



ST. CLOUD STATE
UNIVERSITY

DEPARTMENT OF CRIMINAL JUSTICE

Student Biographical Data Form:

Name: _____ Tech ID: _____

DOB: _____

Driver's
License #: _____

Phone: _____

Address: _____

COURSEWORK:

(Estimated Term of Completion)

CJS 111 Crime and Justice in America _____

CJS 421/521 P.O.S.T. Administration _____

CJS 422/522 P.O.S.T. Statutes _____

CJS 431/531 Criminal Procedure _____

POST-SECONDARY DEGREE:

What is the degree that you have or will complete the spring before summer Skills?

(Ex: AA SCSU Spring 2018)

Conviction Statement

Last Name (print)

First Name (print)

Middle Name (full, print)

Date of Birth (month/day/year)

As required by law, no student may be admitted to a professional peace officer education program who poses a threat to the health or safety of themselves or others or who has been convicted of any crime listed as a disqualification from appointment to the position of a peace officer.

If you have been convicted of any of the crimes listed below, you are denied admission to this professional peace officer education program. You are not eligible to become a licensed peace officer.

Have you ever been convicted of:

- | | | | |
|-----|--|-----------|----------|
| 1. | a felony in Minnesota or any other state or federal jurisdiction? | _____ Yes | _____ No |
| 2. | theft under Minn. Stat. 609.52 or assault under Minn. Stat. 609.221-224? | _____ Yes | _____ No |
| 3. | a crime in Minnesota for which the penalty was enhanced because it was motivated? | _____ Yes | _____ No |
| 4. | a crime listed under Ch.214.10.2A? | _____ Yes | _____ No |
| 5. | misconduct by an officer under Minn. Stat. 609.43? | _____ Yes | _____ No |
| 6. | mistreatment of persons confined under Minn. Stat. 609.231? | _____ Yes | _____ No |
| 7. | mistreatment of residents or patients under Minn. Stat. 609.23? | _____ Yes | _____ No |
| 8. | presenting false claims to public officer or body under Minn. Stat. 609.465? | _____ Yes | _____ No |
| 9. | medical assistance fraud under Minn. Stat. 609.466? | _____ Yes | _____ No |
| 10. | maltreatment of vulnerable adults under Minn. Stat. 626.557? | _____ Yes | _____ No |
| 11. | have you had a criminal conviction in a state other than Minnesota or in a federal jurisdiction that would have been a felony conviction if the crime had been committed in Minnesota? | _____ Yes | _____ No |
| 12. | do you have any pending criminal or civil court actions? | _____ Yes | _____ No |

If you answered “yes” to any of the above, you must provide court documentation before you will be considered for admission.

I have been advised that being convicted of any of the crimes listed above will disqualify me from being admitted to this program. In addition, I have been advised that other convictions besides the ones listed above may adversely affect my employment in law enforcement.

I have been notified that this document will be placed in my student file. As indicated by my signature, I affirm the information on this form is true and correct.

Signature of Applicant

Date

St. Cloud State University is committed to legal affirmative action, equal opportunity, access and diversity of its campus community.



Student Responsibility Policy

Read and understand your responsibility as it relates to applying for the Peace Officer Licensing Examination. Sign below when you have read and understand this policy.

Consult your Coordinator regarding the Peace Officer Licensing Examination schedule. The following items must be received by the POST Board at least 14 days prior to examination date: application for Peace Officer Licensing Examination form, a \$105 non-refundable examination fee, 'Certification of Completion Roster' with Coordinator's signature, and certified original transcript indicating the degree awarded. Late applications and/or supporting documents will not be processed.

- You must have an associate's degree posted on your official college of university transcript.
- You must submit, to the POST Board, a properly completed Application for Peace Officer Licensing Examination form. Your Coordinator will provide you with this application. Applications arriving after the deadline will result in the applicant being re-scheduled for the next examination date. Requests for exam site are granted on a first come, first serve basis.
- A \$105 non-refundable examination fee, payable to the POST Board, must accompany the application.
- You must verify with your Coordinator that your name has been entered onto a Certification of Completion Roster which has been signed by the Coordinator and sent to the POST Board by the Coordinator.
- You must send, or request to have sent, to the POST Board, a certified original transcript indicating the degree awarded.
- You are eligible to take the Peace Officer Licensing Examination up to 12 months from the date of original application
- When one year has lapsed, you must resubmit: the Application for Peace Officer Licensing Examination, \$105 non-refundable examination fee, Certification of Completing Roster (submitted by Coordinator), and certified original transcript.
- One week prior to the examination, you will receive confirmation of eligibility to take the examination.
- Examination results, given on a pass/fail basis, will be mailed to you within two weeks after the examination. Do not call the POST Board for examination results. The POST Board cannot release examination results over the telephone. Examination results will not be released to third parties (hiring authorities, etc.) under any circumstances.

I affirm that I have read and understand the above information:

Name (print)

Signature

Date

*Note to Coordinator: Retain the signed Student Responsibility form for student. Student should also retain a copy. Do not send form to POST Board. PB-00000 (2/98);
Bullet #1 added by SCSU 8/3/06*

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BCA Background Check

The following named individual has made an application with this college for Minnesota POST Law Enforcement Summer Skills Training.

Last Name (print)

First Name (print)

Middle Name (full, print)

Maiden, Alias or Former name(s), if any

Date of Birth (month/day/year)

Gender:

Male

Female

Social Security Number (optional)

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the St. Cloud State University Department of Criminal Justice for the purpose of Law Enforcement summer Skills training.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature

Date

Notary:

Date

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