Full-Time Academy Application Letter

Dear Applicant:

Thank you for your interest in Blackhawk Technical College's Basic Police Recruit Academy. This 720-hour basic training academy is for those interested in pursuing a career in law enforcement and serves to meet the required preparatory training to be eligible for certification as a law enforcement officer in the State of Wisconsin.

The due date for completed application packets is listed on our website on the Law Enforcement Basic Recruit Academy page (https://www.blackhawk.edu/Programs-Classes/Explore-Programs/Program-Detail/program/Law-Enforcement-Academy). You must return all items listed on the attached sheet entitled "Requirements for Admission", including the Background Information Disclosure (BID) and DMI insurance documentation.

As a part of the application process, all applicants who meet the minimum standards for entrance into the academy must complete an oral interview with a panel of criminal justice professionals. These interviews will be scheduled within two weeks after the application deadline. All applicants will be notified on the status of their acceptance approximately two weeks after the interview date.

Applicants who are selected to attend the academy will be required to undergo fingerprinting and a background check completed by through the Wisconsin Department of Justice. Applicants MUST also complete a physical readiness assessment. A date will be set to conduct the assessment after the close of the application process. If you would prefer to complete the assessment prior to that time, please visit https://wilenet.widoj.gov/training-standards/officer-training-employment-and-reciprocity for other testing dates that may be held at other locations and for information on the physical readiness assessment. The results of any assessment are only valid for 180 days, so the date must not be before 180 days of the beginning of this academy.

You may have the results emailed to us or bring them to your interview. Please note that The Medical Assessment form will need to be completed prior to taking the physical assessment. This assessment is valid for 21 months.

Completed application packets, not including birth certificate or college transcripts, may be emailed to troehl3@blackhawk.edu or mailed to:

Blackhawk Technical College
Tammy Roehl
6004 S County Road G
Janesville, WI 53546

If you have any questions on the application, please contact the Academy Director, Troy Egger, at tegger1@blackhawk.edu or (608) 757-6963.

Troy Egger
Academy Director
Blackhawk Technical College

Blackhawk Technical College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to manage inquiries regarding the nondiscrimination policies: Title IX Coordinator/Equal Opportunity Officer, 6004 S County Road G, P.O. Box 5009, Janesville, WI 53547-5009, (608) 757-7796 or (608) 757-7773, WI Relay: 711.

Packet Checklist

Please use this checklist to make sure all information has been received when preparing to send materials back.

Cover Letter (Informational) 1

Packet Checklist (Informational) 2

Requirements for Admission (Informational) 3-4

Cost Estimate (Informational) 5

Law Enforcement Standards Board (Qualifications for LES) (Informational) 6-7

Application for Enrollment (Form DJ-LE-327) (RETURN) 8-11

Background Information Disclosure (BID) (RETURN) 12-13

Letter to Physician (Informational for Physician) 14

Medical Assessment (Form DJ-LE-332) or a form similar to DJ-LE-332 15-16

DMI Documentation – Notice to DMI Insurance for use of our vehicles:

Authorization for Release by DMI of Motor Vehicle Record (RETURN) 17

Consent and Authorization to Procure Motor Vehicle Record (RETURN) 18-19

Out-of-State License Holder Affidavit (RETURN IF APPLICABLE) 20

Blackhawk Technical College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to manage inquiries regarding the nondiscrimination policies: Title IX Coordinator/Equal Opportunity Officer, 6004 S County Road G, P.O. Box 5009, Janesville, WI 53547-5009, (608) 757-7796 or (608) 757-7773, WI Relay: 711.

Requirements for Admission

Complete the BTC Law Enforcement Basic Recruit Academy Packet

View the Law Enforcement Basic Recruit Academy page online at https://blackhawk.edu/Programs-Classes/Explore-Programs/Program-Detail/program/Law-Enforcement-Academy. Scroll to the bottom of the page and click on the **Application Process** dropdown. From there, open the **Academy Packet** and complete the following items:

1. **Submit a completed form DJ-LE-327, Application for Enrollment –** Basic Law Enforcement, Jail, or Secure Juvenile Detention Officer Training. Signed by applicant.

2. **Please answer the following questions using no more than one additional page per question:**

   A. Why have you chosen to apply to attend the basic law enforcement academy at Blackhawk Technical College?
   B. Please tell us about yourself, including any major things that have contributed to your life experiences; include any volunteer work, extracurricular activities, and organizations you belong to.
   C. As a law enforcement officer you must embrace diversity within your community and within your organization. Define diversity and explain how law enforcement can improve its reputation regarding working with diverse communities.

3. Complete and return your **Background Information Disclosure (BID)**

4. Submit a **copy of your driver's license and an abstract copy of your driver record**
   - Go to http://wisconsindot.gov/Pages/online-srvcs/other-servs/request-record.aspx
   - After completing your personal info and paying the small fee, it will create a .**PDF file with the WIS DMV letterhead** showing you your driving record. Please **send a copy** with your packet information.
   - **Note: Most states have something similar if licensed outside of Wisconsin.**

5. Submit **proof of high school graduation** (copy of diploma or transcript) and **official college transcripts** (photocopies not acceptable). Transcripts must reflect completion of at least 60 earned college credits in any field.
   For those who may be eligible for college credit waivers, please visit https://wilenet.widoj.gov/sites/default/files/public_files-2021-01/dj-le-331_college_credit_waiver_fill-in_form_1-2020.pdf for more information.

Blackhawk Technical College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to manage inquiries regarding the nondiscrimination policies: Title IX Coordinator/Equal Opportunity Officer, 6004 S County Road G, P.O. Box 5009, Janesville, WI 53547-5009, (608) 757-7796 or (608) 757-7773, WI Relay: 711.

5. Obtain a complete medical/physical examination and submit a completed **Medical Assessment Form**

   NOTE: All applicants will need to complete a Physical Readiness Test (PRT). This must be completed within 180 days of the *START* of the academy. A test date for accepted applicants will be scheduled prior to interviews. For more information, please visit https://wilenet.widoj.gov/training-standards/officer-training-employment-and-reciprocity.

6. Complete and return the **DMI Insurance Authorization Forms (2)**. In order to move forward with the application process, you must be approved by DMI to utilize our vehicles.

7. Bring **birth or naturalization certificate (no copies accepted)** to your interview. Information will be collected from this document and then returned back to you.

8. Complete an **Oral Board Interview**

Blackhawk Technical College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to manage inquiries regarding the nondiscrimination policies: Title IX Coordinator/Equal Opportunity Officer, 6004 S County Road G, P.O. Box 5009, Janesville, WI 53547-5009, (608) 757-7796 or (608) 757-7773, WI Relay: 711.

Cost Estimate

LAW ENFORCEMENT ACADEMY (720 HOURS)

The following is an estimated cost breakdown by unit for the Law Enforcement Academy. This includes tuition, equipment, and materials used during the academy*. Please understand that these are estimates for Wisconsin residents; Non-Resident fees may be slightly higher.

For payment plan options, please contact our Registration Department by reaching out to:
Caitlin Lehr at (608) 757-7662 or Ryan Pouros at (608) 757-7748.

Specific registration information provided upon acceptance.

Phase		Cost
1A	Overview of Criminal Justice	$269.61
1B	Overview of Investigations	$413.89
1C	Overview of Patrol Response	$413.89
1D	Overview of Tactics	$249.61
2A	Principles Emergency Vehicle Response	$413.89
2B	Principles of Investigation	$249.61
2C	Sensitive Crimes	$413.89
2D	Principles of Tactics	$906.73
3A	Health and Fitness	$249.61
3B	Applications Traffic Response	$578.17
3C	Applications Investigation	$249.60
	Scenario Evaluation	$591.50
		$5,000.00

Total In-State $5,000.00

*Uniform and DOJ background check fees are not included in the above price.

Please be aware that these figures are an estimate and that unit costs are subject to change.

Blackhawk Technical College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to manage inquiries regarding the nondiscrimination policies: Title IX Coordinator/Equal Opportunity Officer, 6004 S County Road G, P.O. Box 5009, Janesville, WI 53547-5009, (608) 757-7796 or (608) 757-7773, WI Relay: 711.

WISCONSIN STATE STATUTE AND CHAPTER LES 2
WISCONSIN ADMINISTRATIVE CODE
RECRUITMENT QUALIFICATIONS

LES 2.01 Minimum qualifications for recruitment.

LES 2.01 Minimum qualifications for recruitment.

(1) Before an individual may commence employment on a probationary, temporary, part-time or full-time basis as a law enforcement, tribal law enforcement, jail or secure detention officer, that individual must have met recruit qualifications established by the board. The minimum qualifications for recruitment shall be:

(a) The applicant shall possess a valid Wisconsin driver's license or such other valid operator's permit recognized by the Wisconsin department of transportation as authorizing operation of a motor vehicle in Wisconsin prior to completion of the preparatory training course. The results of a check of the issuing agency's motor vehicle files shall constitute evidence of driver's status.

(b) The applicant shall have attained a minimum age of 18 years. A birth or naturalization certificate shall serve as evidence of applicant's date of birth.

(c) The applicant shall not have been convicted of any federal felony or of any offense which if committed in Wisconsin could be punished as a felony unless the applicant has been granted an absolute and unconditional pardon.

(d) The applicant shall possess a Wisconsin high school diploma or a diploma issued by an out of state high school accredited by an appropriate agency of the state or shall have passed the general education development diploma test or any other test recommended by the Wisconsin department of public instruction as indicating high school diploma level.

(e) An applicant for employment as a law enforcement or tribal law enforcement officer shall possess either a 2 year associate degree from a Wisconsin technical college system district or its accredited equivalent from another state or a minimum of 60 fully accredited college level credits. An applicant who has not met this standard at the time of employment shall meet this standard as a requirement of recertification by the board at the end of his or her fifth year of employment as a law enforcement or tribal law enforcement officer. At the request of an applicant and upon documentation of experiences that have enhanced his or her writing, problem solving and other communication skills, the board may waive a maximum of 30 college level credits. This educational standard shall apply to applicants first employed as law enforcement or tribal law enforcement officers on or after February 1, 1993.

(f) The applicant shall be of good character as determined from a written report containing the results of the following:

1. The fingerprinting of the applicant and with a search of local, state and national fingerprint records.

2. A background investigation conducted by or on behalf of an employer. The employer shall certify in a document subscribed and sworn to by the affiant that a reasonably appropriate background investigation has been conducted, what persons or agency conducted the investigation and where written results of the investigation are maintained on file.

3. Such other investigation as may be deemed necessary to provide a basis of judgment on the applicant's loyalty to the United States or to detect conditions which adversely affect performance of one's duty as a law enforcement, tribal law enforcement, jail or secure detention officer.

(g) The applicant shall be free from any physical, emotional or mental condition which might adversely affect performance of duties as a law enforcement, tribal law enforcement, jail or secure detention officer.

1. The applicant shall complete a personal medical history, a copy of which is to be submitted to the examining physician.

2. The examination shall be by a Wisconsin licensed physician who shall provide a written report on the results of the examination.

(h) The applicant shall submit to and complete with satisfactory results, an oral interview to be conducted by the employing authority or its representative or representatives."Satisfactory results" shall be determined from the contents of a written rating by the interviewer expressing an opinion concerning the applicant's appearance, personality, and ability to communicate as observed during the interview.

(2) The employing authority shall supply the training and standards bureau with copies of the documentation and reports concerning the above listed qualifications. Personal history, rating and report forms currently used by the employing authority are acceptable for this purpose. If such forms are not available, the bureau will supply forms for this purpose upon request.

(3) If the applicant is employed on a probationary or temporary basis, the bureau shall be immediately informed. The bureau shall maintain a permanent file on each applicant.

(4) The foregoing are minimum qualifications. Higher qualifications are strongly recommended where the employing authority is in a position to require them.

History: Cr. Register, September, 1970, No. 177, eff. 10-1-70; am. (1) (c), Register, April, 1973, No. 208, eff. 5-1-73; am. (f) 1. f., Register, January, 1974, No. 217, eff. 2-1-74; am. (1) (intro. par.) and (1) (b), Register, October, 1974, No. 226, eff. 11-1-74; am. (1) (d), Register, January, 1975, No. 229, eff. 2-1-75; r. (1) (a), Register, April, 1975, No. 232, eff. 5-1-75; am. (1) (intro.), renum. (1) (b) to (h) to be (1) (a) to (g) and am. (1) (a), (b), (d) to (g), Register, October, 1984, No. 346, eff. 11-1-84; correction in (1) (f) made under s. 13.93 (2m) (b) 5., Stats., Register, October, 1984, No. 346; renum. (1) (e) to (g) to be (1) (f) to (h), cr. (1) (e), Register, January, 1993, No. 445, eff. 2-1-93; am. (1) (d), Register, August, 1993, No. 452, eff. 11-29-93; am. (1) (intro.), (e) and (g) (intro.); r. and recr. (1) (f); Register, November, 1997, No. 503, eff. 12-1-97.

Wisconsin Department of Justice
Law Enforcement Standards Board
DJ-LE-327, 10/2020
www.wilenet.org

APPLICATION FOR ENROLLMENT

BASIC LAW ENFORCEMENT, JAIL OR SECURE JUVENILE DETENTION OFFICER TRAINING

NOTICE: All questions must be answered. Incomplete or illegible applications will not be considered. If the space provided is insufficient for complete answers or you wish to furnish additional information, please attach additional pages.

1. PERSONAL INFORMATION			
Name (Last, First, Middle)		**Date of Birth (mm-dd-yyyy)**	
Address (Apartment, Street, P.O. Box)			**Home Telephone Number**
City	**State**	**Zip Code**	**Work Telephone Number**
Email Address			**Cell Phone Number**

In the past, have you ever enrolled in a basic law enforcement, jail or secure juvenile detention officer training academy or academy courses? **Yes** ☐ **No** ☐

What type(s) of basic training did you enroll in? **Law Enforcement** ☐ **Jail** ☐ **Secure Juvenile Detention** ☐ **Not applicable** ☐

If applicable, include the name and location (city and state) of the school(s) where you enrolled in basic training:

_____

Are you a United States citizen? **Yes** ☐ **No** ☐

Do you have a high school diploma, GED or HSED? **Yes** ☐ **No** ☐

Do you have an Associate Degree or 60 associate degree level credits or higher from an accredited college or university? **Yes** ☐ **No** ☐

Have you ever been convicted of a felony? **Yes** ☐ **No** ☐

Have you ever been convicted of a misdemeanor crime of domestic violence? **Yes** ☐ **No** ☐

Are you prohibited by state or federal law from possessing a firearm? **Yes** ☐ **No** ☐

Do you possess a valid Wisconsin driver's license or a valid driver's license from another state? **Yes** ☐ **No** ☐

2. EDUCATION			
	Dates		
Name of School(s)	**From (mm/yyyy)**	**To (mm/yyyy)**	**Degree, Diploma, or Credits Earned**
High School(s)			
College(s)			

3. EMPLOYMENT

Begin with current or most recent employer. List chronologically all employment, including summer and part-time employment while attending school. To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	***Full-Time*** ☐	***Part-Time*** ☐
City:	**State:**	**Zip Code:**
Supervisor's Name / Telephone Number:	**May we contact the employer / supervisor?** **Yes** ☐ **No** ☐	
Position and kind of work:	**Reason for Leaving:**	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	***Full-Time*** ☐	***Part-Time*** ☐
City:	**State:**	**Zip Code:**
Supervisor's Name / Telephone Number:	**May we contact the employer / supervisor?** **Yes** ☐ **No** ☐	
Position and kind of work:	**Reason for Leaving:**	

Name and Address of Employer	Dates of Employment	
	From (mm/yyyy)	To (mm/yyyy)
Name of Employer:		
Address:	***Full-Time*** ☐	***Part-Time*** ☐
City	**State:**	**Zip Code:**
Supervisor's Name / Telephone Number:	**May we contact the employer / supervisor?** **Yes** ☐ **No** ☐	
Position and kind of work:	**Reason for Leaving:**	

4. MILITARY SERVICE

Branch of Service	From (mm/yyyy)	To (mm/yyyy)	Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty

Honorably Discharged from Military Service? **Yes** ☐ **No** ☐ **Not Applicable** ☐

5. REFERENCES

Give three references (not relatives, or present employer; avoid listing members of the clergy).

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

Name:

Position/Title/Profession:

Number of Years Acquainted:

Address:

City/State/Zip:

Telephone Number:

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

Information provided and statements made as part of this application may be grounds for not allowing you to enroll in basic training or for dismissing you after training has already begun. All information and statements made are subject to verification.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM ALLOWED TO PARTICIPATE IN BASIC TRAINING, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL FROM TRAINING.

_____ _____

Applicants Signature Date Signed

BACKGROUND INFORMATION DISCLOSURE (BID)

- **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to $1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. Failure to comply may result in a denial or revocation of your license, certification, or registration, or denial or termination of your employment or contract.
- Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
- Refer to DQA form F-82064A, *BID Instructions*, for additional information.

Check the box that applies to you.

☐ Employee / Contractor (including new applicant)
☐ Household member (lives on premises, but is not a client)
☐ Applicant for a license, certification, or registration (including continuation or renewal)
☐ Other – Specify: _____

NOTE: If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – *First*	*Middle*	*Last*

Position Title (Complete only if a prospective or current employee or contractor.)	Birth Date *(MM/dd/yyyy)*	Sex ☐ Male ☐ Female

Any Other Names By Which You Have Been Known (Including Maiden Name)

Race / Ethnicity (Check ONLY one.)
☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black ☐ White ☐ Unknown

Social Security Number

Home Address	City	State	Zip Code

Business Name and Address – Employer or Care Provider (Entity)

A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.
Note: The areas below that are designated for responses are expandable.

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?
   If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.
   You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.
   Yes ☐ No ☐

2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?
   If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located.
   You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.
   Yes ☐ No ☐

3. **IMPORTANT: Read before completing item 3.**
   Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY. "All reports made under this section, notices provided under sub. (3) (bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential." Reports and records may be disclosed only to the persons identified in this section.
   ☐ **If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.**
   Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?
   If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.
   Yes ☐ No ☐

4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? Yes ☐ No ☐

   If **Yes,** explain, including when and where it happened.

5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? Yes ☐ No ☐

   If **Yes**, explain, including when and where it happened.

6. Has any government or regulatory agency (other than the police) ever found that you **abused an elderly person**? Yes ☐ No ☐

   If **Yes**, explain, including when and where it happened.

7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? Yes ☐ No ☐

   If **Yes**, explain, including credential name, limitations or restrictions, and time period.

SECTION B – OTHER REQUIRED INFORMATION

1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? Yes ☐ No ☐

   If **Yes,** explain, including when and where it happened.

2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? Yes ☐ No ☐

   If **Yes,** explain, including when and where it happened and the reason.

3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? Yes ☐ No ☐

   If **Yes**, indicate the year of discharge: _____

   Attach a copy of your DD214, if you were discharged within the last three (3) years.

4. Have you resided outside of Wisconsin in the last three (3) years? Yes ☐ No ☐

   If **Yes**, list each state and the dates you resided there.

5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years? Yes ☐ No ☐

   If **Yes**, list each state and the dates you resided there.

6. Have you had a caregiver background check done within the last four (4) years? Yes ☐ No ☐

   If **Yes**, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.

7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe? Yes ☐ No ☐

   If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision.

Read and initial the following statement.

_____ I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name – Person Completing This Form	Date Submitted

Letter to Physician

Dear Physician:

The patient presenting you this letter has applied to Blackhawk Technical College to take part in a 720-hour competency based basic police officer recruit school. During this training, the applicant will be involved in rigorous physical activity, including but not limited to hand-to-hand combat and defensive techniques, firearms training, and other physically as well as mentally stressful activities. Prior to acceptance, the applicant must be free from any physical, emotional, or mental condition which might adversely affect the performance of duties as a law enforcement officer.

The applicant will be providing you with a **Medical Assessment** form from the Wisconsin Department of Justice. The categories listed on this form are not intended to usurp your medical expertise in determining whether the applicant is qualified to participate in this recruit training.

If you have any questions regarding the requirements of this physical exam, please feel free to call our office at (608) 757-6963.

Sincerely,

Troy Egger
Academy Director

Blackhawk Technical College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to manage inquiries regarding the nondiscrimination policies: Title IX Coordinator/Equal Opportunity Officer, 6004 S County Road G, P.O. Box 5009, Janesville, WI 53547-5009, (608) 757-7796 or (608) 757-7773, WI Relay: 711.

Wisconsin Department of Justice
Law Enforcement Standards Board
DJ-LE-332 (11/18)

MEDICAL ASSESSMENT

(LAW ENFORCEMENT, JAIL, OR JUVENILE DETENTION OFFICER AND/OR PREPARATORY TRAINING STUDENT)

---

1. Applicant's Name: _____ **2. Sex:** ☐ **Male** ☐ **Female**
Last First MI

3. Position or Training Applied for: ☐ **Law Enforcement** ☐ **Jail** ☐ **Juvenile Detention**

4. Hiring Agency or Training School: _____

5. Examining Physician/Physician's Assistant/Nurse Practitioner-PLEASE READ CAREFULLY BEFORE EXAM:

Wisconsin law requires all applicants for Law Enforcement, Jail and/or Juvenile Detention Officer Employment be free from any physical, emotional, or mental condition which might adversely affect performance of duties as an officer. The law further requires all applicants attend and successfully complete a preparatory training program approved by the Law Enforcement Standards Board (LESB). The hiring standards and training programs approved by the LESB are based upon a validated analysis of the tasks officers perform or must be prepared to perform each day. These tasks include the following: walking for extended periods (4 hrs or more), short sprints (350'), running up and down stairs (4 flights or more), pushing heavy objects (170 lbs), jumping over and around obstacles, lifting 100 lbs or more and carrying heavy objects (50 lbs or more), using hands and feet in use of force situations, as well as bending and reaching. Additionally, applicants should have normal depth and color perception and be free of any other significant vision abnormalities.

To prepare recruits to meet these challenges, while at the training academy they will practice handcuffing, baton, and weapon retention techniques; run, jump, and be thrown to the ground; and participate in role-play of job-related scenarios which requires strength, agility, and endurance. Additionally, **law enforcement recruits** will drive emergency vehicles; qualify with a handgun and a rifle; and are expected to pass a physical fitness exam which includes a 1.5 mile run, 300 meter run, push-ups, sit ups, vertical jump and agility run, prior to the start of the academy and at the end of academy.

Disabilities, impairment, or limitations identified by the examination, which could prevent an applicant from performing the essential functions of the job or training mentioned above should be documented and reported to the employing agency or training school.

☐ I hereby attest that I have examined the above named applicant and find him or her **capable** of performing the essential functions of the position and/or safely participating in preparatory training.

☐ I hereby attest that I have examined the above named applicant and find him or her **not capable** of performing the essential functions of the position and/or safely participating in preparatory training.

6. _____ **7.** _____
Medical Assessor's Printed Name & Title **Medical Assessor's Signature**

8. _____
Date of Medical Exam

9. _____
Medical Assessment Clinic/Hospital Name and Location

By signing below the applicant acknowledges that this form is valid for 21 months from the date of the exam noted in item 8 for entrance into preparatory training; this form is valid for 9 months from the date of exam noted in item 8 for employment with a law enforcement agency; and it is the applicant's responsibility to notify the training school or their hiring agency of any changes in their health during that time.

10. _____ **11.** _____
Applicant's Signature **Date**

INSTRUCTIONS FOR COMPLETING THE MEDICAL ASSESSMENT FORM (DJ-LE-332)

EMPLOYERS:
Employers shall attach the **JOB DESCRIPTION** of the position applied for to the Medical Assessment form for the licensed Physician, Physician Assistant, or Nurse Practitioner to review and assist them in determining whether the applicant is able to perform the essential job functions of the position. The completed Medical Assessment form shall be maintained by the hiring agency. The medical assessment must be conducted no more than nine (9) months prior to the first date of employment.

TRAINING SCHOOLS:
Training schools shall ensure the medical assessment is completed prior to the initial physical fitness assessment at the start of the academy. The completed Medical Assessment form shall be maintained by the training school in the student's records.

COMPLETION OF THE MEDICAL ASSESSMENT FORM BY THE EMPLOYING AGENCY OR TRAINING SCHOOL (SECTIONS 1 – 4)

1. **Applicant's Name:** Enter the applicant's full legal name.

2. **Sex:** Mark the appropriate box for the sex of the applicant.

3. **Position or Training Applied for:** Check the box for one of the following disciplines: Law Enforcement, Jail, or Juvenile Detention Officer.

4. **Hiring Agency or Training School:** Enter the hiring agency's name or the name of the training school.

C**OMPLETION OF THE MEDICAL ASSESSMENT FORM BY THE PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER (SECTIONS 5 – 9)**

5. **Physician, Physician Assistant or Nurse Practitioner's Assessment:** In your opinion is there any medical or physiological reason that may impair the applicant's ability to perform the essential functions of the position for which he or she has applied, or the preparatory training involved? Please check the box indicating whether the applicant is capable or not capable of performing the essential functions of the position and participating in preparatory training.

6. **Medical Assessor's Printed Name and Title:** Printed name and title of the physician, physician assistant, or nurse practitioner who conducted the medical assessment.

7. **Medical Assessor's Signature:** Signed name of the physician, physician assistant, or nurse practitioner who conducted the medical assessment.

8. **Date of Medical Exam:** Include the date the exam was conducted (month, day, year)

9. **Medical Assessment Clinic/Hospital Location:** Include the name of the clinic or hospital where the assessment was conducted and the address of the clinic or hospital.

COMPLETION OF THE MEDICAL ASSESSMENT FORM BY THE APPLICANT (SECTIONS 10-11)

10. **Applicant's Signature:** The applicant signs the completed form after the medical exam acknowledging the results of the assessment and the forms validity for 21 months form the date of the exam noted in item 8 for entrance into preparatory training; the forms validity for 9 months from the date of the exam noted in item 8 for employment with a law enforcement agency; and the applicant's responsibility to notify the training school and/or their hiring agency of any changes in their health during that time.

11. **Signature Date:** Enter the date on which the medical assessment form is signed by the applicant; should be the same as, but no earlier than the date in section 8 of the medical assessment form.

BLACKHAWK Technical College

FORM #1

Note to College: Give this form to, and obtain a signature from, the applicant/employee/student/volunteer BEFORE asking DMI to obtain an MVR.

MOTOR VEHICLE RECORD (MVR) CHECK DISCLOSURE

In compliance with the Fair Credit Reporting Act (FCRA), this Disclosure is provided to advise you that, subject to your consent, Blackhawk Technical College will be requesting access to your MVR.

As a potential operator of a Blackhawk Technical College owned vehicle, or an individual driving any other motor vehicle on behalf of the College, your MVR will be obtained from a third-party consumer reporting agency and provided to DMI.

No portion of your driving record will be released by DMI or the College. The College department requesting your services as an operator of a College vehicle or any other motor vehicle for official College business will be advised on your status as "acceptable" or "not acceptable" per the DMI Driver Record Evaluation Procedure.

You have the right, upon written request made within a reasonable amount of time, to request whether a consumer report has been run about you and to request a copy of your report. The scope of this Disclosure will allow the College to obtain from any outside organization your MVR throughout the course of your employment to the extent permitted by law.

Kindly complete the section below

I am aware that MVRs may be obtained as part of Blackhawk Technical College's evaluation of my driving record. The report may be procured by Blackhawk Technical College or DMI representative(s), and may include personal information obtained from state motor vehicle departments. An assessment of my status for operating a motor vehicle on behalf of the College will be completed.

_____ _____

Full Name (as it appears on driver's license) Date of Birth

_____

Signature of Employee/Applicant/Student/Volunteer

Requesting College Department:___Public Safety_

_____ _____

Signature of Department Representative Date

Blackhawk Technical College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to manage inquiries regarding the nondiscrimination policies: Title IX Coordinator/Equal Opportunity Officer, 6004 S County Road G, P.O. Box 5009, Janesville, WI 53547-5009, (608) 757-7796 or (608) 757-7773, WI Relay: 711.

FORM #2

Blackhawk Technical College

CONSENT AND AUTHORIZATION TO PROCURE MOTOR VEHICLE RECORD (MVR)

I acknowledge receipt of the separate documents titled, "MOTOR VEHICLE RECORD (MVR) CHECK DISCLOSURE," and certify that I have read and understand this document.

I understand that, as a condition of my employment or authority to drive a motor vehicle on behalf of Blackhawk Technical College, I hereby authorize Blackhawk Technical College to obtain my MVR at any time after receiving this signed form and throughout my employment.

I hereby consent to, and authorize, Blackhawk Technical College requesting any and all motor vehicle records from DMI. I agree that a facsimile ("fax"), electronic or photographic copy of this form shall be as valid as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, Blackhawk Technical College will provide me with a copy of any such MVR report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment, continued fitness for employment, or authority to drive on behalf of Blackhawk Technical College.

If applicable, I further understand that such report will be available to me prior to any such employment decision being made, along with the name and address of the reporting agency that produced the report.

Kindly complete the section below – PRINT CLEARLY

---

1. ☐ I have held a driver's license issued from the state of Wisconsin and ***no other*** state throughout the past 6 years.

2. ☐ I have held a driver's license issued from a state other than Wisconsin within the past 6 years. **The Out-of-State License Holder Affidavit form MUST be completed and submitted at the time of this form.** See below.

   a. ☐ Out-of-State License Holder Affidavit Form completed.
   Other than WISCONSIN, I have held a driver's license in the following states – list states and driver's license number(s):

   _____

3. I am (check one):

   ☐ an employee (or an applicant for employment) of the College.
   ☐ a student (course requirement to operate vehicle).
   ☐ a student (**not** for a course requirement [e.g., volunteer/driver for a fieldtrip, conference, etc.]).
   ☐ a volunteer of the College (e.g., volunteer/driver for a fieldtrip, conference, etc.).

_____ _____
Full Name (as it appears on driver's license) Date of Birth (mm/dd/yy)

_____
Wisconsin Driver's License Number (print clearly)

_____
Current full mailing address of Employee/Applicant/Student/Volunteer

_____ _____
Signature of Employee/Applicant/Student/Volunteer Date

__Public Safety_____
Requesting College Department

_____ _____
Signature of College Department Representative Date

DISTRICTS MUTUAL INSURANCE | *Collaborators in Risk Management* |

Out-of-State License Holder Affidavit

I hereby attest that my Motor Vehicle Record (during the time I held a license issued from a state other than Wisconsin) does not contain any incidents that would deem me "not acceptable" (utilizing the following criteria):

Motor Vehicle Evaluation Criteria (last six years)

5 POINTS OR LESS IS DEEMED ACCEPTABLE TO OPERATE A MOTOR VEHICLE ON BEHALF OF THE COLLEGE.

INCIDENTS*	**Points**
Minor* (not involving an accident)	1
At-fault accident*	2
Major* (0 - 2 years old)	6
Major* (3 - 6 years old)	3
In addition	
Two incidents* within 12 months -OR-	1
Three incidents* within 18 months	2

***DEFINITIONS**

At-Fault Accidents: An accident arising out of the use of a motor vehicle due to the negligence of the operator or for which the operator was at fault, any other accident where reasonable proof of non-charge ability cannot be furnished.
Incidents: At-fault accident, minor conviction, or major conviction.
Major Convictions: Major convictions include, but are not limited to: driving while intoxicated or under the influence of alcohol or drugs; failure to stop and report an accident; homicide, manslaughter, or assault arising out of the operation of a motor vehicle; driving during a period while license is suspended or revoked; reckless driving; possession of opened container of alcoholic beverage; speed contest, drag or highway racing, attempting to elude a peace officer; license revocation or license suspension (regardless of cause).
Minor Convictions: Any moving traffic conviction other than a major conviction, except the following:

1. Motor vehicle equipment, load, or size requirement.
2. Improper display or failure to display license plates provided such plates exist.
3. Failure to have in possession driver's license, provided valid license exists.

I acknowledge that Districts Mutual Insurance (DMI) will employ the above criteria to evaluate my status to operate a motor vehicle on behalf of the College. I (the undersigned) declare that as a potential operator of a Blackhawk Technical College owned vehicle or an individual driving any other motor vehicle on behalf of the College, I have held a driver's license issued by a state other than Wisconsin within the past 6 years.

State of Issuance: _____ Dates Held (Approx.): _____

Name (print) _____ Date:_____

Signature:_____

Witnessed by (Name – College Rep): _____ Date:_____

Witness Signature : _____