



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

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. _____

Department: _____

Address: _____

Phone No. _____ Fax No. _____

Chief/Sheriff: _____ Phone No.: _____

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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF DEGREE WAS **NOT** COMPLETED, LIST CREDITS BELOW:
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<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: _____

