

- 1. Type or print clearly and legibly in blue or black ink.
- 2. Submit all transcripts and TCOLE forms as soon as possible so we may complete your admissions file.

Read and follow all of the instructions to complete your application for admission to Navarro College Police Academy.

3. Failure to complete any and all required forms will result in delay in registering you as a cadet into the academy.

PLEASE SELECT CAMPUS & CLASS YOU'RE APPLYING FOR:

Corsicana		Waxahach	ie	Fire S	hift Class				
Day	Night	Day	Night	A, B,	or C Shift as	announ	ced		
				Full-ti	me Fire/EMS	only W	axahachie (Campus only	
SOCIAL SEC	CURITY	LAST NAM	1E FII	RST NAME	MI	MAII	DEN OR OTI	HER NAME	
PERMANEN	T ADDRESS	STREET	APT. NO.	CITY	STATE	ZIP (CODE	COUNTY	
TELEPHONE Complete on	_	MAILING AD			APT. NO.	CITY	STATE	ZIP CODE	
DATE OF BII	RTH		E-MAIL	ADDRESS			DRIVER LI	CENSE NUMBE	R
EMERGENC	Y TELEPHO	NE NUMBER			EMI	ERGENO	CY CONTAC	T	
WHITE N ASIAN C *Information	NON-HISPAN OR PACIFIC I requested co		CK NON-H AMERIC icity is volu	ISPANIC CAN INDIAN	-	AN NATI sed in a r	nondiscrimina	atory manner,	
Have you eve		the U.S. Milita	ry?	Yes Yes	No 4 Fo	rm show	ing your Di	a copy of your l scharge Dispos n <u>WILL NOT BE</u>	
·		ll at Navarro C	ollege?	Fall	Spring	Summe	er		
me of High Sc	hool City Sta	te							
you graduate	from high so	hool?	Yes	No If Y	es, give year	of gradu	uation		
o, give anticip	ated year of	graduation							
ot, did you ear	n a GED dip	loma?	Yes	No If Ye	es, give date	issued aı	nd state —		-
you being Ho	me Schooled	d?	Yes	No If Ye	es, anticipated	d month a	and year of g	raduation ——	

Qualified applicants are considered for admission without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Your application will not be considered unless it is signed and all questions answered.

- 1. The information that I have provided on this application is accurate to the best of my knowledge and subject to validation by Navarro College Police Academy.
- 2. I hereby authorize any person holding information on me to release it to the Navarro College Police Academy if so requested in consideration of my application for admission.
- 3. I understand and agree that:
 - (a) The Navarro College Police Academy will not be liable and I hereby hold harmless the Navarro College Police Academy from any claim on my behalf for any damage that may result from furnishing the information requested above.
 - (b) Any material misrepresentation of deliberate omission of a fact in my application may be justification for refusal or, if admitted, dismissal from Navarro College Police Academy.

Signature of Applicant	Date
I hereby certify that there are no misrepresentations, or and answers to the above questions. I fully understand may deem me permanently unsuitable, or if hired, may	I that any misrepresentation, omission, or falsification
Signature of applicant	
Date	
Before me personally appeared,	
Sworn to and subscribed before me on this day of	, 20
SEAL or STAMP	
	Signature of Notary

My Commission Expires:

AUTHORIZATION TO RELEASE INFORMATION AND WAIVER

I hereby request and authorize the Navarro College Police Academy and Navarro College to conduct a background investigation concerning my educational history, military record, criminal record, general reputation, and past or present physical and mental health. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for enrollment in a Basic Police Officer Course.

I hereby release the Navarro College Police Academy and Navarro College from any liability or damage which may or could result from any subsequent use of such information in determining my qualifications to enroll as a Police Academy student.

Applicant'	s Signature	Date	
Address:	Street	City	State/Zip
Printed No	ame		
Driver's Lic	cense Number	State	_
Witness		Date	_
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