



**Police Academy**  
**1<sup>st</sup> Academy Class**  
**May 2024**

**Application & Background Supplement**

**Instructions:** Read every question carefully. Answer every question. If the question does not apply to you, write “N/A” in the answer space. **Do not leave blank answer spaces.** Please print clearly and legibly. Attach additional pages if you need to continue an answer; please note the question you are referring to if additional pages are attached. **Applications that are incomplete or cannot be read will not be accepted.**

**Questions? Contact the Police Academy Director Brad Byerle, at 269.927.8154 or email at [bbyerle@lakemichigancollege.edu](mailto:bbyerle@lakemichigancollege.edu).**

**NOTE:** It is in your best interest to make a copy of this packet and the MCOLES Personal History packet, and retain them for your records. These packets both contain information about your personal and employment history, which you will need when applying to various law enforcement agencies. Originals of both packets must be turned in with your completed academy application.

# Pre-Service Recruit Application and Background Supplement Police Academy

## Personal History

Name \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_  
(Last, First, Middle)  
Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
City County State/Territory Country

## Degree Status

Please check one:

- \_\_\_\_\_ I hold a college degree (list type & institution) \_\_\_\_\_  
\_\_\_\_\_ I have completed all pre-requisite courses for the LMC Criminal Justice, Law Enforcement AAS  
\_\_\_\_\_ I will hold a degree from another college at the conclusion of the Police Academy

## Letters of Recommendation

**Two personal letters of recommendation must be submitted with your application.** Letters should be placed in a sealed envelope by the individual writing the letter and that individual should sign across the seal of the envelope and date in that location as well. **Please submit the sealed, signed, and dated letters with your application packet.**

## Driving History

A copy of your driving record can be ordered through the Michigan Secretary of State for a small fee. **You must present a copy of your driving record with the application.**

Do you currently have a valid Michigan Driver's License?  Yes  No

Has your license ever been suspended, revoked, or restricted (other than GDL requirements)?

Yes  No

List all states/countries in which you have had a Driver's License or ID Card:

\_\_\_\_\_  
\_\_\_\_\_

List all traffic-related contacts with law enforcement (including instances where no citation was given). Attach an additional sheet if more space is needed.

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### Michigan ICHAT History

Your Michigan ICHAT criminal history is available at [www.michigan.gov/ichat](http://www.michigan.gov/ichat) There is a fee for this service. **You must submit the printout with your application**, even if it shows no criminal history.

### Residential History

Please list any address you have lived at in the past five (5) years. Include any addresses in which you have stayed at in excess of 60 days. Begin with your **current address** and list them backwards. Attach an additional sheet if more space is needed.

From (Month/Year)	To (Month/Year)	Street Address	City	State/ Territory	Zip	County
	Present					



## Volunteer History

Please list all periods of volunteer involvement. Begin with your present employment/unemployment status and work backwards. Attach an additional sheet if more space is needed.

Date		Business/Agency	Title	Supervisor	Contact #
From	To				

## Military Service History

Have you ever served on active duty with the United States Military or as a member of the Reserves or National Guard?  Yes  No

### Active Duty

Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_

Type of Discharge\* \_\_\_\_\_

\*If other than "Honorable Discharge," please explain: \_\_\_\_\_

\_\_\_\_\_

Highest Rank \_\_\_\_\_ Rank at Separation \_\_\_\_\_

### Reserves/National Guard

Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_

Type of Discharge\* \_\_\_\_\_

\*If other than "Honorable Discharge," please explain: \_\_\_\_\_

\_\_\_\_\_

Highest Rank \_\_\_\_\_ Rank at Separation \_\_\_\_\_

Were you ever arrested, cited, or apprehended by military police?  Yes\*  No

\*If yes, please explain: \_\_\_\_\_

Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, CIS, OIS)?  Yes\*  No

\*If yes, please explain: \_\_\_\_\_

Did you ever receive a court martial or non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)?  Yes\*  No

\*If yes, please explain: \_\_\_\_\_

## Drug & Alcohol Use

How often do you drink alcohol? \_\_\_\_\_ drinks/day, \_\_\_\_\_ days/week

Has anyone ever suggested to you that you might have a problem with drinking?  Yes  No

Have you ever tried, used, or experimented with any illegal drugs or controlled substances in the last **5 years**?  Yes  No

List all controlled/illegal substances you have ever tried, used, or experimented with in the last 5 years.

<i>Drug/Substance</i>	<i>Have you used?</i>	<i>If yes, Frequency of use:</i>	<i>Date Last used</i>
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Amphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Methamphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
LSD	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
PCP	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Mushrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Ecstasy	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Inhalants	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Have you ever used medications that were not prescribed to you?  Yes\*  No

\*If yes, please explain: \_\_\_\_\_

## General History

**Copies of all police incident report which contains your name in any capacity other than as a victim must be submitted with this application.** This includes, but is not limited to, incidents in which you were arrested, cited, interviewed or contacted by a police agency.

Have you ever been arrested for a misdemeanor?  Yes  No

Have you ever been arrested for a felony?  Yes  No

Have you ever been interviewed as a suspect or accused in any offense?  Yes  No

Do you have any history of associating with criminals?  Yes\*  No

If so, list the crime(s) & relationship(s) with the criminal: \_\_\_\_\_

Have you ever applied to work for a criminal justice organization?  Yes\*  No

\*What agency? \_\_\_\_\_ \*If not hired, why weren't you hired? \_\_\_\_\_

Have you ever applied to any other police academy?  Yes\*  No

\* Which Academy? \_\_\_\_\_

\* Why are you not attending that academy? \_\_\_\_\_

Do you have any personal history (i.e. victimization or other) that would prohibit you from being objective and carrying out police duties fairly and without bias?  Yes\*  No

If so, please explain: \_\_\_\_\_

Is there any reason you may not be considered for employment as a police officer?  Yes\*  No

If so, please explain: \_\_\_\_\_

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## Autobiography

Please tell us about yourself. Consider the topics listed below during your writing process. Your autobiography should be typed in 12pt font, double spaced, and **approximately 500** words in length. **This document will be included as part of your completed application.**

Consider the following in your autobiography. Keep in mind you are telling the interview committee who you are and why you want to be in the Police Academy, why you want to be a Law Enforcement Officer in the State of Michigan.

- Education (both HS and any college)
- Work History
- Volunteerism and/or Special Skills, Second Languages, Licenses or Certifications
- Strengths and Weaknesses
- Family Life and your Circle of Friends and their influence
- Values, Your Code of Conduct, and Ethics
- Awards/Commendations/Community Service
- Career Goals (Short & Long Term)
- Reasons and or Events that encouraged you to become a Police Officer
- Have you been a mentor to someone or consider someone a mentor in your life?



By signing this document, you confirm that the answers are true and accurate to the best of your knowledge, and you understand that a failure to disclose any information is subject to removal from the selection process or dismissal from the Police Academy.

I am aware that I am under obligation to inform the Lake Michigan College Police Academy Director of any changes in my criminal or traffic history, employment, or other relevant areas presented on my application that occur after submission of this application & background supplement to the Police Academy.

I understand I am making application to a law enforcement training academy. Law enforcement is a demanding and challenging career, both mentally and physically. The training requirements throughout the academy are also challenging. You will be challenged. You will be expected to use your strengths and build upon them. You will be expected to face your weaknesses and improve upon them. Conditions and situations presented in the academy are there to replicate many of the demands you will face in this career field and our desire is that you succeed and flourish as a trained professional law enforcement officer, prepared to serve your community with the assistance of your hiring agency.

To meet all requirements of the academy, recruits may be required to attend training beyond the scheduled courses and every attempt will be made to announce any necessary changes in advance. Law enforcement training must be viewed as a top priority by the recruit. This is an intense semester of training, with long hours, and great demands to perform in a professional manner. Please prepare yourself for a challenging and ultimately rewarding experience.

**MUST BE SIGNED IN PRESENCE OF A NOTARY**

**Print Full Name (First, Middle, Last, Suffix)**

\_\_\_\_\_

Applicant Signature	Printed Name	Date
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*The signature above was acknowledged before me this \_\_\_\_\_ (date).*

\_\_\_\_\_ *(name of individual), who is personally known to me or who*

*has presented me with \_\_\_\_\_ (type of identification).*

**Signature of Notary \_\_\_\_\_ (Notary Stamp/Seal)**

**Commission in \_\_\_\_\_ County**

**Acting in \_\_\_\_\_ County**

**Commission expires \_\_\_\_\_**

**Printed Name of Notary \_\_\_\_\_**