

**TENNESSEE
PEACE OFFICER STANDARDS AND TRAINING COMMISSION**

APPLICATION FOR TRAINING OFFICER

NAME: _____ , _____ , _____
(Last) (First) (Middle)

ADDRESS: _____ , _____ , _____
(Street) (City, State) (Zip)

TELEPHONE: (Home) (_____) (Work) (_____) _____

DATE OF BIRTH: _____ / _____ / _____ AGE: _____ SSN: _____
(Month) (Day) (Year)

AGENCY: _____ (Name) _____ (Telephone)
_____ (Address) _____ (Fax)

RANK/TITLE: _____ PRESENT ASSIGNMENT: _____

LAW ENFORCEMENT OR RELATED EXPERIENCE:

<u>Agency</u>	<u>Number of Years</u>
_____	_____
_____	_____
_____	_____

LAW ENFORCEMENT TRAINING:

<u>School Name</u>	<u>Course Title</u>	<u>Hours</u>
_____	Instructor Development (Required)	_____
_____	_____	_____
_____	_____	_____

EDUCATION:	Date Attended	Diploma/Degree
High School _____ or GED	_____	_____
College _____	_____	_____

Note: Applicants who have not completed INSTRUCTOR DEVELOPMENT training must do so within twelve (12) months of approval by POST.

Date Application Filed: _____

Approved and submitted by: _____
Print or Type Chief/Sheriff Name Chief/Sheriff Signature

Signature of Applicant: _____