
IMPERIAL VALLEY COLLEGE
PUBLIC SAFETY
TRAINING
CORRECTIONAL ACADEMY

ACADEMY INFORMATION

IVC G#

Full Name

PERSONAL INFORMATION

Date of Birth :

Social Security Number :

Address :

Zip/Postal Code :

State/Province :

Email Address :

Gender :

Ethnicity :

Are you a U.S. Citizen? :

Do you have any scars or tattoos? :

EDUCATION

Emergency contact name :

Emergency contact phone number :

Emergency contact relation to you :

MEDICAL BACKGROUND

Allergies :

Please list any medications you currently take :

Do you have any physical limitations that would prevent you from performing the tasks involved in the academy?

If yes, please explain

ACADEMY INFORMATION

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Full Name

EDUCATION

Did you graduate from High School? :

What year did you graduate or get your GED? :

School Name	School Adress	Year of Graduation	Degree/Course

EMPLOYMENT BACKGROUND

Present or Most Recent Employer :

Job Title :

Address :

Start Date :

End Date :

Job Duties :

ACADEMY INFORMATION

IVC G#

Full Name

EMPLOYMENT BACKGROUND CONTINUED

Previous Employer :

Job Title :

Address :

Start Date :

End Date :

Job Duties :

Previous Employer :

Job Title :

Address :

Start Date :

End Date :

Job Duties :

ACADEMY INFORMATION

IVC G#

Full Name

RESIDENCE HISTORY

Address :

Zip/Postal Code :

State/Province :

Address :

Zip/Postal Code :

State/Province :

Address :

Zip/Postal Code :

State/Province :

REFERENCES

Reference # 1 Name :

Phone # :

Address :

email address :

Reference # 2 Name :

Phone # :

Address :

email address :

Reference # 3 Name :

Phone # :

Address :

email address :

ACADEMY INFORMATION

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CRIMINAL HISTORY

Have you ever been arrested for a felony? : Yes

Have you ever been arrested for a violent misdemeanor or felony crime? : Yes

Have you ever been arrested for domestic violence? : Yes

Have you ever been arrested for driving under the influence of alcohol or drugs? : Yes

Have you been arrested for any type of theft? : Yes

Have you been arrested for any type of sex crime? : Yes

Have you ever been in possession of or used any of these illegal substances?

- Marijuana : Yes
- Crystal Meth : Yes
- Ecstasy : Yes
- LSD : Yes
- PCP : Yes
- Heroin : : Yes
- Cocaine : Yes
- Fentanyl : Yes

If you answered yes to any of the above, please explain.

ACADEMY INFORMATION

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Have you ever experienced any issues with credit, debt collection agencies, or bankruptcies? : Yes

List all traffic violations within the past 3 years starting with the most recent violation:

Is there anything that has not been covered that needs to be disclosed, or anything in your past that may disqualify you from employment? Please explain in detail.

STATEMENT OF TRUTHFULNESS OF THIS APPLICATION

I swear or affirm that the above-listed information is true and correct to the best of my ability, and I understand that I will be dismissed from the academy if it is determined that I provided misleading or false information.

Signature :

ACADEMY INFORMATION

IVC G#

Full Name

Imperial Valley College
Public Safety Training

RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I acknowledge that Imperial Valley College Public Safety Training Program may include physically demanding and strenuous training. Furthermore, related training activities involve risks of serious injuries, even death. Nevertheless, I hereby voluntarily assume all risks of any and all loss, injury, illness, death, or damage to myself or my property that might be suffered while participating in the training. I understand that entering into this agreement is a condition of my participation, and I will be deemed to have accepted these terms and conditions as part of my participation.

I hereby agree, for myself, my heirs, successors, assigns, executor, personal representative, and estate, to release, waive, discharge, defend, indemnify, and hold harmless the Imperial Valley College and their respective employees, agents, officers and my fellow students from any and all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the right to indemnity or in urged on appeal) resulting from my involvement and participation in the training, whether caused by any negligent act or omission of any fellow students, and/or the college's respective employees, agents, and officers or otherwise, regardless whether such negligence was active or passive and past present or future. I understand and agree that this release, waiver, discharge, and agreement to defend, indemnify, and hold harmless applies to all loss, injury, illness, death, or damage to me or my property resulting from my participation and involvement in the Imperial Valley College Training Programs.

This agreement cannot be waived or altered; it affects your rights and obligations if injury or loss occurs during your participation in any activity sponsored by Imperial Valley College Training Programs.

I acknowledge that I have read the foregoing and that I am fully aware of the legal consequences of this agreement, including that it prevents me from suing my fellow students, college, and their respective employees, agents, or officers if I am injured or damaged as result of participation in the training programs.

_____	_____	_____
Print Student's Name	Student's Signature	Date

ACADEMY INFORMATION

IVC G#

Full Name

Imperial Valley College
Photo Release Form

Photographer: Imperial Valley College

Event/Location: Imperial Valley College Public Safety Department

I hereby grant Imperial Valley College permission to use my likeness in a photograph, video or other digital reproduction in any and all its publications, including website entries without payment or any 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 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 causing of action which I, my heirs, representatives, executors, administrator, 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.

Printed Name:_____

Signature:_____ Date:_____

Phone Number:_____ I am over 18 years of age Yes No

Imperial Valley College
Public Safety Training
Law Enforcement Academy

MEDICAL EXAMINATION REPORT

INSTRUCTIONS TO PHYSICIAN

The person requesting this examination is an applicant to the Imperial Valley College Public Safety Training Law Enforcement Academy. Listed below are examination categories and descriptions of the types of activities the applicant will be required to perform. Please examine the applicant and answer the following. Provide any written comments or notations on the attached page.

Applicant's Name (Last, first, middle)			
Date of Birth (Month, Day, Year)	Sex M F	Height	Weight

1) **VISION**

The applicant's training will include firearms, precision driving, and scenario training that will be performed in daylight, dim light, and inclement weather. The applicant will be placed in realistic police situations requiring visual acuity for the identification of persons and objects by color and shape and in situations that will require the ability to detect peripheral movement. The applicant will be required to spend extensive hours of reading textbooks and manuals. **In your opinion, does the applicant have, or is the applicant likely to develop, any visual limitations that could impair performance as described?**

_____ No
_____ Yes- Describe in the comments section.

2) **HEARING**

In addition to regular classroom instruction, the applicant will be placed in realistic police situations that required the ability to detect sounds, hear movement, and discern direction with both ears. The applicant will participate in training that will expose them to loud noises such as gunfire, sirens, and alarms. For situations where extended exposure to loud noise is anticipated, ear protection is required.
In your opinion, does the applicant have, or is the applicant likely to develop, any hearing limitations that could impair performance as described?

_____ No
_____ Yes-Describe in the comments section.

3) **CARDIOVASCULAR, MUSCULAR, SKELETAL, AND FLEXIBILITY**

3a. The applicant will be required to perform rigorous physical activity to include running distances up to 3 miles, performing short sprints, crawling, jumping, climbing, dragging a simulated body weighing approximately 160 lbs., performing calisthenics, push-ups, pull-ups, using exercise weights, performing stretching exercises, running through an obstacle course, running up and down stairs and over uneven terrain, and jumping from a six-footwall.
In your opinion, does the applicant have, or is the applicant likely to develop, any physical limitations that could impair performance as described?

_____ No
_____ Yes- Describe in the comments section

3b. The applicant will be required to stand for extended periods as in a military formation, marching, and directing traffic. **In your opinion, does the applicant have, or is the applicant likely to develop, any physical limitations that could impair performance as described?**

_____ No
_____ Yes-Describe in the comments section.

3.c. The applicant will be required to perform arrest and control and self-defense trainings, which includes martial arts-like falls, throws, rolls, kicks, punches, and stressing the shoulder, elbow, wrist and finger joints by twisting and extending. **In your opinion, does the applicant have, or is the applicant likely to develop, any physical limitations that could impair performance as described?**

_____ No
_____ Yes-Describe in the comments section

4) **NERVOUS SYSTEM, REFLEXES, BALANCE**

The applicant will be placed in situations that require spontaneous reaction to threats such as drawing a firearm quickly and deflecting an assault. The applicant must be able to walk across a 12-foot balance beam, balance on each leg for 30 seconds while keeping arms down to sides, walk heel-to-toe in a straight line while keeping both arms down to sides. **In your opinion, does the applicant have, or is the applicant likely to develop, any physical limitations that could impair performance as described?**

_____ No
_____ Yes-Describe in the comments section

COMMENTS: Describe any "yes" responses. Indicate the impact of the(se) limitation(s).
Include: Performance functions affected. Nature of degree of severity. Duration of impairment (if intermittent). Likelihood(s) associated with this impact.

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PHYSICIAN INFORMATION.

Physician's Name (printed)	Phone: Address:
Physician's Signature	Date