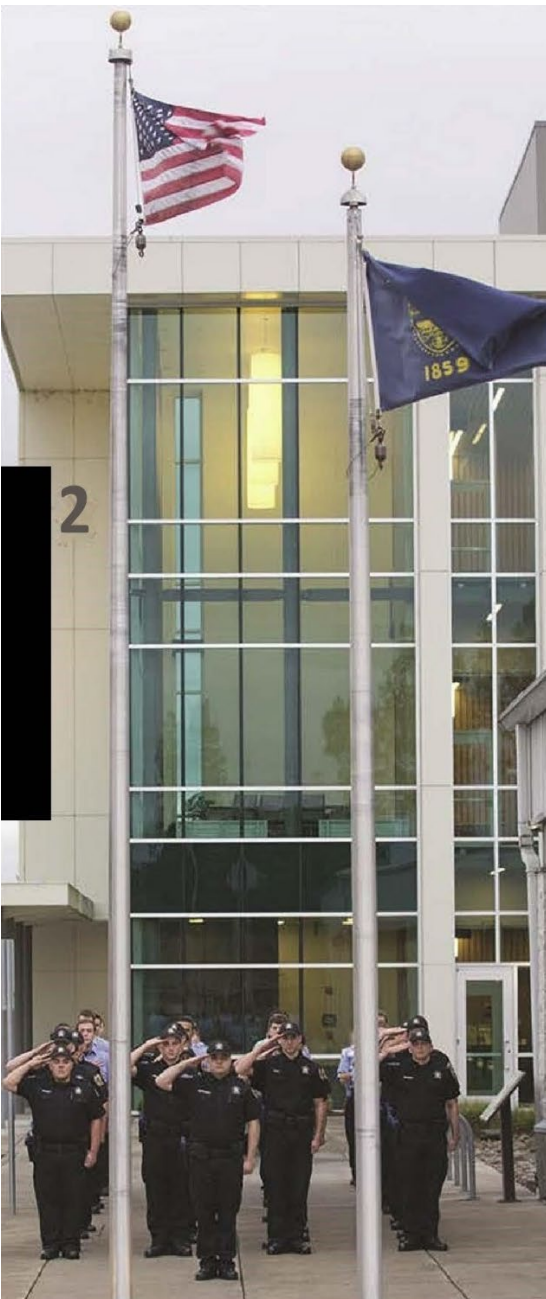




# CHEMEKETA COMMUNITY COLLEGE LAW ENFORCEMENT



## LERE Program Application

Chemeketa Community College - Brooks Regional Training Center  
4910 Brooklake Rd. NE, Brooks, OR 97305 · 503.485.2131

[go.chemeketa.edu/lawenforcement](http://go.chemeketa.edu/lawenforcement)



# TO PROTECT AND TO SERVE



Chemeketa Community College  
 Law Enforcement Program  
 4910 Brooklake Road, Brooks Oregon 97305  
 503.589.7768



### Program Application and Brief Statement of Personal History

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Other: \_\_\_\_\_

Email address: \_\_\_\_\_ Student K # \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Driver's license # \_\_\_\_\_ Issuing state: \_\_\_\_\_

Distinguishable scars, marks, or tattoos: \_\_\_\_\_

### Educational History

High school attended (include location): \_\_\_\_\_

Do you have a high school diploma?  Yes  No      If "No", did you receive a GED?  Yes  No

List your training and education. Include colleges, business, technical, trade, correspondence, and military service schools.

Please list credit hours completed in the "Hours" column.

Schools and Location	Program/course	Dates Attended	Hours	Degree

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Employment History

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Please include all paid and unpaid employment experience for the past 10 years. List all jobs separately. Use additional sheets if necessary, but include all information requested below. Begin with current or most recent employment. A resume may be attached to this application, but the application must still be filled out completely. Additional copies of this page may be used to complete history.

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Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Average hours per week: \_\_\_\_\_

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job title: \_\_\_\_\_ Number of employees supervised: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Average hours per week: \_\_\_\_\_

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job title: \_\_\_\_\_ Number of employees supervised: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Average hours per week: \_\_\_\_\_

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job title: \_\_\_\_\_ Number of employees supervised: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## Arrest Record

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Have you ever been arrested for any crime or criminal violation?  Yes  No

List all such matters, even if you were not formally charged or there was no court appearance, you were found not-guilty, or the matter was settled by payment of a fine, community service work, restitution, etc. Do not include traffic violations in this section.

Date	Agency/Jurisdiction	Charge	Final Disposition	Details

Please include any additional information on a separate sheet of paper.

## Driving Record

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Do you have a current and valid driver's license?  Yes  No

Have you ever had your driver's license suspended or revoked?  Yes  No

Have you been in a motor vehicle accident in the past 5 years?  Yes  No

If yes, please describe the incident on a separate sheet of paper.

List all traffic citations you have received, regardless of final disposition (exclude parking tickets).

Please include additional information on a separate sheet of paper.

Date	Agency/Jurisdiction	Charge	Final Disposition	Details

## Military Service

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Have you served in any armed forces, militia, or mercenary capacity?  Yes  No

While in the military, were you ever arrested or formally disciplined?  Yes  No

If yes, give date, place, law enforcing authority or type, or court martial, charge and action taken in each incident, on another sheet.

Are you presently a member of the US Reserve or National Guard?  Yes  No

Branch of Service	From Date	To Date	Type of discharge, Grade, Service #

## Personal Profile

Please answer the questions below to the best of your ability, keeping in mind that honesty and full disclosure are essential to Law Enforcement work. Answers to the questions below will not necessarily disqualify you from the Chemeketa Law Enforcement Program.

Have you ever done any of the following?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unlawfully used a controlled substance, to include marijuana, which was not medically prescribed by a physician?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Been discharged from any position for failing to pass a probationary or trial service period?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Been discharged from any position?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Resigned to avoid discharge or resigned while under suspension or while dismissal proceedings were pending?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Been a member of any organization which advocates the overthrow of any form of government or promotes sectorial supremacy?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Applied for employment with any criminal justice agency?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	To your knowledge, have you ever been the subject of any criminal or civil rights investigation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Been issued a permit to carry a concealed weapon?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Had any prejudice against another race, gender, or ethnic group?

If the answer to any of the above questions is "yes", please explain in the area below or on an additional sheet of paper.

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## Uniform and Equipment Purchase

The Law Enforcement Program requires an initial uniform and equipment purchase of as much as \$150-\$300 to begin the program. Will you be able to secure the finances to make this purchase before the program begins?

Yes    No

You will also be responsible for all tuition and fees associated with the courses, as well. These costs are a rough estimate and are subject to change. Do you understand that costs associated with this program are your responsibility?

Yes    No

## **Affidavit and Authorization to Investigate/Hold Harmless**

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I attest that all of the facts, dates, and information that I have provided are true. Furthermore, I authorize investigation of all statements contained in my application, and it is understood and agreed that any misrepresentation by me may result in cancellation of my application and/or termination from the program.

I further understand I will have to undergo drug testing and a background investigation after the start of the program, under class title CJ103, and if I fail to pass the drug screening and/or background check, I will be immediately removed from the program. I further understand all costs and/or purchases and school fees made prior to my removal from the program for failure of CJ103 are my own responsibility and will hold the program and Chemeketa Community College harmless.

I authorize Chemeketa Community College to make any and all necessary and appropriate investigations to verify information given by me and to examine my fitness for participation in Chemeketa Law Enforcement program. I understand that these investigations will include both criminal and driving background. I hereby agree to release, defend, indemnify, and hold harmless, any person, company, or corporation as to any and all claims arising due to their supplying information pertaining to my suitability for application to the Chemeketa Law Enforcement program.

**Student Signature:** \_\_\_\_\_

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



**Chemeketa Community College**  
*Applicant Waiver & Liability Release*

I understand that in order to perform as a Law Enforcement Related Experience (LERE) student, and as a Law Enforcement Officer, I must be able to run, lift, jump, enter and exit vehicles/buildings, avoid hostile actions, drag or carry items including humans; work in protective clothing not limited to and including ballistic vests and supplemental uniform gear in temperatures in excess of ambient temperatures, or below 32 degrees F; perform clerical work including prolonged sitting or standing, work under mental or physical stress for prolonged periods of time; drive patrol vehicles; climb ladders; navigate fences and other perimeter boundaries; work in areas where good balance is required; work in confined spaces or areas that can cause initial exposure to hazardous materials or subjects with communicable diseases; bend, stoop, crawl, maneuver uneven terrain; crawl on hands and knees; seek cover and or concealment; use various less- than-lethal and lethal options.

I further understand that the task performance portion of this testing process and the Defensive Tactics portion of the LERE program is designed to test and help identify my ability to perform many of the above activities and that my performance of these tasks may be hazardous to me and cause me injury. I understand that I will be asked to lift, stretch, run/climb flights of stairs, perform sit-ups, pushups, navigate cone patterns, and complete other related activities included in the Oregon Physical Abilities Test (ORPAT). I will also be asked to strike, block, fall, ground fight, takedown and joint lock during the Defensive Tactics portion of my training. Many of these tasks are performed in rapid sequence so that my endurance and ability to work at high output for extended periods can be evaluated. I understand that such activities can cause soft tissue injuries, sprains, fractures, and hemorrhage, or a variety of other injuries or medical emergencies.

I know that the performance of this physical-ability examination and Defensive Tactics training may cause me to be injured. I acknowledge that I am aware that while I am participating in this physical-ability course and Defensive Tactics training, I should monitor myself and slow down and/or stop if I feel it necessary. I have no obligation to perform any physical activity that causes me discomfort or pain or is beyond the scope of my ability.

I declare that I understand the risk of injury and voluntarily accept that risk of injury. I hereby agree to waive all claims, release, defend, indemnify, and hold harmless Chemeketa Community College, the Chemeketa Law Enforcement Program, Marion County Fire District #1, LERE student leaders, LERE instructors, law enforcement staff, volunteers, employees, officers, and agents from any claims for alleged injuries which may arise from my participation in an examination to evaluate my ability to perform as a LERE student or as a Law Enforcement Officer.

Further, I agree to allow a State of Oregon certified medical care provider to monitor my vital signs and promise to remain on site until the certified medical provider releases me to exit the facilities.

**Student Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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

**WHERE TO SUBMIT AN APPLICATION**

**By mail: Chemeketa Community College – Brooks, Attn: CJ, PO Box 14007, Salem OR 97309**

**In person: 4910 Brooklake Road, Brooks Oregon 97305**

**Email: michael.withington@chemeketa.edu**



Chemeketa Community College  
 LERE Medical Examination Form  
 (Valid for 2 years)



**Section A: To be completed by Applicant**

Male  Female

Applicant name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Exam date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Explain all following "Yes" responses with dates and details on a separate sheet, if necessary.**

Yes  No Have you had any illness/injury recently or do you have an illness/injury now? Explain:  
 \_\_\_\_\_

Yes  No Have you had a medical problem, illness or injury since your last exam? List:  
 \_\_\_\_\_

Yes  No Do you have any chronic or recurrent illness? List:  
 \_\_\_\_\_

Yes  No Have you ever had any illness lasting more than a week? List:  
 \_\_\_\_\_

Yes  No Have you ever been hospitalized overnight? Explain:  
 \_\_\_\_\_

Yes  No Have you had any surgery other than tonsillectomy? List:  
 \_\_\_\_\_

Yes  No Have you had any injuries requiring treatment by a physician? List:  
 \_\_\_\_\_

Yes  No Do you have any organs missing other than tonsils (appendix, eye, kidney, testicle, etc.)?List:  
 \_\_\_\_\_

Yes  No Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.) List:  
 \_\_\_\_\_

Yes  No Do you have ANY allergies (medicine, bees, foods etc.) List:  
 \_\_\_\_\_

Yes  No Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?  
 \_\_\_\_\_

Yes  No Do you tire more easily or quickly than your friends during exercise?  
 \_\_\_\_\_

Yes  No Have you ever had any problem with your blood pressure or your heart?  
 \_\_\_\_\_

Yes  No Have you or your close relatives had heart problems, heart attack or sudden death before they were age 50?  
 \_\_\_\_\_

Yes  No Do you have any skin problems (acne, itching, rashes, etc.)?  
 \_\_\_\_\_

Yes  No Have you ever had fainting, convulsions, seizures, or severe dizziness?  
 \_\_\_\_\_



Yes  No Do you have frequent severe headaches?

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Yes  No Have you ever had a "stinger" or "burner" or pinched nerve?

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Yes  No Have you ever been "knocked out" or "passed out"? Dates and details:

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Yes  No Have you ever had a neck or head injury? Date and severity:

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Yes  No Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?

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Yes  No Have you had asthma, or trouble breathing, or cough during or after exercise?

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Yes  No Do you wear glasses or contacts or protective eye wear?

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Yes  No Have you had any problem with your eyes or vision?

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Yes  No Do you wear any dental appliance such as braces, bridge, plate, or retainer?

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Yes  No Have you ever had a knee injury?

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Yes  No Have you ever had an ankle injury?

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Yes  No Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?

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Yes  No Have you ever had a broken bone (fracture)?

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Yes  No Have you ever had a cast, splint, or had to use crutches?

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Yes  No Must you use special equipment for competition (pads, braces, neck roll, etc.)?

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Yes  No Has it been more than 5 years since your last Tetanus booster shot?

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Yes  No Are you worried about your weight?

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Yes  No Females: Have you had any menstrual problems?

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Yes  No Have you had any medical concerns about participating in this program?

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I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_