

MID-ATLANTIC LAW ENFORCEMENT EXECUTIVE DEVELOPMENT SEMINAR

APPLICATION

Please type information:

Name: _____
(LAST) (FIRST) (MIDDLE)

SSN: _____ - _____ - _____ Date of Birth: ____/____/____ Level of Education: _____

Current Rank/Position held: _____

Total Years of Service: _____ Total Years in Current Position: _____

Agency/Dept: _____ County: _____

Mailing Address: _____ Telephone # _____

(City) (State) (ZIP)

E-Mail Address: _____

Population Served: _____ Number of Sworn Personnel in your Dept: _____

Do you intend to remain in Law Enforcement for at least three (3) years? Yes _____ No _____

Are you a National Academy graduate? Yes _____ (Session # _____) No _____

Home Address: _____ Telephone # _____

(City) (State) (Zip)

Emergency Contact: _____ Telephone: _____

List other Law Enforcement training you have had:

Brief summary of your managerial experience in Law Enforcement:

Applicant Signature: _____ Date: _____

*** Name/Nickname you would like on name tag ***