NCLEA
Pre-Employment Police
Basic Training Program
Phase I

Only complete packets along with a $30 application fee will be accepted.

Application checklist

NOTE: Incomplete applications will not be considered in the first round of candidate screening.

_____ Niagara University Non-Matriculated NCLEA Application

_____ $30 application fee: CHECKS ONLY; payable to Niagara University (Non-refundable)

_____ Originals or copies of Transcripts (College, High School, or GED)
   • Submit copies in sealed envelopes or attach copies and request to have original set from your local college(s) and high school.

_____ Liability Waiver

_____ Physician’s Statement

_____ Entry and Exit Fitness Test understanding
   Required documents
   1) Valid New York State Driver’s License
   2) Proof of Health Insurance

_____ DCJS Student Warning Notice

_____ Certification of no felony conviction
   • All candidates must not have any felony convictions and must pass a background check performed by NCSO or NFPD.

_____ Misdemeanors

_____ Withdrawal/Refund Policy

_____ NU Image release

_____ Emergency Contact Information Sheet

_____ Fitness and Wellness Profile
Pre-Employment Police Basic Training – Phase I

Applying for: (Circle one)  
Full-time Academy (July – Dec.)  
Part-time Academy (Sept. - May)

Name ____________________________ (_____________________)  
FIRST MIDDLE LAST (MAIDEN)

Street Address ___________________________________________________________  
City_____________________________ State____ Zip___________

Home Phone _ (____________)_________________________ Cell Phone _ (____________)__________________________________

Email  ____________________________________________________________________  (Circle)  
Male  Female

Social Security___________-___________-____________  Date of Birth __________________________(MM/DD/YEAR)

Legal citizen of USA: □ Yes  □ No  If no - Country of Citizenship___________________________

Have you ever been a student at Niagara University?  □ Yes  □ No  Dates_________________________

List ALL Colleges attended. Submit official transcripts of all colleges attended in sealed institution envelope.

<table>
<thead>
<tr>
<th>NAME OF INSTITUTION</th>
<th>LOCATION</th>
<th>DATES OF ATTENDANCE</th>
<th>MAJOR</th>
<th>DEGREE RECEIVED &amp; DATE GRANTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NY State resident? □ Yes  □ No 
Resident of Niagara County? □ Yes  □ No
Is English your primary language? □ Yes  □ No  □ Bi-Lingual

Are you a Veteran, served in Military, or eligible to receive family VA benefits (father, mother, etc.)?  □ Yes  □ No

I certify that the information I have provided is complete and true to the best of my knowledge. This application does not guarantee acceptance into Niagara University as a degree seeking student if you choose to apply through the regular Admissions Office process.

All Niagara University students (matriculated and non-matriculated) must meet health requirements.

Signature__________________________________________________________ Date_______________________

NU encourages all men and women whose aptitude and demonstrated achievement in university or college give evidence of their ability to successfully complete various university programs to apply for admission. Consistent with our Catholic Mission, Niagara University welcomes all students, regardless of race, gender, age, national origin, religious preference, sexual orientation, status as a veteran, or disability.

OFFICE USE ONLY BELOW

<table>
<thead>
<tr>
<th>Semester</th>
<th>Year</th>
<th>Name: Last, First, MI (Please Print)</th>
<th>For Office Use Only - Student #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept.</td>
<td>Number</td>
<td>Lab</td>
<td>Sec</td>
</tr>
<tr>
<td>C</td>
<td>R</td>
<td>J</td>
<td>4</td>
</tr>
<tr>
<td>C</td>
<td>R</td>
<td>J</td>
<td>4</td>
</tr>
<tr>
<td>C</td>
<td>R</td>
<td>J</td>
<td>4</td>
</tr>
</tbody>
</table>

Updated 1/31/2013
Liability Waiver

NOTICE OF RISKS
Applicant recognizes, understands and ackowledges that some medical/health risks exist with participation in programs or facilities such as those made available in the program, and by signing this application agreement, member has acknowledged, accepted and assumed those risks.

HOLD HARMLESS
Applicant agrees to defend, indemnify and hold harmless Niagara University and the Niagara County Law Enforcement Academy, its affiliated entities, and their respective officers, employees and agents, from and against any and all claims, proceedings, liabilities, losses, demands, costs and expenses, including reasonable attorneys fees, arising out of the acts or omissions of User, its directors, officers, employees or agents, arising out of or in connection with this Agreement.

Physical Fitness Test and Pre-Employment Police Basic Training Program, Phase I

Candidates name: (print) ______________________________________________________

(signature) ____________________________________________________________

(date) ______________________
Physician’s Statement

Pre-Employment Police Basic Training Program, Phase I
Fitness Test

I have examined the following pre-employment police recruit candidate:

____________________________________________________________________________

I understand that job qualifications essential to all police programs require that the candidate be able to function at a higher level of physical condition. I also understand that in order for the candidate to successfully complete the pre-employment program he/she will be required to participate in rigorous physical training.

I find the recruit to be physically able to participate in the rigorous physical training required by law enforcement officers.

Physician’s Signature: ______________________________________________________

Date:  ____________________________________________________________________

Print the following:

Physician’s Name:  _________________________________________________________

Office Address:  ___________________________________________________________

___________________________________________________________________________

Telephone:  ___________________________________________________________________
Candidates Full Name: (print) ____________________________________________________

**Entry Level Testing - you must pass in order to be considered for acceptance.**

It is best to start training immediately because of the competition for spots. Testing is performed in the order below, in a gym, without mats for sit-ups. If you do not pass the test section you will be dismissed immediately from the rest of the fitness exam.

<table>
<thead>
<tr>
<th>Sit-up</th>
<th>Muscular endurance (core-body) – The score indicated is the number of bent-leg sit-ups performed in one minute.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Push-up</td>
<td>Muscular endurance (upper body) – The score indicated is the number of full body repetitions that a candidate must complete without breaks.</td>
</tr>
<tr>
<td>1.5 Mile Run</td>
<td>Cardiovascular Capacity – The time (score) indicated calculates in minutes seconds</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>40%</th>
<th>Sit-Up</th>
<th>Push-Up</th>
<th>1.5 Mile Run</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 – 29</td>
<td>38</td>
<td>29</td>
<td>12:38</td>
</tr>
<tr>
<td>30 – 39</td>
<td>35</td>
<td>24</td>
<td>12:58</td>
</tr>
<tr>
<td>40 – 49</td>
<td>29</td>
<td>18</td>
<td>13:50</td>
</tr>
<tr>
<td>50 – 59</td>
<td>24</td>
<td>13</td>
<td>15:06</td>
</tr>
<tr>
<td>60+</td>
<td>19</td>
<td>10</td>
<td>16:46</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 – 29</td>
<td>32</td>
<td>15</td>
<td>14:50</td>
</tr>
<tr>
<td>30 – 39</td>
<td>25</td>
<td>11</td>
<td>15:43</td>
</tr>
<tr>
<td>40 – 49</td>
<td>20</td>
<td>9</td>
<td>16:31</td>
</tr>
<tr>
<td>50 – 59</td>
<td>14</td>
<td>N/A</td>
<td>18:18</td>
</tr>
<tr>
<td>60+</td>
<td>6</td>
<td>N/A</td>
<td>20:16</td>
</tr>
</tbody>
</table>

I understand that I must pass the entry level testing in order to be considered for acceptance and must pass the 50% exit level testing (graduation) in order to graduate if I am accepted into the program.

Signature: ___________________________________________________ Date: _____________

Updated 1/31/2013
Required copies

Name: ________________________________________________________________

Drivers License:

Place driver license here and copy

Insurance Card:

Place insurance card here and copy
Students in the Pre-Employment Police Basic Training Course must be advised of several conditions of this training program that will effect them immediately and in the future. Through this notice, the school is advising the student of these conditions as required by the policy established for this program by Division of Criminal Justice Services.

1. Completion of this program is not a guarantee of employment as a police officer.

2. To complete this pre-employment training program, a student must participate in physical fitness training and successfully complete a physical fitness examination.

3. To complete this pre-employment training program, a student must comply with mandated New York State regulations that include: strict attendance requirements; maintaining a notebook; and passing written examination/s.

4. This is a two-phase program. The first phase is conducted pre-employment and the second phase is conduct after appointment as a police officer. Each individual phase of this training program must be completed as a single and cohesive unit. This means that students must complete the phase of the program at one institution. The following phase may be conducted at a separate institution.

5. Before being appointed as a police officer, a person must complete New York State Civil Service requirements and appointing agency hiring standards (including minimum and maximum age and residency requirements) by taking a written examination and scoring high enough on the eligibility list to be considered for appointment.

6. Before being appointed as a police officer, a person must take and successfully complete a physical fitness examination.

7. Before being appointed as a police officer, a person must submit to a medical examination, that may include drug screening.

8. Before being appointed as a police officer, a person may be required to submit to a psychological examination.

9. Before being appointed as a police officer, a person with criminal conviction or with a felony conviction may be disqualified from employment.

10. Before being appointed as a police officer, a person may be required to submit to a background investigation.

11. Upon appointment as a police officer, a person will be required to successfully complete additional training. Failure to complete this training will result in denial of certification by the New York State Municipal Police Training Council. This certification is required by §209-q of the General Municipal Law for police officers to remain in their positions.

12. Pre-employment training will be valid for two years after completion of this program. If a person is not appointed before two years has elapsed, they will be required to attend a Police Refresher Course. After ten years from the date of completion records on the transcript, the training will no longer be valid (this is consistent with the provision of §209-q of the General Municipal Law pertaining to police officers).

<table>
<thead>
<tr>
<th>Students Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Director Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
No Felony Convictions

I understand that conviction of a felony in New York State will bar appointment as a police officer.

I affirm, under penalty of perjury, that I have NOT been convicted of a felony (or equivalent crime in another state).

I also understand that I will undergo a background check, may be dismissed at any time, and am responsible for all tuition charges.

Name: __________________________________________________________________ (print)

__________________________________________________________________ (signature)

Address: __________________________________________________________________

__________________________________________________________________

Date: __________________________


Misdemeanors

Have you ever been convicted of a misdemeanor?  _ Yes  _ No

*If yes, please list below that gives the approximate date of each incident and explains the circumstances.*

I affirm, under penalty of perjury, that I have NOT been convicted of a misdemeanor (or equivalent crime in another state).

I also understand that I will undergo a background check, may be dismissed at any time, and am responsible for all tuition charges.

**Name:** ___________________________________________________________________

(print)

__________________________________________________________________________

(signature)

**Address:** __________________________________________________________________

__________________________________________________________________________

**Date:** __________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Niagara County Law Enforcement Academy
Withdrawal/Refund Policy for credit

Tuition: $4200.00

Using the same refund policies as the university, students must officially withdraw in writing to the university. Students will be responsible on their own for uniform, fingerprinting and textbooks cost. Full-time Criminal Justice students are charged half price tuition.

Students must report to Ron Winkley, Graduate Director of Criminal Justice to fill out their withdrawal form. Failure to show up for classes or not participating is not an official withdrawal and you will be charged for full tuition.

Upon completion of the withdrawal process outlined above, the refund of tuition and fees will be based on the number of weeks remaining in the semester at the date of official withdrawal. The chart is from the Office of Student Accounts and is subject to change without notice.

If the student officially withdraws during:

<table>
<thead>
<tr>
<th>Calendar week of</th>
<th>Refund %</th>
</tr>
</thead>
<tbody>
<tr>
<td>The week classes begin</td>
<td>100%</td>
</tr>
<tr>
<td>First full week of classes</td>
<td>95%</td>
</tr>
<tr>
<td>Second full week of classes</td>
<td>90%</td>
</tr>
<tr>
<td>Third full week of classes</td>
<td>80%</td>
</tr>
<tr>
<td>Fourth full week of classes</td>
<td>75%</td>
</tr>
<tr>
<td>Fifth full week of classes</td>
<td>70%</td>
</tr>
<tr>
<td>Sixth full week of classes</td>
<td>60%</td>
</tr>
<tr>
<td>Seventh full week of classes</td>
<td>60%</td>
</tr>
<tr>
<td>Eighth full week of classes</td>
<td>50%</td>
</tr>
<tr>
<td>Ninth full week of classes</td>
<td>40%</td>
</tr>
<tr>
<td>After ninth week of classes</td>
<td>0%</td>
</tr>
</tbody>
</table>

Please be made aware that this notice of our refund policy is part of your application process.

I have read and accept the withdrawal policy as stated above.

Name: (print) ______________________________________________________________

Signature: __________________________ Date: _________________
Image Release Form

I grant Niagara University permission to use my image, voice, and likeness in any and all forms of media, including but not limited to print, radio, television, and the Internet. This permission includes the use of my name, portrait or picture as protected by the New York State Civil Rights law. I understand that I will not be compensated for this use. I acknowledge that I am at least 18 years of age.

Name: __________________________________________________________________

Signature: __________________________________________________________________

Address: ________________________________________________________________

City, State, Zip: ___________________________________________________________

Phone: __________________________________________________________________
Emergency Contact Information

Date: ________________________

Student Name: ________________________________________________________________
(last)      (first)    (mi)

Home Address: ________________________________________________________________
(street)     (city)    (zip)

Phones:   Home: ________________________________________________

            Cell: __________________________________________________

            Work: _________________________________________________

Emergency Contact ___________________________________________________________

Relationship:   ___________________________________________________________

Address: ______________________________________________________________________
(street)    (city)     (zip)

Contact phones:   Home:______________________________________________

            Cell:______________________________________________

            Work:______________________________________________
Fitness & Wellness Profile – Pre-Employment Academy

Name _________________________________________________ Phone (________)______________

Address _____________________________________________________________________________

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

Date of Birth_____________________

Physical Activity Readiness Questionnaire (PAR-Q)  Please circle yes or no

1. Has your doctor ever said you have a heart condition or recommended only medically supervised activity?   Yes No
2. Do you have chest pains brought on by physical activity?   Yes No
3. Have you developed chest pains at any time in the last month?   Yes No
4. Do you tend to lose consciousness or have spells of dizziness? Yes No
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? Yes No
6. Has a doctor ever recommended medication for high blood pressure or for a heart condition? Yes No
7. Are you aware, through your own experience or a doctor’s advice, of any other physical reason against your exercising without medical supervision? Yes No

Please check in the appropriate space if you have any of these conditions and if they would limit your participation in class:
___allergies  ___high cholesterol  ___arthritis  ___dizzy spells  ___pregnant
___diabetes  ___asthma  ___epilepsy  ___hernia  ___smoking
___migraines/ headaches  ___obesity (more than 25 lbs)  ___family history of heart disease
___other _______________________________________

Do you take medications on a regular basis?  Yes (list) _______________________ No

- I am aware of my medical profile.
- I will proceed with my exercise program at a “safe level.”
- I agree not to hold my instructor(s) nor Niagara University, Niagara County Sheriff’s Office or Niagara Falls Police Department liable for any injury or illness sustained by me as a result of my participation in this program.

SIGNATURE _________________________________________________ DATE _____________