



BARTOW POLICE DEPARTMENT

BRYAN S. DORMAN
CHIEF OF POLICE

A Tradition of Service

November 2022

Greetings:

We appreciate your interest in the newly created 2023 Business Police Academy (BPA) Program. It is essential to have businesses and business owners' partner with local police to foster positive interaction.

The 2023 BPA Program is open to all Bartow business owners or individuals affiliated with a Bartow business. The course will consist of five (5) sessions, and will begin on Tuesday, January 17, 2023, and run between the hours of 6:30 PM to 9:00 PM. The schedule for the sessions will be as follows:

- Session One-January 17, 2023
- Session Two-January 31, 2023
- Session Three-February 7, 2023
- Session Four-February 21, 2023
- Session Five-March 7, 2023

The classes will include interactive "hands-on" activities to better illustrate some of the challenges law enforcement officers face daily, and to provide you with a behind-the-scenes look at the day-to-day operations of your police agency. Topics and activities will include defensive tactics and taser demonstration, radar/laser activity, Crime Scene Investigations, Shoot-Don't Shoot Simulator, and specialty units such as K-9 and narcotics investigations.

An application process is necessary, and a criminal background check will be performed on each applicant. Please complete the attached **BPA Application** and **FDLE Authority for Release of Information Form CJSTC-58**, which must be notarized.

Class size is limited, so it is imperative that you complete your application and return it as soon as possible. The first sixteen (16) qualified applicants will be selected to attend the 2023 Business Police Academy.

Please feel free to call me if you have any questions or concerns.

Sincerely,

Lyn Bryan
CST Coordinator

Jan. 17, 2023 - March 7, 2023

City

APPLICATIONS WILL NOT BE CONSIDERED.

PLEASE PRINT LEGIBLY AND DO NOT LEAVE ANY QUESTION UNANSWERED.

Date: _____

FULL NAME: _____

LAST FIRST MIDDLE

Please list ALL other legal names you have ever used (maiden name, for example) _____

Date of Birth: _____ Race: _____ sex: _____ Place of Birth: _____

Physical Address: _____

STREET CITY STATE ZIP

Mailing Address: _____

STREET CITY STATE ZIP

Email Address: _____
(PLEASE WRITE LEGIBLY/PRINT)

Social Security Number: _____ Best way to contact you: _____

Drivers License Number: _____ State Issued: _____

Business Name: _____ Position/Title: _____

Business Address: _____

STREET CITY STATE ZIP

Business Phone: _____

Highest Education Level Achieved: _____ Degree: _____

In case of emergency, contact:

NAME	PHONE NUMBER

Have you ever been arrested, convicted of an offense, or cited for a civil infraction? If yes, explain in detail, giving the date, charge, location and action taken.

How did you learn about the Business Police Academy? _____

Briefly explain why you wish to attend the Bartow Police Business Academy? _____

Please list any clubs and or service organizations you belong to, or are affiliated with: _____

(see the back of this form to complete the application)

Bartow Business Police Academy-Application
Jan. 17, 2023 - March 7, 2023

REFERENCES: List two (2) individuals you have known for at least five (5) years. DO NOT USE FAMILY MEMBERS

1.

NAME

PHONE NUMBER

ADDRESS

CITY

STATE

YEARS KNOWN

2.

NAME

PHONE NUMBER

ADDRESS

CITY

STATE

YEARS KNOWN

*** PLEASE READ AND INITIAL BY EACH OF THE FOLLOWING STATEMENTS:**

I understand the Bartow Police Department's Business Police Academy will meet five (5) nights including the following: Jan. 17, Jan 31, Feb 7, Feb 21, and Mar 7, from 6:30 PM - 9:00 PM.

I understand individuals selected to participate in the Program are expected to attend all sessions and to participate in class activities.

I understand I must be willing to commit to attendance requirements: not missing more than one (1) class in order to complete graduation requirements.

I understand that I will be subjected to a criminal background inquiry before being accepted in to the program.

I understand the Chief of Police reserves the right to exclude any applicant from consideration whose participation is deemed not to be in the best interest of the Bartow Police Department.

I understand that, should I be accepted into the Business Police Academy Program, I will be required to take a "LIMITED ACCESS CERTIFICATION". This security "test" is a FDLE (Florida Department of Law Enforcement) requirement for anyone who may have limited access to information and files contained within FCIC (Florida Crime Information Center) and NCIC (National Crime Information Center).

PLEASE REVIEW YOUR ANSWERS CAREFULLY AND READ THE STATEMENT BELOW BEFORE SIGNING THIS APPLICATION

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL FALSIFICATIONS, OMISSIONS, OR MISREPRESENTATIONS IN THIS APPLICATION. I HEREBY AUTHORIZE THE BARTOW POLICE DEPARTMENT TO INVESTIGATE MY BACKGROUND TO DETERMINE MY FITNESS AS A CANDIDATE FOR THE BUSINESS POLICE ACADEMY.

I UNDERSTAND THAT ANY OMISSION OR FALSE STATEMENT ON THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR REJECTION FOR ENROLLMENT OR DISMISSAL FROM THE PROGRAM.

SIGNATURE: _____

DATE: _____

DEPARTMENTAL USE ONLY

NCIC/FCIC

NO _____

DATE: _____

YES _____

OPERATOR I.D. NO. _____



Florida Department of
Law Enforcement

**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



**CJSTC
58**

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS: _____

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. **Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

Applicant's Signature _____ Date _____

Applicant's Address _____

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ OR Online Notarization ☐ this _____ day of _____, year _____, By _____

Signature of Notary Public – State of Florida _____

Print, Type, or Stamp Commissioned name of Notary Public _____

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced _____