Southeastern New Mexico Regional Law Enforcement Training Academy

New Mexico Junior College

Applicant Package

Part III
NMJC Required Forms

New Mexico Junior College
5317 Lovington Highway
Hobbs, NM 88240
(505) 392-4510
GOVERNING BOARD ENTRY REQUIREMENT

By order of the Governing Board of the Southeastern New Mexico Regional Law Enforcement Training Academy, no one will be admitted into the SNM/LETA who does not meet the minimum standards for licensing as a Police Officer in the State of New Mexico. I have been provided a copy of those standards and attest to the fact that I have been so advised.

________________________________________________________________
Applicant’s Signature      Date

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of attendance in the Southeastern New Mexico Regional Law Enforcement Training Academy.

________________________________________________________________
Applicant’s Signature      Date
APPLICANT’S CERTIFICATION

I certify that the information contained in the application is true and correct to the best of my knowledge. I understand that the application process for the Basic Law Enforcement Academy may include all or some of the following activities:

1. Verification of possession of a valid and current drivers license.
2. Review of my driving record and criminal history from appropriate law enforcement agencies.
3. Agreement to undergo polygraph examination.
4. Agreement to undergo drug screening, and
5. Verification of Personal History Statement.

I understand that, if accepted into the Academy, any false or misleading statements used in the application process shall be grounds for termination from the Academy. Southeastern New Mexico Regional Law Enforcement Training Academy staff are hereby authorized to investigate my personal history, employment records, or any of the above records or reports or anything else that may be appropriate for appointment to the Academy and subsequent employment as a Police Officer.

I also understand that applicants are appointed subject to a satisfactory completion of a criminal history and driving record check.

_________________________________
Signature of Applicant

_________________________________
Printed Name of Applicant

_________________________________
Date
CITY OF HOBBs
and the
HOBBs POLICE DEPARTMENT
300 N. Turner
Hobbs, New Mexico
Phone 505-397-9200

WAIVER OF LIABILITY

NAME___________________________________________________________________
(Print)

I, the undersigned, hereby waive any claims for any bodily injuries and/or death, personal property losses against the City of Hobbs, any member of the staff, any of the employees or any trainee, which I may either directly or indirectly sustain as a result of my participation in any part or phase of the training and instruction I will receive at the Hobbs Police Department or other locations selected for the giving of training or supervision. This agreement shall be binding upon the undersigned, his/her heirs, and assignees.

____________________________________________________________________
Signature of Trainee         Date

State of New Mexico )
County of _______________) SS.
On this ______________ Day of ______________, 200___, before me personally appeared
___________________________________ Known to me to be the person whose name is subscribed to the above instrument and acknowledged the same to be his/her own free act and deed.

Notary Public ________________________________ My Commission Expires _______________
(SEAL)
WAIVER OF LIABILITY

NAME (PLEASE PRINT) _______________________________________________
HOME ADDRESS _______________________________________________
HOME TELEPHONE NO. ______________________________________________
NEXT OF KIN ______________________________ RELATIONSHIP ___________

I, the undersigned, understand law enforcement training will include firearms, defensive
tactics, officer survival, and physical fitness. Each of these activities will be conducted
by certified instructors and all appropriate safety procedures will be followed. There is,
however, a risk of injury during participation in this type of training. I hereby waive any
claim for any injury (against the Southeastern New Mexico Law Enforcement Training
Academy and New Mexico Junior College, any member of the staff, any of its employees
or any trainee), which I may either directly or indirectly sustain as a result of my
participation in any part or phase of the training and instruction I will receive at the
Training Academy, New Mexico Junior College or other locations selected for the giving
of training or supervision. This agreement shall be binding upon the undersigned, his
heirs, and assignees.

Signature of Applicant ______________________________ Date __________________

State of New Mexico )
County of _________________) SS.
On this ______________ Day of ______________, 200___, before me personally appeared
___________________________________ Known to me to be the person whose name is subscribed to the
above instrument and acknowledged the same to be his/her own free act and deed.

Notary Public ___________________________________ My Commission Expires _________________
(SEAL)
BACKGROUND INVESTIGATION RELEASE

DATE: _____________________

I, ________________________________, DOB ____________________________

SOC ___________________________, authorize the Hobbs Police Department to
disclose any and all information, directly concerning me, filed with any law
enforcement agency.

I understand that this information is confidential and the dissemination thereof is
covered by both state and federal statutes. Any person or agency receiving this
information from the Hobbs Police Department assumes full responsibility for
complying with all applicable laws and regulations concerning dissemination.

The Hobbs Police Department assumes no responsibility for misuse of this
information by person or agencies not under the control of the Hobbs Police
Department.

This signed/notarized request form shall be retained by the Hobbs Police
Department.

Signature: _____________________________

NOTARY CERTIFICATE WHEN SUBMITTED BY MAIL:

The above person has personally appeared before me, signed this document and
provided proof that they are the person named above.

Subscribed and sworn to before me this _____ day of ____________ , 200___.

NOTARY PUBLIC _____________________________

My commission expires: _______________
UNIFORM ORDER FORM

Type or Print all information clearly and legibly.

NAME ______________________________________________

(First Name)                   (Last Name)

Black standard, short sleeve Polo shirt with academy logo: ($14.00 each)
(S 32-40, M 38-40, L 42-44, XL 46-48)

Quantity________________

Size____________________

Amount Due $_____________

Black standard, high neck athletic tee-shirt with academy logo: ($8.00 each)
(S 32-40, M 38-40, L 42-44, XL 46-48)

Quantity________________

Size____________________

Amount Due $_____________

TOTAL AMOUNT DUE $_____________

(Signature)

Bill to:  ______________________________________

__________________________________________

__________________________________________
New Mexico Junior College  
Student Housing  
5317 Lovington Highway  
Hobbs, NM 88240  
(505) 392-5366

LAW ENFORCEMENT APPLICATION FOR HOUSING

For use by police agencies only

Please type or print all requested information. The $100.00 deposit must be submitted with this application form.

Semester applying for: [ ] Fall [ ] Spring  

Academy date: ____________________________

Name__________________________________________________________  
Last                                    First                                    Middle

Birthdate _________/______/___________  
Month          Date         Year

Social Security # _____________________

Home address_____________________________________________________
Street                         City                         State                       Zip

Employing police department__________________________________________

Contact person___________________________Phone #:___________________

Other officers attending from your department:

_________________________________ ____________________________
_________________________________ ____________________________

TO BE COMPLETED BY HOUSING. DEPARTMENTS WILL BE INVOICED FOR COSTS.

Fall Rates: Room Rate: $1059.00 Meal Plan: $1238.00 = $2297.00  
Spring Rates: Room Rate: $1059.00 Meal Plan: $1181.00 = $2240.00  
*Spring rate is less 1 week for Spring Break – Food Service closed during that week

Deposit:   _______________  
Room Rate:   _______________  
Meal Plan:   _______________  
Total Amount Due:  _______________