BRTC LAW ENFORCEMENT TRAINING ACADEMY

SUMMAY REPORT FORM

Name:       CLEST ID No:

Address:                  

(Street) (City) (State) (Zip)

SSN:       Date of Birth:

Phone No:       Sex:       Race:

Email:

Notify in Emergency:       Phone No:

Special Medical Information:      

      Blood Type:

I will need a motel room:  Yes /  No  Smoking /  Non-Smoking

T-Shirt Size:

Department:

Dept. Phone:       Supervisor:

Supervisor Email:

Employment Date with Present Department:

Total Civilian Police Experience:      

(Years) (Months)

High School Diploma/GED:            

(Name of School) (Graduation Date) (GPA)

College: Name of College(s) Degree(s)  
  
0 – 60 Hours      

60 – 120 Hours      

AA/AS Degree      

BA/BS Degree      

MA/MS Degree      

PhD Degree      