BRTC LAW ENFORCEMENT TRAINING ACADEMY

SUMMAY REPORT FORM

Name:       CLEST ID No:

Address:                        

(Street) (City) (County) (State) (Zip)

SSN:       Date of Birth:

Phone No:       Sex:       Race:

Email:

Notify in Emergency:       Phone No:

Special Medical Information:      

      Blood Type:

I will need a barrack:  Yes /  No  Smoker /  Non-Smoker

T-Shirt Size:

Department:

Dept. Phone:       Supervisor:

Supervisor Email:

Employment Date with Present Department:

Total Civilian Police Experience:      

(Years) (Months)

High School Diploma/GED:            

(Name of School) (Graduation Date) (GPA)

College:

List all colleges attended Degree(s) earned  
  
            