

# MISSOURI SHERIFFS' ASSOCIATION AND TRAINING ACADEMY

## 700 Hour Basic Law Enforcement Training Course, APPLICATION INFORMATION AND PROCEDURES

**\$275.00 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY YOUR APPLICATION**

The Missouri Sheriffs' Association Training Academy meets and exceeds the State of Missouri's minimum basic training requirement for Class A Missouri Peace Officer Licensure.

### Minimum Qualifications for Applicants

- ❖ **Age Requirement:** Must be 20 years of age prior to start date of academy. Must be 21 years of age to sit for POST License Test at the end of the academy.
- ❖ **Residency:** Must be a citizen of the United States
- ❖ **Education:** Documentary proof of high school education or presentation of a "State High School Equivalency" certificate
- ❖ **Arrest Record:** Must have no gross misconduct indicating inability to function as a peace officer.  
**NO FELONY CONVICTIONS**, S.I.S. (Suspended Imposition of Sentence) or S.E.S. (Suspended Execution of Sentence)  
  
No misdemeanor convictions, S.I.S. or S.E.S. involving moral turpitude
- ❖ **Driver's License:** Must possess a valid Operator's License
- ❖ **Vision:** Vision in each eye must be correctable to 20/40.
- ❖ **Military:** Must have an "Honorable" discharge or "Under Honorable Conditions" discharge if having served in the military
- ❖ **Physical and Mental Health** Must be able to perform strenuous physical and mental practical skills

### Locations of Training

Camdenton	(Camden County)	Starts January
Jefferson City Part Time	(Cole County)	Starts August
Poplar Bluff	(Butler County)	Starts August
Reeds Spring	(Stone County)	Starts January
Salem	(Dent County)	Starts January
Union	(Franklin County)	Starts January
Waynesville	(Pulaski County)	Starts August
West Plains	(Howell County)	Starts August

**Applications to all academy sites must be submitted and received no later than the 15th of the month prior to the Start of the academy site selected.** It is recommended that applications be submitted about 90 days prior to the month the academy site starts. It is the responsibility of the applicant to ensure the application is submitted in sufficient time with all necessary documents, and/or follow up clarification documents necessary to complete processing to determine acceptance into the academy prior to the academy site start date.

**Tuition** \$5,000  
(\$4,000 – if sponsored & paid for by a Sheriff's Office)

**Processing & Application Fee** \$275.00 (NON-REFUNDABLE)

**Criminal Background check fee** \$21.75 payable to the MACS location

### **Supplies List** *(not covered by tuition)*

#### ▪ **Uniform Requirements (Student Supplied)**

- Black BDU pants
- One (1) pair of black, minimum 6" waterproof tactical boots.
- Running shoes
- Shorts / Athletic apparel

#### ▪ **Firearms Training**

- ✓ Students are required to furnish their own handgun. Acceptable handguns are semi-automatic 9mm, 40 or 45. *The Academy will provide a handgun for those under 21 years of age.*
- ✓ Factory loaded pistol ammunition (NO RELOADS PERMITTED)  
**YOU WILL BE ADVISED OF QUANTITIES PRIOR TO FIREARMS TRAINING**
- ✓ Full hearing and eye protection

- All semi-automatic users must have four (4) low capacity magazines (10 rounds or less) or three (3) high capacity magazines (more than 10 rounds).
- Holster
- Duty belt
- Handcuff case
- Double Magazine Pouch

#### ▪ **Practical Application Exercises**

Tactical Flashlight – Flashlight should have a minimum of 50 LUMS. Examples of models that would be acceptable: SureFire Models TL-2, NF-3, TL-3, 6P; Streamlight PolyTac Series; Smith & Wesson Delta Force Tactical flashlight, or other flashlights with similar features. Flashlights may be obtained from Galls ([www.galls.com](http://www.galls.com)), OMB Police Supply ([www.ombexpress.com](http://www.ombexpress.com)); Quartermaster ([www.qmuniforms.com](http://www.qmuniforms.com)); local police supply shops, some gun shops and some sporting goods stores.

#### ▪ **Classroom**

Highly recommended lap top computer (or have access to one) as most student course material will be provided on a USB flash drive

Required: Students will be required to take handwritten notes throughout the academy. Students will need a binder with loose leaf paper, spiral bound notebooks, or composition notebook and ink pen or pencil for all training sessions.

# **Steps for submitting your application**

## **Step #1**

Submit your completed application to the address below.

**Missouri Sheriffs' Association & Training Academy  
6605 Business 50 West  
Jefferson City, MO 65109-6307**

The following documents need to be included in your completed application packet

- a. A copy of your birth certificate
- b. A copy of your high school or college DIPLOMA, GED certificate or high school transcripts showing the school name and graduation date
- c. A copy of your DD214, or equivalent document, for each period of military service.
- d. Documentation showing change of name, if applicable (marriage license)
- e. Missouri Peace Officer License Legal Questionnaire & Authorization form (enclosed)
- f. Missouri Peace Officer License Application (enclosed)
- g. Check or money order for \$275.00 (non-refundable) payable to the Missouri Sheriffs' Association & Training Academy for the processing application fee (unless the class is cancelled, then a full refund will be made)
- h. A copy of your driver's license
- i. Missouri Sheriffs' Association applicant questionnaire (enclosed)

## **Step #2**

Fingerprinting process is completed through a MACHS vendor. You will need to follow the fingerprinting instructions included in the application packet

- a. **Your 4 digit Registration Number is 5989**
- b. You will be printing for a standard State **and** FBI search. **You must print for both**. The combined fee for this process is \$21.75.

***Your prints MUST be taken before July 15 for August classes***

***Your prints MUST be taken before December 15 for January classes***

## **Step #3**

If approved, you will be notified of your acceptance to the Missouri Sheriffs' Association & Training Academy

Each academy site must have a minimum number of students to start. Applicants, to a training site that does not receive enough acceptable student to start, will be offered the opportunity to transfer to another site or giving a refund of their application fee.

# MISSOURI SHERIFFS' ASSOCIATION AND TRAINING ACADEMY

## BASIC TRAINING APPLICATION

Which location are you applying to? (Please circle one)

### Begins in August

Jefferson City      Poplar Bluff      Waynesville      West Plains

### Begins in January

Reeds Spring      Union      Salem      Camdenton

### Full Time

Platte City (Contact MSA for Next Start Date)

How did you hear about the MSATA Basic Academy? \_\_\_\_\_

Please print in your own handwriting, all requested information legibly in **BLACK or BLUE** ink and submit it by mail to:

**Missouri Sheriffs' Association Training Academy**  
**6605 Business 50 West**  
**Jefferson City, MO 65109**

### Applicant Contact Information

Date \_\_\_\_\_

Last Name	First Name	MI
Previous last names used (including maiden name)		

**PLEASE INCLUDE A COPY OF DOCUMENTATION IF LAST NAMES ARE DIFFERENT**

Social Security No
Age
Date of Birth
Email Address
Mailing Address
City, State, Zip
Home Phone No
Daytime Phone No
Cell Phone No

### Person to Notify in Case of Emergency

Name
Relationship
Address
City, State, Zip
Home Phone No
Daytime Phone No
Cell Phone No

## Education

*(High School Graduation or GED Equivalency is Required)*

High School			
City & State			
Did you graduate?	YES <input type="radio"/>	NO <input type="radio"/>	MONTH & YEAR

*If you have a GED, please complete the following*

Year Obtained
City & State

*Please indicate below all colleges / universities previously attended (if applicable)*

Name	State	Dates of Attendance	Major	Date Graduated

## Employment

List all jobs you have had in the past five (5) years – BEGIN WITH THE CURRENT OR MOST RECENT

Employer	Type of Work	Dates	Reason for Leaving

**Military / Driving / Arrest Records**

- 1. Are you a military veteran or currently serving in the military? Yes  No   
If yes, please provide a copy of your DD214 if a veteran, or provide your current branch of service and unit.
- 2. Branch of Service: \_\_\_\_\_ Unit/Address: \_\_\_\_\_  
Date of Discharge \_\_\_\_\_ Discharge Type \_\_\_\_\_
- 3. Do you have a valid driver’s license? Yes  No
- 4. Has your driver’s license ever been suspended or revoked? Yes  No
- 5. Have you ever been arrested for a felony? Yes  No
- 6. Have you ever been arrested for a misdemeanor? Yes  No
- 7. Have you ever been convicted of a felony, including the receiving of a Suspended Imposition of a Sentence following a plea or finding of guilty to a felony charge? Yes  No
- 8. Have you ever been convicted of a misdemeanor involving moral turpitude? Yes  No
- 9. Have you ever committed a criminal act or used illegal drugs? Yes  No

**If you answered “YES” to questions 5 through 9, please explain and provide COMPLETE CERTIFIED COPIES of investigative reports and court disposition documents.**

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By my signature below, I certify that the information given herein is true and accurate to the best of my knowledge. I understand that any omission or falsification of the above information will disqualify me from attending the Missouri Sheriffs’ Association Training Academy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AUTHORIZATION TO RELEASE INFORMATION**

I understand that the Missouri Sheriffs’ Association Training Academy will conduct, or cause to be conducted, a law enforcement records inquiry to learn of any criminal record data pertaining to myself. I hereby authorize this inquiry, and the release of such information to the Missouri Sheriffs’ Association Training Academy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MISSOURI SHERIFFS' ASSOCIATION AND TRAINING ACADEMY  
AUTHORIZATION FOR RELEASE OF INFORMATION**

To Whom It May Concern:

I, (print your name) \_\_\_\_\_, hereby authorize you to release any and all information regarding my employment, credit, arrest and conviction record, and any other information whether personal or otherwise, that may be on my records to the:

**Missouri Sheriffs' Association Training Academy  
6605 Business 50 West  
Jefferson City, MO 65109-6307**

I further release you from all liability for releasing such information.

**PLEASE PRINT THE FOLLOWING INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Driver's License No \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Sex \_\_\_\_\_  
Race \_\_\_\_\_  
Height \_\_\_\_\_  
Weight \_\_\_\_\_  
Eye Color \_\_\_\_\_  
Hair Color \_\_\_\_\_

I sign this agreement voluntarily.

\_\_\_\_\_  
Signature Date

**NOTARY PUBLIC**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. I am commissioned as a notary public within the county of \_\_\_\_\_, state of \_\_\_\_\_, and my commission expires on \_\_\_\_\_, 20\_\_\_.

**NOTARY PUBLIC SIGNATURE** \_\_\_\_\_

**MISSOURI SHERIFFS' ASSOCIATION AND TRAINING ACADEMY**  
**WAIVER**

**Release of All Liability and Assumption of Risk**

1. I hereby waive, release and forever discharge the Missouri Sheriffs' Association Training Academy, its agents, representatives, heirs, executors, administrators, successors and assigns, of and from any and all claims, demands, rights and causes of action rising from any and all foreseen losses or diminished value to personal property such as, but not limited to, firearms, accessories and clothing and any and all physical and/or mental injuries sustained by me during all self-defense, physical, role playing, firearms or other training activities held by me during the Academy held on

\_\_\_\_\_ through\_\_\_\_\_.

This agreement is legally binding upon me, my heirs, executors, administrators and assigns.

2. In signing this release, I assert that:

- a. I am presently in good physical and mental health
- b. I am capable of strenuous physical activity
- c. I am fully aware of, acknowledge and assume all risk of injury during my participation in this training
- d. I have read and fully understand the terms and conditions of this agreement and sign it voluntarily

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Signature \_\_\_\_\_

*(can be anyone)*

Date \_\_\_\_\_



# MISSOURI SHERIFFS' ASSOCIATION AND TRAINING ACADEMY

## PRE-ENTRANCE REQUIREMENTS FOR LAW ENFORCEMENT TRAINEES

### DIRECTIONS:

It is important that you, the applicant, know and understand the entrance requirements in the Missouri Sheriffs' Association Training Academy. Please read and initial each of the following entrance requirements.

- \_\_\_\_\_ 1. Must have a high school diploma or GED.
- \_\_\_\_\_ 2. Must have visual ability sufficient to operate a vehicle in the State of Missouri (20 / 40) by both day and night, to observe traffic violations, to read and write reports, correspondence, etc.
- \_\_\_\_\_ 3. Must have the ability to effectively communicate via radio and telephone.
- \_\_\_\_\_ 4. Must complete all phases of the application process.
- \_\_\_\_\_ 5. Must have a good driving record.
- \_\_\_\_\_ 6. Must have a current valid driver's license.
- \_\_\_\_\_ 7. Must be of good moral character and personal habits (good background).
- \_\_\_\_\_ 8. Must have no gross misconduct indicating inability to function as a peace officer.
- \_\_\_\_\_ 9. **NO FELONY CONVICTIONS**, S.I.S. (Suspended Imposition of Sentence), or S.E.S. (Suspended Execution of Sentence)
- \_\_\_\_\_ 10. No misdemeanor convictions, S.I.S or S.E.S. involving moral turpitude.
- \_\_\_\_\_ 11. Must successfully complete pre-entrance screening and review of Academy application.
- \_\_\_\_\_ 12. Must be a citizen of the United States.
- \_\_\_\_\_ 13. Military Veterans must have an Honorable or Under Honorable Conditions Discharge.
- \_\_\_\_\_ 14. Must be capable of strenuous physical/mental activity.

***By my signature below, I have read and understand the above entrance requirements for the Missouri Sheriffs' Association Training Academy. I understand that failure to comply with any of the above requirements or making any false representation of any kind will result in denial into the Missouri Sheriffs' Association Training Academy or permanent dismissal from the Missouri Sheriffs' Association Training Academy. I also understand that the Missouri Sheriffs' Association Training Academy in no way guarantees a job in law enforcement, but will provide the required training for licensing as a peace officer in the State of Missouri.***

I sign this form voluntarily.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**MISSOURI SHERIFFS' ASSOCIATION AND TRAINING ACADEMY**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the Missouri Sheriffs' Association Training Academy to release any and all information contained in my Academy file(s) to any law enforcement agency.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnessed by \_\_\_\_\_  
*(can be anyone)*

# MISSOURI SHERIFFS' ASSOCIATION AND TRAINING ACADEMY

## CRIMINAL JUSTICE REFERENCE

Each applicant in the Missouri Sheriffs' Association Training Academy must provide one (1) law enforcement or professional reference in order to be considered for acceptance into the Basic Academy program. The reference must be a law enforcement officer currently active either on a local, state or federal level or a professional reference (i.e. supervisor, pastor, business leader). The individual listed as your reference will be contacted.

### PLEASE PRINT ALL INFORMATION CLEARLY

Name \_\_\_\_\_

Title \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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*Please return the application to:*

**Missouri Sheriffs' Association and Training Academy  
6605 Business 50 West  
Jefferson City, MO 65109-6307**



# Missouri Peace Officer License Legal Questionnaire



New Licensure Applicants  
Last Revised 10.21.2022

## Instructions:

- All basic training applicants shall complete this questionnaire prior to being admitted into a basic training course.
- If the applicant indicates "yes" to the question listed below, submit the questionnaire to the POST Program for review **prior** to admitting the individual into a basic training course.
- Maintain a copy of the completed questionnaire and submit it along with the individual's Peace Officer License Application.

Licensed Basic Training Center: Missouri Sheriffs' Association & Training Academy

Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

## Have you ever been arrested for, charged with, or committed any criminal offense? (§ 590.080.1(2), RSMo)

YES \*    NO

\*If yes, describe the offense(s) below. If needed, you may attach additional pages.

Date	Charge/Offense	City/County/State	Misd/Felony/Ordinance	Disposition	Arresting Agency

Before signing and submitting the notarized questionnaire, please feel free to discuss any questions you might have with a representative of the POST Program by calling (573)751-3409.

I am aware that causing a material fact to be misrepresented for the purpose of obtaining a peace officer license issued pursuant to Chapter 590 RSMo, is a Class B Misdemeanor.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. I am commissioned as a notary public within the county of \_\_\_\_\_, state of \_\_\_\_\_, and my commission expires on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

## \*POST USE ONLY\*

Based on the information provided, the above listed applicant is eligible for licensure.

POST Program Representative: \_\_\_\_\_ Date: \_\_\_\_\_

# AUTHORIZATION FOR RELEASE OF INFORMATION

Rev. 10.21.2022

I, \_\_\_\_\_ hereby authorize any individual, organization, court, or law enforcement agency to release any and all records related to my prior law enforcement training and certification or licensure; any and all records related to any criminal or internal investigation conducted on me; and any and all pre-employment application or employment records pertaining to me, to the Missouri Department of Public Safety's Peace Officer Standards and Training Program for the purpose of obtaining or retaining a peace officer license.

A copy of this authorization will be considered as effective and valid as the original and shall not expire.

\_\_\_\_\_  
**Signature of Applicant or Licensee**

\_\_\_\_\_  
**Date**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. I am commissioned as a notary public within the county of \_\_\_\_\_, state of \_\_\_\_\_, and my commission expires on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**



# Missouri Peace Officer License Application

Last Revised 10.21.2022



## LICENSED TRAINING CENTER INFORMATION

**Training Center Name**

Missouri Sheriffs' Association & Training Academy

<b>Name (Last, First, Middle)</b>	<b>E-Mail Address</b>		<b>Social Security Number</b>	
<b>Mailing Address</b>	<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Telephone Number</b> (      )	<b>Date of Birth</b>	<b>Age</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	

## ATTESTATION BY APPLICANT

Have you previously applied for admittance into any other a basic law enforcement academy?  Yes     No

If yes, please indicate the name of the training center AND the state in which it was located: \_\_\_\_\_

If you did not attend this training center, or your application to attend was not accepted, please list why:  
\_\_\_\_\_

**I am aware that causing a material fact to be misrepresented for the purpose of obtaining a peace officer license issued pursuant to Chapter 590 RSMo, is a Class B Misdemeanor.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

## PLEASE ATTACH ALL DOCUMENTS LISTED BELOW IN THE ORDER THAT THEY ARE REQUESTED.

1. Copy of High School Diploma, GED, or Degree from an accredited college or university.
2. Proof of United States Citizenship: Birth Certificate, Passport, or Naturalization Documentation. If name has been changed, include marriage license, divorce decree, or legal name change documentation.
3. Completed Missouri Peace Officer License Legal Questionnaire **and** the Authorization for Release of Information.
4. Photocopy of the applicant's current state issued driver's license.

## ADDITIONAL INFORMATION REQUIRED FROM CERTAIN TRAINING CENTERS

In addition to the three items listed above, the following items are required from the **Missouri State Highway Patrol, the Missouri Department of Conservation, the St. Louis City Police Department, the Kansas City Police Department, and the Springfield Police Department:**

- 1 Agency ORI: \_\_\_\_\_
- 2 Date Applicant will be Commissioned by your department, unless individual is an open enrollment applicant: \_\_\_\_\_

## SEND THIS FORM AND ATTACHMENTS TO POST

Missouri Department of Public Safety  
Peace Officer Standards & Training  
(POST) Program  
Attn: Cheryl Parris  
P.O. Box 749  
Jefferson City, MO 65102

Phone: (573) 526-2764  
Fax: (573) 751-5399  
Email: [cheryl.parris@dps.mo.gov](mailto:cheryl.parris@dps.mo.gov)  
Website: <https://dps.mo.gov/post>

### FOR POST USE ONLY:

POST Test Date: \_\_\_\_\_ Proof of U.S. Citizenship: \_\_\_\_\_  
 Graduation Date: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_  
 IADLEST Check: \_\_\_\_\_ Legal Questionnaire: \_\_\_\_\_  
 Basic Training Hours: \_\_\_\_\_ SID# \_\_\_\_\_  
 Processed by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_  
 Program Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

# Missouri Sheriffs' Association Applicant Questionnaire

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Please answer every question in your own handwriting. If a question is not applicable to you, enter N/A.

1. Have you had your fingerprints taken? Yes  No

Did you mail, fax or email your fingerprint receipt to the academy? Yes  No

If not, please send immediately to [gina@msheriffs.com](mailto:gina@msheriffs.com) or fax to 573-635-2128 or mail it to

**Missouri Sheriffs' Association & Training Academy**

**6605 Business 50 West**

**Jefferson City, MO 65109**

2. Part Time courses will be conducted on Tuesday and Thursday evenings from 6:00 to 10:00 p.m. and each Saturday from 8:00 a.m. to 5:00 p.m. in addition, some Sunday sessions will be scheduled. Are you committed to spending this much time for class work, plus study time, to the Academy?

Yes  No

a. Have you made arrangements with your employer as to the class schedule?

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b. Have you talked with your spouse and family as to the class schedule?

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c. How far one way must you travel to attend the Academy?

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d. How do you plan to finance the tuition for this course?  
(financial aid, self pay, etc.)

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e. Mandatory Attendance - all classes missed must be made up. Additional costs are the responsibility of the student. Do you understand this? Yes  No

3. Have you ever applied for admission to the MSATA or any other law enforcement academy?

a. If so, when and where?

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b. Were you admitted?

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c. If so, why did you leave?

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d. Was admission denied?

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e. If so, on what basis was admission denied?

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4. Describe any personal attributes, skills and experience you possess and explain how they will benefit you as a law enforcement professional.

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5. How confident are you that you can successfully perform the educational / classroom work to be a graduate of the Missouri Sheriff's Association Training Academy and why?

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6. Describe the goals and aspirations of your law enforcement career.

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7. Give an example of a situation where you helped your colleague perform a particular task in which you had better knowledge on the subject

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8. What thought process will you use in a situation where you need to make an immediate decision?

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9. You came into the academy class room and shortly after class began, you notice an odor of alcohol coming from one of your classmates, when they talk to you, you notice their speech is slurred and they are bragging about how tired they are and how much fun and partying they did last night, what would you do?

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10. One of the requirements to be accepted in the academy is that the individual be a self-starter. Give us an example of your ability to be a self-starter.

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11. You and your classmate are having a conversation and he tells you he sold a gun over the weekend to John Smith. Both of you have known John Smith for years and you both know that John Smith is a convicted felon for burglary. How would you handle this situation? Remember, even in the academy, some cadets support the Blue wall of silence.

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12. Define Professionalism? In your opinion, how should the Professionalism of a Sheriff's Academy Cadet be measured?

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13. You are given a number of assignments. How will you prioritize the assignments?  
1. Typing an academy training Incident Reports      2. Son or daughters sporting event  
3. Wife/Husbands Honey do list                              4. Studying for an academy exam

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14. Give me an example of a time when you used your fact-finding skills to solve a problem.

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15. Describe a time when you anticipated potential problems for an upcoming exam and developed preventive measures.

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16. Explain how your personal life reflects your professional life and vice versa. (We live in a glass bubble, everyone sees when we make a mistake).

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17. How do you react when asked to do something beyond your capabilities?

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18. Can you describe a situation that really tested your patience, and what your actions were?

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19. Do you have any special learning needs we need to be aware of?

a. If so, what are they?

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b. Have you ever been diagnosed by any doctor or educational professional as having any type of learning disorder?

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c. Are you currently taking medication?

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d. Do you have any prior medical condition we should be aware of? Explain physical activities involved.

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20. Have you ever committed, been arrested, or charged with any criminal offense (***including charges that have been expunged or charges that resulted in your being detained but were later dismissed***)?

a. If so, what crime did you commit, were arrested for, or charged with and what were the circumstances?

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b. Have you ever been convicted of, been found guilty of, or plead guilty to any crime, to include receiving a suspended imposition of sentence (SIS)?

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c. If so, what were the charges?

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d. We will be conducting a background check, is there anything that you have not told us that would prevent you from becoming a police officer? Is there anything you have not told us that we might find out that would prevent you from being eligible to be licensed by the state of Missouri as a police officer?

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21. Have you ever been the respondent to an Order of Protection? \_\_\_\_\_

If so, when and how long was the order for? \_\_\_\_\_

What were the circumstances?

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**NOTE: If you are currently under an Order of Protection for domestic violence, you cannot attend the academy.**

22. Do you possess a valid Missouri driver's license? Yes  No
- a. Has your license ever been suspended or revoked?  
\_\_\_\_\_
- b. Do you have current auto insurance in effect now? Yes  No
23. We will be issuing you a thumb drive with a majority of the study material you will need for the Academy. Do you own or have access to a computer, preferably a laptop that will accept a thumb drive? Yes  No
24. If you have access to a laptop, could you bring it to class? Yes  No
25. Shirt size \_\_\_\_\_
26. How would you like your name to appear on your name plate? \_\_\_\_\_  
(please use first & last name)
27. Do you understand you have to be 21 in order to take the POST licensing exam and subsequently be licensed? Yes  No
28. Is the criminal justice reference complete on the application? Yes  No
29. Do you have any questions of us?  
\_\_\_\_\_  
\_\_\_\_\_
30. How did you hear about the MSATA and why did you choose to apply to the MSATA?  
\_\_\_\_\_  
\_\_\_\_\_
31. List All Social Media You Have Accounts For (You may be requested to provide MSATA access to your account as part of the background investigation. Failure to provide access is grounds for denial of your application).  
\_\_\_\_\_  
\_\_\_\_\_

\*\* bring back pack the first night of class \*\*

\*\* fingerprint receipt needs to be mailed, faxed or emailed to the Missouri Sheriffs' Association \*\*

\*\* if you have been arrested you needs to obtain a certified copy of the investigative report and a certified copy of the court disposition. In addition, submit a statement detailing your involvement that led to the criminal charges. \*\*

\*\* MSATA only provides basic law enforcement training and cannot guarantee that the student will be offered employment with any law enforcement agency or other employer \*\*

\*\* all students must be clean shaven, no beards, goatees, etc. Mustaches are acceptable but may not exceed beyond corner of the mouth and be neatly trimmed. Sideburns will be neatly trimmed and not extend below the middle of the ear. \*\*

\*\* The MSATA is approved through the Missouri Eligible Training Provider System ([www.jobs.mo.gov](http://www.jobs.mo.gov)) for Workforce Investment Opportunity Act (WIOA) funding. Contact your local Missouri Career Center and ask to speak to the "WIOA Representative."

\*\*The MSATA is approved for Veterians Educational Assistance and GI Bill Funding. Please contact your local VA representative for assistance in applying for VA funding ([Veterans' Educational Programs \(mo.gov\)](http://Veterans' Educational Programs (mo.gov)))

## Missouri Sheriffs' Association and Training Academy

### 700 Hour Basic Law Enforcement Training Course

### Application Criminal Records Check Procedures

All applicants for the Missouri Sheriffs' Association and Training Academy (MSATA) Basic Law Enforcement Training Course must have a fingerprint based criminal history records check completed. The criminal history records search must be completed through the Missouri State Highway Patrol MACHS System.

1. Go to the Missouri State Highway Patrol MACHS registration page at the below link.  
<https://www.machs.mshp.dps.mo.gov/MACHSFP/home.html>
2. Select the "Click here to register with the fingerprint portal" option.
3. The first step in the registration process is to enter your "organization code". Enter "5989". This will ensure that your fingerprint criminal history search report will be processed and submitted properly. Follow the instructions to complete the registration process. If for some reason you have difficulty, or you do not have access to a computer to complete the registration on line. You can go to your nearest MACHS/IDEMIA processing center and register at the time you have your fingerprints collected. Please see the FAQ section on registering with MACHS for more information.
4. Locate the nearest MACHS/IDEMIA Office near you. You can call and schedule an appointment to have your fingerprints collected or some locations may allow walk-ins. It is recommended you call the MACHS/IDEMIA office to schedule an appointment or ensure walk-ins are accepted.
5. Report to the MACHS/IDEMIA office and have your fingerprints collected. Ensure you have appropriate photo identification and organization code 5989 with you; and that you have completed all steps above. Ensure you received a fingerprint collection receipt.
6. Submit a copy of your fingerprint collection receipt to the MSATA in one of the following manners:
  - Mail to MSATA 6605 Business 50 West, Jefferson City, Missouri 65109
  - FAX to 573-635-2128
  - Email to [Gina@mosheriffs.com](mailto:Gina@mosheriffs.com)
7. If you are out of state and cannot go to a MACHS/IDEMIA office, or have other questions concerning the fingerprint criminal history record process, please see the MACHS/IDEMIA Frequently Asked Questions section on the Missouri State Highway Patrol web-page provided to you earlier.