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