



Zone Five Regional Law Enforcement Training Academy, Inc.  
The Senator Hugh T. Farley Center  
121 Erie Boulevard – Schenectady, New York 12305  
Phone (518) 393-2707 ♦ Fax (518) 382-8732

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## STUDENT PROFILE

Course Title: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City/State/Zip Code

Home Phone: \_\_\_\_\_ Left or Right handed: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Chief/Sheriff: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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Rank/Title: \_\_\_\_\_ Date of Rank: \_\_\_\_\_

No. Yrs. as Police Officer: \_\_\_\_\_ Year Started: \_\_\_\_\_

Present Assignment: \_\_\_\_\_

### **EDUCATION: (list most recent degree, if any, first)**

<u>Institution</u>	<u>Degree</u>	<u>Major</u>	<u>Date</u>
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IF DEGREE WAS **NOT** COMPLETED, LIST CREDITS BELOW:

<u>Institution</u>	<u>Credits Earned</u>	<u>Subject Area</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MILITARY SERVICE:**

Are you a veteran? YES NO                      Branch: \_\_\_\_\_

Rank: \_\_\_\_\_                      Career Field: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

**AGENCY WEAPONS INFORMATION:** (Basic Course for Police Officers - Only)

Member of Department that is in charge of firearms training.

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Name                      Rank                      Phone

Sidearm/Weapon to be issued: ( ) Revolver ( ) Semi-Auto

Manufacturer: \_\_\_\_\_                      Model: \_\_\_\_\_                      Caliber: \_\_\_\_\_

Type of issued duty ammo for agency: \_\_\_\_\_

Department SHOTGUN:

Manufacturer: \_\_\_\_\_                      Model: \_\_\_\_\_                      Caliber: \_\_\_\_\_

**MEDICAL HISTORY:**

List any medical conditions, i.e. allergies, diabetes, exercise induce asthma, etc. that staff should be aware of: \_\_\_\_\_

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