



APPLICATION TO ATTEND THE TBI STATE ACADEMY

Privacy Act- Solicitation of information on this form is authorized by Public Law 93-83, Section 404. The furnishing of this information is voluntary on your part. The purpose of soliciting this information and the routine use to be made of it are to determine your eligibility for enrollment in the TBI State Academy. Refusal on your part to furnish all the information requested will result in no further consideration being given to your application for the State Academy. You should be aware that willfully making a false statement or concealing a material fact on this application can be basis for rejection as a candidate for the State Academy. Your social security number is requested on a voluntary basis. It will only be used as a student number to assist in record keeping procedures.

NOTICE: If space provided is insufficient for complete answers or you wish to furnish additional information, you may attach a sheet to this application and number answers to correspond with questions.

PERSONAL DATA		
Date:	Job Title:	
Name of Law Enforcement Agency where Candidate is employed:		
Last Name:	First Name:	Middle Name:
Date of Birth:	Social Security #:	Personal Cell #:
List all other names you have used, including nicknames. If you have ever used any surname other than your true name, during what period of time and under what circumstances were these names used?		
Have you ever legally changed your name? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, designate Date: _____ Place: _____ Court: _____		
Personal Email: (Please write legibly)		
Employer Address: Street:	City:	State: Zip Code:
Work Cell #:	Work Phone #:	
Work Email: (Please write legibly)		
Do you have any known allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Physician's Name: _____ Physician's Phone #: _____ Allergies you want us to be aware of: _____		

APPLICANT PHYSICAL DATA

Can you run 1-1/2 miles? Yes No

Can you do push-ups? Yes No

Can you do sit-ups? Yes No

Can you do flexible exercises? Yes No

EMPLOYMENT

List chronologically all civilian & military law enforcement experience with various ranks or positions held.

Law Enforcement Agency	Position or Rank	Dates	
		From:	To:

Have you ever been dismissed or asked to resign by any employer? Yes No

If Yes, provide:

Employer's Name: _____ Date(s) of employment: _____

If yes, please provide circumstances and reason:

COURT RECORDS

Have you ever been arrested or charged with any violation including traffic, excluding parking tickets?

Yes No If Yes, list all such matters even if not formally charged or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral. Attach additional sheets as necessary to provide details.

Date	Place	Charge	Disposition

Have you ever been a party to a civil court action?

Yes No If Yes, please provide requested information below

Month/Year	Nature of Action	Result of Action	Names of parties (plaintiff & defendant); court & address (city/county/state)

SUBVERSIVE MEMBERSHIP OR DATA

Are you now or have you ever been a member of any organization which seeks to deny other persons their rights under the Constitution of the United States, which violates the laws of the United States? Yes No If Yes, please provide explanation below:

CONSENT FOR DISCLOSURE OF INFORMATION

If information is developed which would indicate that you are not eligible for enrollment in the State Academy, the reason for your rejection may be furnished to the head of your agency or his/her representative.

Following graduation from the TBI State Academy, information may be periodically solicited from you for inclusion in the TBI State Academy Directory of Graduates. Provision of this information will be on a voluntary basis.

By furnishing your signature below, you are providing your consent for the disclosure and/or release of this information by the TBI.

CERTIFICATION

I certify that the foregoing answers are true and correct to the best of my knowledge and belief.

Signature of Applicant: _____ **Date:** _____



AUTHORIZATION FOR RELEASE OF INFORMATION



I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Tennessee Bureau of Investigation, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, records of commercial or retail credit agencies' and other financial statements and records wherever filed; medical and psychiatric treatment; employment and pre-employment records, including background reports, efficiency ratings' complaints or grievances filed by or against me; and records of lawsuits' criminal or civil, in which I presently have, or have had, an interest.

I also certify that any persons who may furnish such information concerning me shall not be held accountable for giving this information' and I do hereby release said persons from any and all liability which be incurred as a result of furnishing such information. I further release the Tennessee Bureau of Investigation and the State of Tennessee from any and all liability which may be incurred as a result of collecting such information.

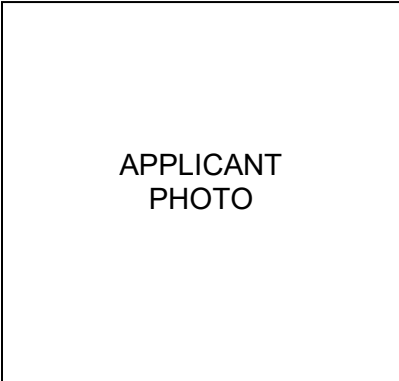
I hereby give this Authorization freely, voluntarily, and without threats or promises of any kind. I have read and fully understand the contents of this Authorization for Release of Information.

Print Full Name of Applicant: _____
 (Include Maiden name, if applicable)

Address: _____

Please attach an unmounted full-face photograph of yourself, no larger than 2-3/4"x2-1/2" inches. Print your name and date on the back of the photograph or list date photo was taken on the back or in the space below if application is emailed. The photograph must have been taken no more than 3 months prior to the date of this application.

Photo Date: _____



Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____



**NOMINATION OF LAW ENFORCEMENT OFFICER TO
ATTEND THE STATE ACADEMY OF THE
TENNESSEE BUREAU OF INVESTIGATION**



**INSTRUCTIONS – THIS NOMINATION FORM SHOULD BE COMPLETED AND
SIGNED BY THE CHIEF OF POLICE, SHERIFF, OR HEAD OF A MUNICIPAL
LAW ENFORCEMENT AGENCY. THE NOMINATION FORM SHOULD BE
SUBMITTED WITH THE OFFICER’S APPLICATION.**

TO: Director - Tennessee Bureau of Investigation

I hereby nominate the below-named representative of this law enforcement agency to attend the TBI State Academy.

NOMINEE:

LAST NAME	FIRST NAME	MIDDLE NAME
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RANK OR TITLE	NAME OF LAW ENFORCEMENT AGENCY
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I realize the primary purpose of the TBI State Academy is to train outstanding law enforcement officers to be better criminal investigators and instructors. Further, I believe the officer nominated herein is basically qualified to fulfill this purpose upon return to his/her organization after graduation. Specifically, I understand the nominee meets the following minimum requirements:

- Must have at least five (5) years of experience as a full-time commissioned officer of a duly constituted law enforcement agency of a municipality, city or county;
- Must be at least 25 years of age;
- Must be of excellent character and enjoy a reputation of professional integrity;
- Must exhibit an interest in law enforcement as a public service; a seriousness of purpose; qualities of leadership; and enjoy the confidence and respect of fellow officers;
- Must have a high school diploma or high school equivalency certificate; and
- Must agree to remain in law enforcement a minimum of three (3) years after graduation from the TBI State Academy.

When a vacancy exists in a session for which the officer’s application can be considered, I authorize the TBI to make a complete and thorough investigation of the nominee to confirm his/her suitability as a candidate. To assist in this regard, there is attached and executed, an application by the nominee. I have been assured by the nominee that he/she will remain in law enforcement for a minimum of three (3) years following graduation from the TBI State Academy.

