

COOK COUNTY SHERIFF'S POLICE TRAINING ACADEMY

TRITON COLLEGE-ROBERT COLLINS BUILDING

2000 N. 5TH AVENUE

RIVER GROVE, ILLINOIS 60711



PHONE 708.583.3152

FAX 708.453.0565

ATTENTION RECRUIT SPONSORING AGENCY

All of the following forms must be completed and brought to the Academy by the recruit on the first P.O.W.E.R. Test date.

- Recruit Application Form (Must be signed by an authorized official.)
- Medical Approval Forms (Must be signed by a physician) *State and County
- Indemnification Form (Must be signed by a legally authorized official)
- Authorization to Obtain & Release Information Form
- Illinois Enforcement Background Investigation Form
- Copy of State Form E (Original must be on file with I.L.E.T.S.B.)
- Academy Map
- Uniform Venders

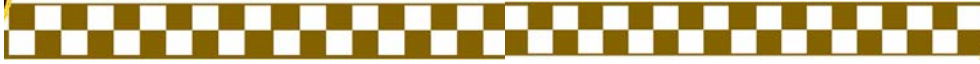
If any forms are incomplete or missing, the recruit(s) will not be allowed to participate in the P.O.W.E.R. Test. Your cooperation in providing the requested documentation is greatly appreciated

If you have any questions regarding any of the above paperwork please contact the CCSPD Training Academy at (708)583-3152.

Sincerely
Director, Training Academy



**COOK COUNTY SHERIFF'S POLICE TRAINING ACADEMY
TRITON COLLEGE-ROBERT COLLINS BUILDING
2000 N. 5th AVE – RM 308
RIVER GROVE, IL 60171**



PHONE: 708-583-3152 FAX: 708-453-0565

Basic Recruit Program - Application Form

Applicant Information: _____ **Appointment Date:** _____

Name: _____ **Date of Birth:** _____ Male Female
(Last, First, MI)

Address: _____ **Apt #:** _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Home Telephone #: (_____) _____ **Cell Phone #:** (_____) _____

Sponsoring Agency Information:

Agency Name: _____

Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Agency Contact Person: _____ **Telephone #:** (_____) _____

To Chief/Sheriff: The sponsoring agency is reminded that the Training Board's Form E, *Notice of Appointment*, must be on file with the Board prior to the recruit reporting to the Academy. Please do not send the original Form E to the Academy, only a copy is required.

Authorizing Official: I certify that the above named individual is employed with this Department as a full time police officer, and has undergone a criminal history background check based on fingerprint submission.

Chief/Sheriff's Name and Title: _____ **Date:** _____

Signature: _____

Note: All applicant forms are to be completed and brought to the academy with the candidate.

Cook County Sheriff's Police Training Academy
Triton College - Robert Collins Building
2000 North Fifth Avenue
River Grove, Illinois 60171
Phone: (708) 583-3152
Fax: (708) 453-0565



Police Officer Applicant MEDICAL APPROVAL

(Form must be completed by a physician within **60 days** of academy start date)

GENERAL INFORMATION

For Certifying Physician and Applicant

Applicants scheduled to attend the Cook County Sheriff's Police Academy are mandated by the Illinois Law Enforcement Training and Standards Board to successfully complete a fitness assessment, commonly referred to as the P.O.W.E.R. Test. The assessment consists of the following:

- ◆ A sit-and-reach test to measure flexibility
- ◆ A one minute sit up test to measure dynamic strength
- ◆ 1.5 mile run/walk to measure cardio respiratory endurance (timed event)
- ◆ One repetition maximum bench press (% of body weight)

In addition, once accepted into the Basic Recruit Training Course, applicants must participate in all phases of police training which include twenty-six hours (26) physical fitness training and forty hours (40) defensive and control tactics. The physical fitness curriculum is designed to develop and maintain fitness and includes:

- ◆ Stretching
- ◆ Sit-ups
- ◆ Push-ups
- ◆ Running (3 miles maximum)
- ◆ Agility drills

In addition, applicants will receive forty hours (40) firearms training and must be able to hear and understand verbal instructions and commands while wearing hearing protection.

A certifying physician must complete page 2, Medical Approval Form. The applicant will bring the Medical Approval Form with him/her when appearing to take the P.O.W.E.R. Test. Applicants without the form will not be permitted to take the P.O.W.E.R. Test. If the physician, or applicant has any question(s) concerning the medical release or physical requirements, please contact the Academy at (708) 583-3750.

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Medical Approval

(Form must be completed within **60 days** of Academy start date)

(Please Print or Type)

Name of Applicant: _____ Date of Birth: _____

(Last, First, MI)

Height: _____ Weight: _____ Male Female

Employing Department/Agency: _____

Applicant Statement

I have read the General Information and understand the physical requirements necessary to be admitted and to complete the Basic Recruit Training Course. I do not know of any medical condition which would preclude me from participating in the physical training.

Signature of Police Academy Applicant _____ Date: _____

Physician's Certification

I have on this day examined _____ and certify that he/she

(Check the Appropriate Box) (Name of Applicant)

- IS** physically able to participate in the physical activities of police basic recruit training as described in this form under the "General Information" section.
- Is **NOT** physically able to participate in the physical activities of police basic recruit training as described in this form under the "General Information" section.

Physician's Signature _____

Physician's Name _____
(Print or Type)

Physician's Address _____

Physician's Telephone _____ Date of Exam _____
(A/C)



Law Enforcement Training and Standards Board

Medical Certificate
Law Enforcement Pre-Test Peace Officer
Wellness Evaluation Report (P.O.W.E.R.)
Physical Fitness Exam

Recruit's Printed Name _____

Dear Physician/Physician's Authorized Representative:

This person is being considered for enrollment in the Law Enforcement Pre-Service Peace Officer Wellness Evaluation Report (POWER) Physical Fitness Exam. Laws providing compensation for injuries make it imperative that this certificate be accurate and complete. This medical certificate will be used to decide whether the person under consideration is physically qualified for admission to the Law Enforcement Pre-Service Peace Officer Wellness Evaluation Report (POWER) Physical Fitness Exam. Failure to report your findings in this examination might cause this individual great inconvenience.

The physical activity in successive order at the Law Enforcement Pre-Service P.O.W.E.R. Physical Fitness Exam includes measuring flexibility through the sit and reach test, performing a series of sit-ups in one minute, lifting in a bench press and running 1.5 miles under a certain time, depending on the age of the person.

All Basic Law Enforcement students are required to participate in a physical conditioning program which consists of the following physical activities; walking, running (2-5 miles per day), stretching, strength exercises, grip-strength exercises, push-ups, chin-ups, sit-ups and agility drills.

All Basic Law Enforcement students are required to participate in firearms and defensive tactics training which involves; manual dexterity with both hands, punching and blocking drills, and physical takedowns.

The fee for your examination will be paid for by the individual or the department for whom he/she is employed. Electrocardiogram, chest x-ray and blood tests are not necessary unless your examination indicates such tests are desirable or necessary.

Please Complete the Following:

The Examinee (___) is (___) is not qualified to participate in the above described physical training.

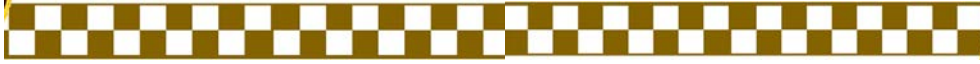
Physician/Authorized Representative's Signature _____ Date _____

Physician's Name (printed) _____ Phone (___) _____

This form must be completed and returned to the Academy prior to testing by the hiring agency.



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INDEMNIFICATION AGREEMENT

It is hereby agreed that in consideration of one of its employees, _____
(Name Printed or Typed)

being granted the opportunity of participating and engaging in police training operations, functions, and other activities sanctioned by the Cook County Sheriff's Police Department, the _____
(Agency Name Printed or Typed)

employing the above named trainee shall hold the County of Cook harmless as to any injuries or damages incurred by said trainee as a result of such police training, operations, functions, and other activities sanctioned by the COOK COUNTY SHERIFF, County Sheriff's Police Department, regardless of fault or negligence on the part of any official or employee of the County of Cook, or Sheriff of Cook County, and shall further agree to indemnify the County of Cook and Sheriff of Cook County in full amount as to any judgment or claim awarded to said police trainee, his/her dependents, and assigns for such injuries or damages sustained by said trainee during the official course of his/her temporary assignment to the Cook County Sheriff's Police Training Academy.

It is further agreed, that should suit or claim be filed by said trainee alleging injury, or damage as a result of said Cook County Sheriff's Department Training, operations, functions, or other activities sanctioned by the Cook County Sheriff's Police Department, reasonable notice of such suit or claim will be given to the employing Department or Agency of the affected trainee and said Department or Agency will appear and defend the County of Cook and/or Sheriff of Cook County.

Signature of Department Head

Printed name of Department Head

Title or Office of Department Head

Note: This agreement must be signed by an official of the local government entity or by an official of the agency involved who has the legal power to enter into such an agreement.

TO: ILLINOIS LAW ENFORCEMENT TRAINING AND STANDARDS BOARD
AND ITS CERTIFIED ACADEMIES

SUBJECT: AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I hereby authorize the Illinois Law Enforcement Training and Standards Board to solicit information from any person or organization relative to my background, including but not necessarily limited to academic, medical, professional, employment and historical biography.

I also authorize the Illinois Law Enforcement Training and Standards Board or designated representative to release to any criminal justice agency investigating me for certification as a law enforcement officer, any and all information regarding my academic, medical, professional and historical biography.

PLEASE PRINT

Name: _____
Last First Middle

Home Address: _____
Number and Street

City State Zip

Home Telephone Number: _____

Social Security Number: _____



(Seal)

Signature

Date

Illinois Law Enforcement Training and Standards Board



J.B. Pritzker, Governor
Brent Fischer, Executive Director

Phone: 217/782-4540
Fax: 217/524-5350

**Academy Entrance Standard Basic Training
Certification of Recruit Background**

Pursuant to Illinois Police Training Act (50 ILCS 705/6) each Illinois police agency and applicant applying for admission to the Police Training Board’s Local Law Enforcement Basic Training Academy shall provide certification that the applicant has not committed any felony or a crime involving moral turpitude, and is a person of good character. This requirement and standard must be satisfied before consideration of acceptance into the academy.

Statement of Applicant

Under penalty of perjury, decertification, and disqualification, I certify that I have no felony conviction and no conviction involving moral turpitude.

_____ Date

_____ Applicant’s Signature

_____ Name and Address of Agency

_____ Applicant’s Address

**Criminal and Character Background
Investigation Statement of Agency**

The above applicant has been subject to a criminal and character background investigation, including the use of fingerprint cards processed through the Department of State Police and the Federal Bureau of Investigation, and such investigation has thus far revealed no felony or crime involving moral turpitude. Moreover, the investigation has verified that the applicant is of good character.

_____ Date

_____ Authorized Signature of Appointing Authority

THIS FORM MUST BE SIGNED ON BEHALF OF APPOINTING AUTHORITY AND SUBMITTED UNDER PENALTY OF LAW TO THE ACADEMY FOR LOCAL LAW ENFORCEMENT OFFICERS BASIC TRAINING.

**INSTRUCTIONS FOR COMPLETION OF THE
NOTICE OF APPOINTMENT/SEPARATION FORM**

The Notice of Appointment/Separation form is to be completed and submitted to the BOARD prior to attendance at any Board Training Academy or MTU sponsored training course. This form must also be filled out if a person laterally enters or changes status within the same agency, or is separated from an agency that participates in the Board program **If the officer has been trained while employed by another agency, a Request for Waiver of Minimum Training Standards must accompany this form.** The Appointing/Separating agency should retain a copy of the completed form for their records.

The Identification Information section of the form must always be completed, AND either Appointment Information section or Separation Information section as appropriate. PLEASE TYPE.

Instructions for Completing the Form:

1. Place an X in the appropriate space. NOTE: Status change refers to rank, name, etc. **it cannot be used to change an officer from full-time to part-time or vice versa. This requires a separation and an appointment.**

IDENTIFICATION INFORMATION (verifying agency records that this information is correct)

2. NAME: Enter the person's last name, first name and middle name.
3. SOCIAL SECURITY NUMBER: Enter the person's Social Security Number. This information will be used solely as the unique identifier for the person in processing appropriate Board records.
4. DATE OF BIRTH: Enter the person's date of birth (month, day, year) in numerical form (e.g., 07-12-68).
5. PRIOR NAMES USED: Enter any and all names the person has been known as (e.g., maiden or married names, and AKA's). If additional space is needed, list in space 16.
6. SEX: Circle M (male) or F (female).
7. RACE: Circle the person's race or ethnic background. This information will be used by the Board for statistical purposes only. AA= African American, AS= Asian/Oriental American, CA= Caucasian American, HI= Hispanic American, NA= Native American.
8. EDUCATIONAL LEVEL: (please circle highest completed course work HS= high school, SC= some college, A= Associates, B= Bachelors, M= Masters, PhD/JD= Doctorate).
9. AGENCY: Enter complete name of the appointing/separating agency and phone number of Administration office.
10. RANK/CLASSIFICATION: Enter the person's rank or classification (e.g., police officer, sheriff, sergeant, lieutenant, chief, etc.).
11. DATE OF STATUS CHANGE: Enter the month, day and year of actual appointment or change of peace/correctional officer status (e.g., auxiliary peace officer is appointed as a part time officer). For convenience, this space and space 10 may be used to advise the Board that the person is promoted or demoted (e.g., to the rank of sergeant, lieutenant, captain, etc.) and explain in space 16.
12. Enter the complete name of agency that the person last (previously) served as a peace/correctional officer, and the beginning and ending dates of service with that agency.

APPOINTMENT INFORMATION

13. Place an X in the appropriate space.
13. COMPLETION OF LETSB CERTIFIED LAWENFORCEMENT BASIC TRAINING COURSE. Place an X here if appointee has successfully completed a Law Enforcement Basic Training Course at one of the Board's authorized academies.
13. COMPLETION OF LETSB CERTIFIED CORRE CTIONAL BASIC TRAINING COURSE. Place an X here if appointee has successfully completed a Correctional Basic Training Course at one of the Board's authorized academies.
13. COMPLETION OF LETSB CERTIFIED PART-TIMEBASIC TRAINING COURSE. Place an X here if appointee has successfully completed the Board's Part-Time Basic Training Course or the PEP program.
13. COMPLETION OF LETSB CERTIFIED MANDATORY FIREARMS TRAINING COURSE. Place an X here if appointee has successfully completed a Board certified firearms training course.
13. TRAINED OUT OF STATE. Place an X here if Individual received his law enforcement or corrections training out of state.
13. THE ABOVE-NAMED PERSON HAS NOT SATISFIED THE BASIC TRAINING REQUIREMENT. Place an X here if the appointee has not satisfied the basic training requirement; for example, the person is enrolled in a basic academy but has not graduated, or the person has been appointed as a peace officer but has not begun/completed basic training. Explain in space 16.
14. WORK STATUS. Place an X in the appropriate space. **NOTE: An Ordinance must be on file in the Board office for auxiliary officers that carry a firearm and for auxiliary officers that have conservator of the peace powers.**

SEPARATION INFORMATION

15. Place an X in the appropriate space for the reason of separation.
15. LAST DATE OF EMPLOYMENT: Enter the date of separation with your agency by month, day, year.

COMMENTS

16. Enter additional useful information that will clarify or supplement information provided in the Identification Information or Appointment Information sections.

ATTESTATION OF REPORTING OFFICIAL

17. The agency administrator must sign, print name and title, and date the Notice of Appointment/Separation form.



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PHONE: 708-583-3152 FAX: 708-453-0565

TRI-TAYLOR UNIFORM
2322 W. ROOSEVELT ROAD
CHICAGO, ILLINOIS
PHONE #: (312) 666-3351

V.C.G. UNIFORMS
5050 W. IRVING PARK ROAD
CHICAGO, ILLINOIS
PHONE #: (773) 545-3676

CHICAGO UNIFORM COMPANY
550 W. ROOSEVELT ROAD
CHICAGO, ILLINOIS
PHONE #: (312) 913-1006

RAY O'HERRON
1600 75TH STREET
DOWNERS GROVE, ILLINOIS
(630) 629-2677

G.A.T. GUNS
14N915 ROUTE 25
DUNDEE, ILLINOIS
PHONE #: (847) 428-4867

ADVANCE UNIFORMS
1132 S. WABASH
CHICAGO, ILLINOIS
PHONE #: (312) 922-1797

JCM UNIFORMS INC.
151 E. CASS STREET
JOLIET, ILLINOIS
PHONE #: (815) 723-3213 EXT. 202

J.G. UNIFORMS, INC.
5949 W. IRVING PARK ROAD
CHICAGO, ILLINOIS
PHONE #: (773) 545-4644

EAGLE UNIFORMS
4732 W. 137TH STREET
CRESTWOOD, ILLINOIS
PHONE #: (708) 371-0050