intended use for the certification you receive upon completion of the Academy: DO **NOT** USE TYPEWRITER, WORD PROCESSOR OR COMPUTER TO COMPOSE THIS ESSAY.

Applicant Signature **Date:**

Print and mail this completed application to:

Rick Mossman, Academy Director
SKAGIT VALLEY COLLEGE
2405 East College Way
Mount Vernon, WA 98273

OR email to: parkranger@skagit.edu