

THE COLLEGE OF
CENTRAL FLORIDA
CRIMINAL JUSTICE
INSTITUTE



CORRECTIONS
ACADEMY
INFORMATION PACKET
(EMPLOYED CANDIDATE)

CF VISION STATEMENT

Energetic, purposeful, creative, the College of Central Florida promotes learning in an open, caring, inclusive environment which encourages individual and community development inspired by shared values of integrity, service, responsibility, and dignity.

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INSTRUCTIONS

The questionnaire must be typewritten or printed legibly in **BLACK INK ONLY**. All questions must be answered. Questionnaires which are not complete may not be considered. If the space provided is not sufficient for complete answers or if you wish to furnish additional information, attach sheets of the same size as this questionnaire and number the answers to correspond with the questions.

THE COLLEGE OF CENTRAL FLORIDA CRIMINAL JUSTICE INSTITUTE CORRECTIONS ACADEMY PROGRAM INFORMATION PACKET

This packet is designed for individuals working toward admission to the Correctional Officer Basic Recruit Program at the Criminal Justice Institute at The College of Central Florida (CF). It is designed to provide prospective students with information and complete instructions necessary to apply for admission. Failure to follow the guidelines set forth in this packet could disqualify applicants from consideration for admission.

This packet is for information only and does not constitute a contract. The college reserves the right to change, modify, or alter without notice, all fees, charges, tuition, expenses, and costs of any kind, or any statement, written or verbal, in accordance with unforeseen conditions. The rules, regulations, and policies in this packet are based on present conditions and are subject to change without notice. Further, the college can add or delete without notice, any course offerings or information contained in the packet.

ADMISSION INFORMATION

The faculty and staff of the Criminal Justice Institute at the College of Central Florida welcome your interest in the Criminal Justice Correctional Officer Program. This program is designed to prepare the student to be eligible for certification and employment in the Corrections field.

The Technical Certificate Program for Criminal Justice is a comprehensive curriculum consisting of theory, skill laboratory, and practical experience. Classes meet Tuesday through Friday from 1 p.m. to 10 p.m. and Saturdays from 8 a.m. to 5 p.m. (unless otherwise noted). Persons successfully completing this program will be required to take a comprehensive examination including the entire Corrections curriculum.

In this packet, you will find the following information:

- Admission criteria
- Admission information
- Correctional Program Application Questionnaire
- Affidavit of Applicant (Must be Notarized)
- Applicant's Certification (Must be Notarized)
- Release and Waiver (Do not sign unless witnessed by CJI staff)
- Applicant Checklist

ENROLLMENT DEFINITIONS

Open enrollment is defined as an enrollee entering the Criminal Justice Corrections Officer Program on his/her own accord. This enrollee will be required to complete the school's application process, achieve a passing score on the FBAT for Corrections, be recommended by a physician (MD or DO, or a physician's assistant) after a medical examination and review of the essential job functions within six months of the start of the academy, undergo a background check, and attend the new Correctional Officer Orientation. The enrollee is responsible for his/her own course fees.

Employed is defined as an enrollee employed by a corrections or law enforcement agency. The employing agency will provide documentation that the enrollee complies with FSS 943.13. The enrollee will be required to complete the school's application process, achieve a passing score on the FBAT for Corrections, and attend the new Correctional Officer Orientation. The enrollee is responsible for his/her course fees unless the agency states in writing that they will be paying the enrollee's course fees.

ADMISSION CRITERIA

To apply for admission into the Technical Certificate Program, each applicant must:

1. Be at least 19 years of age.
2. Be a citizen of the United States.
3. Possess a high school diploma or GED.
4. Not have been convicted of any felony or of a misdemeanor involving perjury or a false statement. (See below***)
5. Not have been dishonorably discharged from the military (if applicable).
6. Be of good moral character**
7. Have a completed background check.
8. Have passed a physical examination by a licensed physician (M.D. or D.O., or a Physician's Assistant) within six months of the start of class.)
9. Be in good academic standing at the College of Central Florida and not have any outstanding financial obligations to the college.
10. Complete the CF admission process (Building 5) and declare a major code of 7244 for Corrections.
11. Submit official, sealed, college and high school transcripts from all schools attended to the CF Admissions Office.
12. Take and pass the Florida Basic Abilities Test for Corrections (COBAT).
 - To schedule your COBAT, contact the CF Assessment Center, Building 5 at (352) 854-2322, Ext. 1430/1395. The cost of the exam is \$45. (Results must be less than four years old from the start of the academy, and must be completed prior to submitting the application package.)

In addition, the student MUST submit:

- A completed/signed College of Central Florida Criminal Justice Institute Corrections Academy Applicant Questionnaire

NOTE: All of the information (except the background check) must be submitted together as a package to the Academy Coordinator.

Admission to the program will be based on the following:

- Completed questionnaire and attachments.
- Background check (if required).

**The perpetration by an individual of any act or acts, whether criminally prosecuted or not, listed in Rule 11B-27.0011(4b) would preclude admission to any Institute Program.

*****The perpetration by an individual of any act or acts, whether criminally prosecuted or not, listed in Rule 11B-27.0011(4b) would preclude admission to any Institute Program. Additionally, Section 790.23 of Florida Statutes prohibits the possession of a firearm or ammunition by a person who, as a juvenile was found to have committed a delinquent act that would be a felony if committed by an adult until the person is 24 years of age. This requires applicants to wait until they are 24 to attend the basic recruit training.**

THE CORRECTIONAL OFFICER RECRUIT TRAINING PROGRAM

The Correctional Officer Recruit Training Program (Academy) is approximately 552 hours in length and consists of 12 courses required by the State of Florida for Correctional Officer Certification.

ESTIMATED COST OF THE CRIMINAL JUSTICE INSTITUTE'S CORRECTIONS ACADEMY

CF Application fee	\$20
Florida Basic Abilities Test (COBAT) fee	\$45
Physical Examination	Varies
Syllabus	\$96
Tuition/Lab fees for Florida residents (approximate)	\$1,810
Background check	\$55
Uniforms: shirt, pants, shoes (approximate)	\$200
Ammunition (approximate)	\$300
Ear and eye protection (approximate)	\$15

NOTE: All fees are subject to change

Some additional costs may be incurred.

Students seeking financial loans or scholarships should contact the Public Service Divisions Student Advisor Mike Shuler as soon as possible at (352) 854-2322 Ext. 1516.

----AFFIDAVIT OF APPLICANT----

Name _____ SS# _____

(Please read carefully before signing)

I fully understand that, in order to qualify for entrance into Corrections Recruit school, I must fully comply with the provisions of Section 943.13, Florida Statutes, as follows:

1. Be at least 19 years of age.
2. Be a citizen of the United States.
3. Possess a high school diploma or GED.
4. Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement, shall not be eligible for employment or appointment as an officer, notwithstanding suspension of sentence or withholding of adjudication.
5. Not have been dishonorably discharged from any of the Armed Forces of the United States (if applicable).
6. Have passed a physical examination by a licensed physician (M.D. or D.O., or a physician's assistant) within six months of the start of the class.
7. Be of good moral character.**

**The perpetration by an individual of any act or acts, whether criminally prosecuted or not, listed in Rule 11B-27.0011(4b) would preclude admission to any Institute program.

I further understand that by executing this document, I am attesting that I have met the qualifications as specified. I have read my entrance questionnaire and it is true and correct, and all other information (verbal/written) that I will furnish in conjunction with my questionnaire is true, complete, and correct.

NOTICE: This document shall constitute an official statement within the purview of Section 837.06 Florida Statutes, and is subject to verification by the Institute and/or the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this questionnaire or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify you from entering/continuing the Corrections Recruit School or constitute reason for your arrest.

Signature of Applicant

Date

Witness, my hand and official seal, this _____ day of _____ A.D. 20_____

Notary Public

My commission expires

APPLICANT CHECKLIST

Please check your application including all forms to assure that all questions have been completely answered and that all forms have been signed and notarized.

If any of the below listed documents apply to you, please be sure to submit copies of these documents. They must be submitted on 8 ½" X 11" paper.

WE ARE UNABLE TO PROVIDE YOU WITH COPIES OF LETTERS, PHYSICALS, OR ANY OTHER DOCUMENTATION FROM YOUR FILE. PLEASE RETAIN COPIES FOR YOUR FUTURE USE OR REQUEST COPIES FROM THE AUTHOR PRIOR TO TURNING ANYTHING IN TO THE CRIMINAL JUSTICE INSTITUTE.

The below listed items MUST be attached to your application:

- _____ 1. Copy of high school diploma or equivalent.
- _____ 2. Current photograph. (Color head shot, passport photo size)
- _____ 3. Copy of your COBAT test scores (Corrections version).
(Must be within four years of the beginning of the Academy)

PLEASE DO NOT SUBMIT ORIGINAL DOCUMENTS

--FORMS INCLUDED WITH THE QUESTIONNAIRE--

- _____ 1. Applicant's certification (Must be notarized)
- _____ 2. Affidavit of applicant (Must be notarized)
- _____ 3. Release and waiver (Signature must be witnessed by CJI staff member)

----APPLICANT'S CERTIFICATION----

I understand that my appointment will be contingent upon the results of a complete background investigation. I hereby swear or affirm that there are no omissions, falsifications, misstatements, or misrepresentations of the preceding statements and answers to questions. I am aware that should investigation disclose such omissions, falsifications, misstatements, or misrepresentations, my questionnaire will be rejected and I will be disqualified, or if after my acceptance, subsequent investigation should disclose omissions, falsifications, misstatements, or misrepresentations, it will be grounds for immediate dismissal. I understand that this questionnaire shall become the property of the College of Central Florida and that the information received in response to the background examination is public record.

Signature of Applicant

Date

Witness, my hand and official seal, this _____ day of _____ A.D. 20____

Notary Public

My Commission expires

**CRIMINAL JUSTICE INSTITUTE
COLLEGE OF CENTRAL FLORIDA**

CORRECTIONS APPLICANT QUESTIONNAIRE

Instructions: Please complete all portions fully and accurately. You may use additional sheets of 8 ½" X 11" paper to complete your response. All answers may be verified by the background investigation.

FULL NAME:

Last	First	Middle	Date of Birth
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Address	City	State	Zip Code
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Social Security Number	Daytime Phone	Evening Phone
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Agency	Job Title	Cell Phone
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E-Mail Address

POSITION APPLYING FOR:

■ **Corrections Officer**



----PERSONAL HISTORY----

- 1. List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias(es), or nickname(s)).**

Name	Circumstance
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- 2. Place of Birth:**

City	County	State	Country
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----EDUCATION/TRAINING----

HIGH SCHOOL MAJOR HOURS DIPLOMA/DEGREE

COLLEGE(S)

BUSINESS, TRADE, VOCATIONAL, OR OTHER

----PRELIMINARY BACKGROUND QUESTIONNAIRE----

1. Have you ever served on active duty in the Armed Forces of the United States?

Yes No

Date and type of Discharge: _____

If you answer "Yes" to any of the following questions, please explain on a separate sheet of paper

2. Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation or ever received a ticket or been charged with a traffic violation (excluding parking tickets), regardless if the record was sealed or expunged?

Yes No

3. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of the government of the United States by unconstitutional means?

Yes No

4. Can you perform the essential function of the position for which you applied, with or without reasonable accommodations? If no, please explain on a separate sheet of paper.

Yes No

----EMERGENCY INFORMATION----

1. Please provide the name and address of your next of kin or other person to be contacted in case of an emergency.

Name _____ Relation _____

Address _____ City _____
State _____ Zip _____

Home Phone _____ Business Phone _____

Cell Phone _____ Pager _____

I hereby certify that the facts set forth in this questionnaire are true and complete to the best of my knowledge. I realize that falsification or misrepresentation on this document may result in my termination from the Corrections Recruit School.

Applicant's Name (Print) Applicant's Signature Date

---RELEASE AND WAIVER

To Whom It May Concern:

I hereby authorize any officer or other authorized representative of the College of Central Florida bearing this release, or a copy of it, within one year of its date, to obtain information in your files pertaining to my employment, credit, or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, performance report, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records, and credit records.

I also hereby authorize any officer or other authorized representative of the College of Central Florida bearing this release, or a copy of it, within one year of its date, to obtain any medical records or medical information in the files of my current or former employer(s) or any current or former physician(s), or both, which pertain to my employment.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official responsibilities.

Consent is granted for the College of Central Florida to furnish the information described above to their parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and acknowledgement that I have received a copy of it.

FULL NAME _____ SS# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ NIGHT PHONE _____

SIGNATURE _____

WITNESS _____

(Signature must be witnessed by a CJI Staff Member)