


Form CJ 1270 Revised: 09/05/2018		<b>APPLICATION FORM FOR          BASIC RESERVE ACADEMY</b> <b>PLEASE TYPE OR PRINT CLEARLY</b>	Washington State Criminal Justice Training Commission 206-835-7300 Fax 206-835-7921
-------------------------------------	---	---	--

APPLICANT / GENERAL INFORMATION				
LOCATION OF COURSE	SESSION START DATE	SESSION END DATE	ANTICIPATED APPOINTMENT DATE	
NAME: LAST	FIRST	MIDDLE NAME	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
SOCIAL SECURITY NUMBER	DATE OF BIRTH	APPLICANT'S CONTACT EMAIL  @		

PLEASE CHECK THE APPROPRIATE BOX
Check applicable eligibility. Eligibility for participation in the Basic Law Enforcement Reserve Academy process is limited to: <ul style="list-style-type: none"> <li>(a) <input type="checkbox"/> Specially Commission reserve peace officer of the State of Washington</li> <li>(b) <input type="checkbox"/> Commissioned Washington State Tribal peace officers</li> <li>(c) <input type="checkbox"/> Persons employed by a limited authority Washington Law Enforcement Agency as defined under <a href="#">RCW 10.93.020</a></li> <li>(d) <input type="checkbox"/> Persons employed as security by public colleges and universities as defined under <a href="#">RCW 26B.10.016</a></li> <li>(e) <input type="checkbox"/> Persons employed as security in the K-12 Washington State Public School system as defined under <a href="#">RCW 28A.150.010</a></li> <li>(f) <input type="checkbox"/> Other – As allowed per <a href="#">WAC 139-05-810(4)</a> Please Specify :</li> </ul>

SPONSORING AGENCY NAME		
AGENCY NAME	AGENCY CONTACT PHONE	AGENCY FAX
Agency Mailing Address	AGENCY CONTACT EMAIL  @	

FIRST AID (If first aid is not taught as a module in the academy session, the applicant must complete basic first aid with CPR certification PRIOR to starting the academy).		
ISSUE DATE	ISSUING AGENCY - ENTER "ACADEMY" IF TAUGHT IN ACADEMY	EXPIRATION DATE

CRIMINAL HISTORY: TO BE COMPLETED BY SPONSORING AGENCY – CJ 1903 is required separately, prior to the completion of the academy.
<p>As a precondition of participating in the reserve basic law enforcement academy, it is the responsibility of each applying agency to conduct a complete criminal records check to include a search of state and national criminal history records information regarding its applicant through the submission of the applicant's fingerprints to an appropriate agency or agencies. No individual will be granted reserve academy admission or allowed continued participation if the individual has been convicted of a felony offense, or any misdemeanor or gross misdemeanor crime of dishonesty within the meaning of Evidence Rule 609(a), or domestic violence.</p> <p>Each application for academy attendance must be accompanied by a written attestation by the applying agency that (a) the criminal records check has been completed, and (b) There are no disqualifying convictions. Upon approval of an applicant's eligibility to participate in the reserve process, the applicant's employing agency must submit to the commission all requested records, information and proof of background check as a precondition of participation within such process as described in <a href="#">WAC 139-05-220</a>, <a href="#">WAC 139-05-810(8)</a>, <a href="#">WAC 139-07-020</a> and <a href="#">RCW 43.101.080(19)</a>.</p> <p><b>By signing below, I hereby attest – under penalty of perjury under the laws of the state of Washington, the above named individual is a duly authorized applicant of this agency and that on or about _____, a criminal history check, in accordance with the above listed applicable laws and rules, was completed and there are no disqualifying conditions.</b></p> <p><b>NO ELECTRONIC SIGNATURES ALLOWED</b></p> <p style="text-align: center;">Signed this _____ day of _____, 20 __, at _____, WA.</p> <p style="text-align: center;">_____/_____ SIGNATURE / PRINTED NAME - TITLE</p>

COMPLETED BY RESERVE ACADEMY COORDINATOR	FOR COMMISSION USE ONLY	
Academy Coordinator authorizing attendance NAME:	Processed by	Date Processed
TITLE:	Check/Clear National Decertification Index <input type="checkbox"/> Yes <input type="checkbox"/> No Check/Clear Local Files <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials
SIGNATURE:	Entered into LMS By:	Results Updated:
DATE:	Withdrawal / Termination Form Received: <input type="checkbox"/> Date Received:	LMS Updated