

**Southwestern Illinois College Corrections Academy**

2300 West Main  
Belleville, IL 62226

(618) 641-4929 or (618) 222-5507

E-mail: Steven.Strubberg@SWIC.edu or Christopher.Thompson@SWIC.edu

**Applications Due by Friday May 31st 2024**

- Please make sure all blanks are filled in.
- A copy of the Form E (Notice of Appointment) must be attached.
- A PTB ID# will be created when you submit the Form E to the ILETSB.
- The medical certificate must be signed by a physician not more than 60 days prior to the beginning of the academy session.

**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip

**Cell Phone:** \_\_\_\_\_ **PTB ID:** \_\_\_\_\_  
Area Code Number

**Birth date:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_  
Month / Date / Year

**Date of Appointment:** \_\_\_\_\_ **Caliber of Weapon:** \_\_\_\_\_  
Month / Date / Year

**Served on active duty in the United States military?** Yes No

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**Chief/Sheriff:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_  
Street City State Zip

**Phone:** \_\_\_\_\_ **Chief/Sheriff E-Mail:** \_\_\_\_\_  
Area Code Number

**Signature of Department Head:** \_\_\_\_\_

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**Office Use Only**

Application \_\_\_\_\_ Indemnification Agreement \_\_\_\_\_ Authorization to Release Info \_\_\_\_\_

Criminal History \_\_\_\_\_ Medical Certification (Pre-Power Test) \_\_\_\_\_ E-Card \_\_\_\_\_

Caliber of Weapon \_\_\_\_\_ Optional Training Form \_\_\_\_\_

# Southwestern Illinois College



**Please complete and return with registration form.**

## Indemnification Agreement

It is hereby agreed that in consideration of one of its employees,

\_\_\_\_\_  
(Name)

being granted the opportunity of participating and engaging in corrections officer training, operations, functions and other activities sanctioned by Southwestern Illinois College,

\_\_\_\_\_  
(Department/ Agency)

employing the above named trainee shall hold the Southwestern Illinois College harmless as to any injuries or damages incurred by said trainee as a result of such police training, operations, functions and other activities sanctioned by Southwestern Illinois College, regardless of fault or negligence on the part of any official or employee of Southwestern Illinois College, and shall further agree to indemnify the Southwestern Illinois College in full amount as to any judgement or claim awarded to said police trainee, his heirs, dependents and assigns for such injuries or damages sustained by said trainee during the official course of his temporary assignment to the Southwestern Illinois College Corrections Academy.

It is further agreed that should suit or claim be filed by said trainee alleging injury or damage as a result of said Southwestern Illinois College training, operations, functions or other activities sanctioned by Southwestern Illinois College, reasonable notice of such suit or claim will be given to the employing Department or Agency of the Affected trainee.

**IN WITNESS WHEREOF**, the undersigned has affixed his hand and seal at

\_\_\_\_\_, Illinois, this \_\_\_\_\_ day of \_\_\_\_\_  
A.D., 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type in Name)

\_\_\_\_\_  
(Title/Office)

**Note:** This agreement must be signed by an official of the local governmental entity or by an official of the agency involved who has the legal power to enter into such as agreement.

# AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

**TO: ILLINOIS LAW ENFORCEMENT TRAINING AND STANDARDS BOARD**

I hereby authorize the Illinois Law Enforcement Training and Standards Board or designated representative to solicit and obtain information from any person or organization concerning my background, including but not necessarily limited to academic, medical, professional, employment, driver's license, criminal history, residency, financial, and personal history.

I also authorize the Illinois Law Enforcement Training and Standards Board or designated representative to release to any criminal justice agency investigating me for employment as a law enforcement officer, any and all information concerning my background, including but not necessarily limited to academic, medical, professional, employment, driver's license, criminal history, residency, financial, and personal history.

A photocopy of this form will be used in order to obtain necessary information in lieu of the original. Original will be kept on file.

Please print the following information:

Name: \_\_\_\_\_  
          Last                  First                  Middle                  Maiden                  

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

Permanent Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
PTB ID:

\_\_\_\_\_  
Date of Birth:

\_\_\_\_\_  
Driver's License Number: State:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**Academy Entrance Standard Basic Training  
Certification of Recruit Background**

**Pursuant to Illinois Police Training Act (50 ILCS 705/6)** each Illinois police agency and applicant applying for admission to the Police Training Board's Local Law Enforcement Basic Training Academy shall provide certification that the applicant has not committed any felony or a crime involving moral turpitude, and is a person of good character. This requirement and standard must be satisfied before consideration of acceptance into the academy.

**Statement of Applicant**

Under penalty of perjury, decertification, and disqualification, I certify that I have no felony conviction and no conviction involving moral turpitude.

Date	Applicant's Signature
Name of Agency	Print Applicant's Full Name
Address of Agency	Applicant's Home Address

**Criminal and Character Background  
Investigation Statement of Agency**

The above applicant has been subject to a criminal and character background investigation, including the use of fingerprint cards processed through the Department of State Police and the Federal Bureau of Investigation, and such investigation has thus far revealed no felony or crime involving moral turpitude. Moreover, the investigation has verified that the applicant is of good character.

Date	Authorized Signature of Appointing Authority
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**THIS FORM MUST BE SIGNED ON BEHALF OF APPOINTING  
AUTHORITY AND SUBMITTED UNDER PENALTY OF LAW TO THE  
ACADEMY FOR LOCAL LAW ENFORCEMENT OFFICERS BASIC  
TRAINING.**

## Optional Training

Please select any optional training you wish your officer(s) to receive.

1.    **OC Training**        Yes \_\_\_\_                    No \_\_\_\_                    **\$15.00 per student**
2.    **Taser Training**       Yes \_\_\_\_                    No \_\_\_\_                    **\$45.00 per student**

**Please indicate which Type of Taser your recruit will be using, department must supply three (3) cartridges:**

X26 \_\_\_\_                    X26P \_\_\_\_                    X2 \_\_\_\_                    X7 \_\_\_\_

## Session Housing

Included in Tuition

SWIC Police Academy Dormitory  
100 South 23<sup>rd</sup> Street  
Belleville IL, 62226  
Phone: (618) 641-4929

Gender of Recruit:  
(For housing purposes)

- Male
- Female

Recruit Name \_\_\_\_\_

Department or Agency \_\_\_\_\_

Authorized Signature (Chief or Sheriff): \_\_\_\_\_

Date: \_\_\_\_\_



## Basis Correctional Academy Medical Release Form

**Before being accepted in the Academy, you must have an examination by a licensed physician.**

**WITHOUT THIS RELEASE FORM YOU WILL NOT BE ACCEPTED INTO THE ACADEMY.**

This is to certify that \_\_\_\_\_ has been examined by me and is found to be in good physical condition and capable of performing strenuous exercise while attending the Basic Correctional Officer's Academy.

\_\_\_\_\_  
Signature of attending physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of physician

(please print or type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(\_\_\_\_\_) \_\_\_\_\_

Area code

Phone number

## **St. Clair County Correctional Academy Indemnification Agreement**

It is hereby agreed that in consideration of one of its employees,

\_\_\_\_\_  
Name of employee

being granted the opportunity of participating and engaging in correction training, operation, functions, and other activities sanctioned by the St. Clair County Sheriff's Department, the

\_\_\_\_\_  
Agency

employing the above named trainee shall hold the St. Clair County Sheriff's Department, regardless of fault or negligence on the part of any official/employee of St. Clair County Sheriff's Department and shall further agree, to indemnify the St. Clair County Sheriff's Department in full amount as to any judgments/claims awarded to the trainee/heirs/dependents, and assigns for such injuries or damages sustained by the trainee during the official course of his/her temporary assignment to the St. Clair County Correctional Academy.

It is further agreed that should suit or claim be filed by said trainee and alleging injury or damages as a result of said academy operation, functions, or other activities sanctioned by the St. Clair County Sheriff's Department, reasonable notice of such suit or claim will be given to the employing department or agency of the affected trainee.

IN WITNESS WHEREOF, the undersigned has affixed his hand and seal on this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

Seal \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_  
Signature of Department Official

Lt. Steven Strubberg [steven.strubberg@co.st-clair.il.us](mailto:steven.strubberg@co.st-clair.il.us) / [steven.strubberg@swic.edu](mailto:steven.strubberg@swic.edu)  
St. Clair County Sheriff's Dept. Training Director  
Basic County Corrections Academy