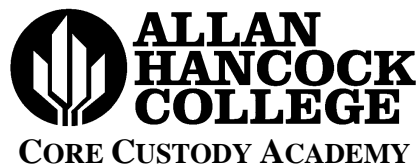

CORE CUSTODY ACADEMY



APPLICATION PACKET

Co-sponsored / Non-sponsored Recruit

Lompoc Valley Campus
Public Safety Training Complex
One Hancock Drive - Building 5
Lompoc, CA 93436
805-922-6966 ext. 3284



Dear Prospective Academy Recruit:

The Allan Hancock College Core Custody Academy is designed to satisfy State of California Standards and Training for Corrections (STC) requirements for students wanting to be hired as a custody officer by a law enforcement agency or currently employed as such.

The Core Custody Academy is an intensive college course with para-military discipline. Students attending the academy will be academically and physically challenged, faced with solving complex problems in a stressful, disciplined and structured environment. Recruits receive basic training in many phases of custody and care of prisoners.

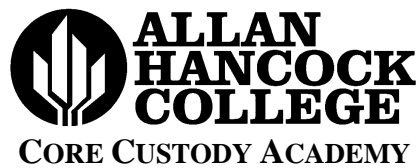
Our primary goal at the Academy is to prepare you to be a fully capable and employable as a corrections officer. To accomplish this, you will need to understand what it takes to be a corrections officer, and the dedication required to complete Academy training. This information packet will provide you with information on Academy expectations, admissions procedures, and general standards for employment.

Our staff is available to assist with questions you may have regarding the training and admission requirements. We hope you will see the advantages of starting your career in corrections at Allan Hancock College Core Custody Academy, your first step to success.

Best wishes in pursuing your career!

David Whitham

David Whitham
Public Safety, Director



APPLICATION INSTRUCTIONS

Co-Sponsored / Non-Sponsored (Independent) Recruit

The beginning of a corrections career and your first step to success starts with completing the Allan Hancock College (AHC) Core Custody Academy Application Packet. The information you provide in the Application Packet will be used to determine your suitability to be accepted to the Academy.

- It is your responsibility to complete the application packet and provide all required information.
- All application documents must be completed in black ink or typed.
- You must respond to all items and questions. If an item or question does not apply to you, write “N/A” (not applicable in the space provided for your response).
- Any application that is incomplete or missing information will not be processed and will be returned to the applicant for completion

Sponsored Recruit:

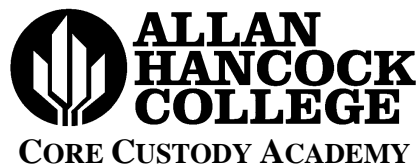
Sponsored Recruit - hired by an agency prior to the start of the Academy and is being paid while attending the Academy.

Co-sponsored Recruit:

Co-sponsored Recruit - an agency is providing partial financial support to offset college registration fees and Academy fees, e.g. uniforms, agency patches and ammunition, but is not being paid while attending the Academy. This recruit is eligible for hire by the co-sponsoring agency or other agency, but is not necessarily promised employment.

Non-Sponsored (Independent) Recruit:

Independent Recruit - is responsible for all college registration and Academy fees. This recruit is eligible for hire by an agency while attending or after graduating from the Academy.



APPLICATION PACKET CHECKLIST

Co-Sponsored / Non-Sponsored (Independent) Recruit

√ Check Each Item When Completed

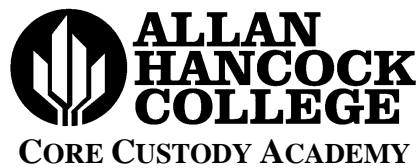
1. **Academy Application Packet:** All Recruits must complete the Application Packet. Any application packet that is incomplete will not be processed and will be returned to the applicant for completion.
2. **POST Personal History Statement:** All non-sponsored applicants must complete and submit the POST PHS with application packet. Go to the POST website at: <http://post.ca.gov/forms.aspx> and under the Background/Hiring tab, select form 2-251.
3. **Background Check:** Co-Sponsored and Independent Recruits **must** complete a background check prior to submitting the application packet. The Academy has an established background screening process through an alliance with [Trusted Employees](#).
4. The cost to you for the background check is \$26.00. To begin the background check, click on the link: [Allan Hancock College Academy Screening Website](#); then follow the instructions. You will have 30 minutes to complete the application. The results of the background check will be sent to the Academy Coordinator and you will also get a copy within two days of the request. The results will remain confidential as part of your application packet.

Request for Live Scan Service: Independent Recruits **must** submit a California Dept. of Justice live scan fingerprint prior to acceptance (attach live scan service receipt to application packet).
5. **Driver's License:** All Recruits must have a valid driver's license to attend the Academy and must submit a copy of their Driver's License (enlarged to 200%) with the application packet.
6. **Medical History Statement:** Co-Sponsored and Independent Recruits must compete and sign the *Medical History Statement*.
7. **Medical Examination:** Co-Sponsored and Independent Recruits must have a medical examination by a licensed physician. The physician must complete and sign the *Medical Examination Report*. The Medical Examination **must be completed within 3 months** of the start of the Academy.

Sponsored Recruits will need to provide a medical clearance statement from their Agency.

Release of Liability and Indemnification Agreement: All Recruits must sign and date the *Release of Liability and Indemnification Agreement*.

Acknowledgment and Assumption of Potential Risk: All Recruits must sign and date the *Acknowledgment and Assumption of Potential Risk* form.



Arrest History: Co-Sponsored and Independent Recruits must complete the *Arrest History* form. If you check “**yes**”, you **must** provide the disposition of the case from the courts, with a cover memorandum that has the date of violation, violation, location, law enforcement agency, and an explanation of each circumstance.

Criminal History Check: Co-Sponsored and Independent Recruits must sign and date the Academy *Criminal History Check* form.

Authorization to Release Information: All Recruits must sign and date the *Authorization to Release Information* form.

Application Packet and Background Check Certification: All Recruits must complete the *Application Packet and Background Check Certification* form.

DD214. All Recruits must submit a copy of their DD214 if they have served in the military.

After completing, signing, and enclosing all the required documents, the completed application packet can either be hand delivered or mailed to the Allan Hancock College Academy Office, One Hancock Drive, Building 5, Lompoc, CA 93436. After verification of completeness, the application packet will be date/time stamped.

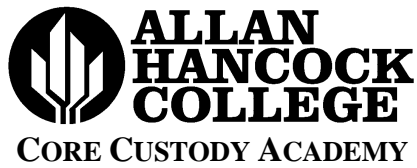
Once you have been accepted to attend the Academy, you will be contacted by email or by telephone and provided instruction for on-line registration at www.hancockcollege.edu. At the time of on-line registration, you will be required to pay in full, all college registration fees and some of the Academy course fees (approximately \$752.). The overall total cost for the Core Custody Academy, which includes college registration fees, all Academy course fees, physical training clothing, and uniforms will be approximately \$1,252.

Additional information to assist in preparing for the academy is included in the application packet to include, Academy Uniform and Purchasing Instructions, a vendor list and Fee Schedule - Independent Recruit.

Any questions regarding the Academy application packet should be directed to the Public Safety Program Technician at 805-922-6966 ext. 3802 or ext. 3284.

Academy applicants are eligible to apply for Financial Aid. For additional information contact [Financial Aid](#) at (805) 922-6966 ext. 3200 or by email at finaid@hancockcollege.edu. Early application for Financial Aid is strongly encouraged.

Recruits/students with Disabilities may contact the AHC Learning Assistance Program at 805-922-6966 ext. 3274. The Learning Assistance Program provides individualized support services for students with learning, psychological, physical, communication, and other disabilities as prescribed by the Learning Assistance Program specialist. Recruits/Students with Disabilities must apply and be approved for reasonable accommodations **prior** to the start of the Academy.



APPLICATION

PRINT or TYPE ALL INFORMATION

Last Name: _____ First: _____ MI: _____

DOB: ____/____/____ SSN: _____-_____-_____

Other name(s) Used: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Home Address:

City: _____ State: _____ Zip: _____

E-mail: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Preferred Phone#: (____) _____ Other Phone#: (____) _____

Physician's Name/Medical Clinic:

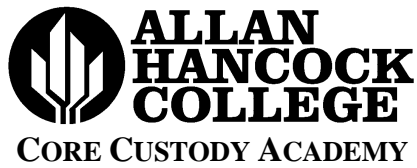
Physicians/Medical Clinic Address:

Phone Number:

Agency Contact Information (Sponsored/Co-Sponsored Recruits ONLY)

Agency: _____ Rank/Name: _____

Preferred Phone#: (____) _____ Other Phone#: (____) _____



MEDICAL HISTORY STATEMENT

This information you provide in this statement is extremely important. It will be used by a medical health professional to evaluate your qualifications for the position of entry-level custody officer; therefore, fill out the questionnaire completely and accurately. All statements are subject to verification and deliberate inaccuracies or incomplete statements may bar or remove you from employment.

This form must be completed and presented when reporting for your medical examination. This information will assist the examining physician in conducting your medical examination and in making appropriate recommendations. When answering "Yes -No" questions, place an "X" in the appropriate space. If you are unable to answer a question for any reason, place a "?" in the "Yes" space. Please explain all "Yes" items in the designated areas. Most individuals will have some "Yes" answers. A "Yes" answer does not necessarily mean that you will be disqualified.

Name			Date of Birth		
Last	First	Middle	Month	Day	Year

Address where you can be contacted

Number	Street	City	State	Zip code
--------	--------	------	-------	----------

Telephone numbers where you can be contacted

()	()	()
--------	--------	--------

I, the undersigned, do hereby consent to undergo a medical examination, including blood and urine testing, x-rays, skin tests, and other examinations which the examiner may consider necessary to complete the medical evaluation. I also authorize the medical examiner to obtain current or past medical records and to discuss my medical status and history with my treating physician or other medical consultants as necessary.

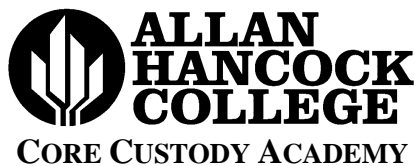
Signature in full	Date completed
--------------------------	-----------------------

PLEASE DESCRIBE PREVIOUS JOBS THAT LASTED AT LEAST SIX (6) MONTHS (INCLUDING MILITARY SERVICE):

JOB TITLE	EMPLOYER	APPROXIMATE DATES OF EMPLOYMENT	SIGNIFICANT EXPOSURE TO NOISE OR CHEMICALS IF APPLICABLE
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____

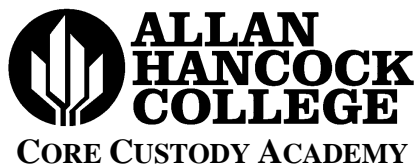
INDICATE WHETHER YOU HAVE EVER HAD ANY OF THE FOLLOWING CONDITIONS:

	Yes	No	Eye, Ear, Nose, Throat		Yes	No	Gastrointestinal		Yes	No	Joint injury / surgery/ dislocation / pain / swelling
1			Eye surgery	37			Ulcer/Stomach trouble	76			Shoulder
2			Need to wear glasses/ Contact Lenses	38			Vomited Blood	77			Elbow
3			Cataracts	39			Persistent Diarrhea	78			Wrist
4			Blurred or double vision	40			Colitis	79			Fingers/Toes
5			Color deficiency or blindness to any degree	41			Blood in stool	80			Hip
6			Orthokeratology	42			Recurrent hemorrhoids	81			Knee
7			Radial Keratology (Refractive Surgery) or Keratotomy	43			Gall Bladder trouble	82			Ankle/Foot
8			Glaucoma	44			Hepatitis/Jaundice				
9			Blindness in one or both eyes	45			Recurrent Stomach Pain		Yes	No	Neurology
10			Sinus Trouble	46			Mucous in Stool	83			Epilepsy
11			Hoarseness (Frequent)	47			Pancreatitis	84			Convulsions/Seizures
12			Allergy/Hay Fever	48			Abnormal Liver Tests	85			Fainting Spells/Blackout
13			Ruptured Ear Drum	49			Hernia	86			Recurrent dizziness
14			Ringling or buzzing in ears	50			Ulcerative Colitis	87			Head Injury
15			Loss of hearing	51			Irritable Bowel Syndrome	88			Recurrent headaches
16			Ear Surgery	52			Tarry Black Stool	89			Stroke
17			Ear Aches	53			Ulcer	90			Skull defect
18			Other not listed	54			Crohn's Disease	91			Meningitis/Encephalitis
				55			Other not listed	92			Other not listed
	Yes	No	Respiratory		Yes	No	Cardiovascular		Yes	No	Miscellaneous
19			Asthma (Age of last episode)_____	56			Heart Attack or Chest Pain	93			Diabetes (Sugar in urine)
20			Shortness of breath	57			Hear Trouble/Murmur	94			Low blood sugar
21			Chronic or frequent cough	58			Mitral Valve Prolapse	95			Thyroid trouble
22			Tuberculosis	59			Palpitation (Irregular heartbeat)	96			Bleeding tendencies
23			Emphysema	60			High Blood Pressure	97			Anemia
24			Coughed up blood	61			Pain or discomfort in chest	98			Enlarged glands
25			Pneumothorax (Collapsed Lung)	62			Rheumatic Fever	99			Cyst/Tumor
26			Pneumonia	63			Swelling of feet	100			Rashes
27			Sarciodosis	64			Leg pain on walking	101			Wool allergy
28			Other not listed	65			Painful varicose veins	102			Non-healing sores
				66			Other not listed	103			Recent change in a wart or mole
								104			Cancer/Leukemia
	Yes	No	Genitourinary		Yes	No	Musculoskeletal	105			Chronic Fatigue
29			Kidney disease or stone	67			Fractures/Broken bones	106			Night Sweats
30			Bladder trouble	68			Back trouble/pain or sciatica	107			Undesired weight loss or gain
31			Difficulty in urinating	69			Neck Trouble/Pain	108			Heat Stress
32			Blood in urine	70			Numbness of extremities	109			Environmental illness
33			Prostate trouble	71			Shin Pains	110			Multiple chemical sensitivity
34			Irregular vaginal bleeding	72			Arthroscopy	111			Fever lasting 1 month or more
35			Menstrual problem that kept you from work	73			Arthritis Rheumatism	112			Any other problem or illness not listed
36			Other not listed	74			Joint pain or swelling				
				75			Other not listed				



Yes No

123. Have you ever been unable to hold a job or been refused employment because of any physical, mental, or other medically related reason?
124. Have you ever been rejected for or discharged from a military position because of any physical, mental, or other medically related reason?
125. Have you ever taken any illegal drugs? If "Yes," list type, frequency and date on the following page.
126. Have you ever been medically disqualified or terminated from employment due to a positive drug or alcohol test?
127. Have you taken any prescription or over-the-counter medications in the last 12 months? This would include vitamins, birth control pills, antacids, laxatives, aspirins, antihistamines, and weight reducing aids. If "Yes," list name and dosage. _____
128. Have you ever been absent from work due to job stress?
129. Have you ever had any surgical operations?
130. Have you ever been hospitalized (at least overnight)? If "Yes," list year, age, reason, and length of stay. _____
-
131. Are you currently under a doctor's care?
132. Are you currently limited by any temporary conditions (e.g., broken bone, pregnancy, recovery from surgery)? If "Yes," please describe. _____
-
133. Have you ever had any doctor-imposed activity restrictions? If "Yes," please describe on the following page.
134. Have you ever been to a doctor for back/neck pain or problems?
135. Have you ever been off work because of back/neck pain or problems?
136. Is there any history of heart disease in your immediate family?
137. Do any diseases run in your family?
138. Do you or anyone in your family have high cholesterol?
139. Have you ever coughed, wheezed, or had chest discomfort after exercise?
140. Do you currently have a cold/cough or have you had either in the last two weeks?
141. Have you recently been exposed to smoke or any noxious or chemical fumes?
142. Have you missed more than 5 days from work due to medical reasons in the past 12 months?
143. Have you been exposed to loud noise today? If "Yes," were you wearing ear protection?
144. Have you ever been diagnosed by a licensed medical professional, psychiatrist, board certified clinical psychologist, etc. with a serious mental illness or as being psychotic?
145. Have you ever been committed to a mental institution by a court, the military, a medical doctor or self?



MEDICAL EXAMINATION REPORT

INSTRUCTIONS TO PHYSICIAN

The person requesting this examination is an applicant to the Allan Hancock College Core Custody Academy. Listed below are examination categories and descriptions of the types of activities the applicant will be required to perform. Please examine the applicant and answer the following. Provide any written comments or notations on the attached page.

Applicant's Name (Last, first, middle)

Date of Birth (Month, Day, Year)	Sex	Height	Weight
	M F		

1) VISION

The applicant's training will include arrest and control tactics, precision driving, and scenario training that will be performed in daylight, dimlight, and inclement weather. The applicant will be placed in realistic situations requiring visual acuity for the identification of persons and objects by color and shape and in situations that will require the ability to detect peripheral movement. The applicant will be required to spend extensive hours of reading textbooks and manuals. **In your opinion, does the applicant have, or is the applicant likely to develop, any visual limitations that could impair performance as described?**

No

Yes - Describe in the comments section.

2) HEARING

In addition to regular classroom instruction, the applicant will be placed in realistic situations that require the ability to detect sounds, hear movement, and discern direction with both ears. The applicant will participate in training that will expose them to loud noises such as gunfire, sirens, and alarms. For situations where extended exposure to loud noise is anticipated, ear protection is required.

In your opinion, does the applicant have, or is the applicant likely to develop, any hearing limitations that impair performance as described?

No

Yes - Describe in the comments section.

3) CARDIOVASCULAR, MUSCULAR, SKELETAL, AND FLEXIBILITY

3a. The applicant will be required to perform rigorous physical activity to include running distances up to 3 miles, performing short sprints, crawling, jumping, climbing, dragging a simulated body weighing approximately 160 lbs., performing calisthenics, push-ups, pull-ups, using exercise weights, performing stretching exercises, running through an obstacle course, running up and down stairs and over uneven terrain, and jumping from a six foot wall. **In your opinion, does the applicant have, or is the applicant likely to develop, any physical limitations that could impair performance as described?**

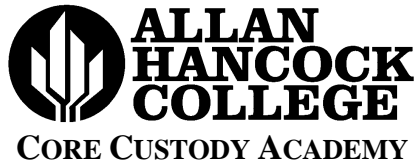
No

Yes - Describe in the comments section.

3b. The applicant will be required to stand for extended periods as in a military formation, marching, and directing traffic. **In your opinion, does the applicant have, or is the applicant likely to develop, any physical limitations that could impair performance as described?**

No

Yes - Describe in the comments section.



RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I acknowledge that the Allan Hancock Joint Community College District, Core Custody Academy Training Program may include physically demanding and strenuous training activities. Furthermore, related training activities involve risks of serious injuries, even death. Nevertheless, I hereby voluntarily assume all risks of any and all loss, injury, illness, death, or damage to myself or my property that might be suffered while participating in the training. I understand that entering into this agreement is a condition of my participation and that I will deem to have accepted these terms and conditions of my participation.

I hereby agree, for myself, my heirs, successors, assigns, executor, personal representative, and estate, to release, waive, discharge, defend, indemnify, and hold harmless the Allan Hancock Joint Community College District, and their respective employees, agents, officers and my fellow students from any and all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the right to indemnity or in urged on appeal) resulting from my involvement and participation in the training, whether caused by any negligent act or omission of any fellow students, and/or the college's respective employees, agents, and officers or otherwise, regardless whether such negligence was active or passive and past present or future. I understand and agree that this release, waiver, discharge, and agreement to defend, indemnify, and hold harmless applies to all loss, injury, illness, death, or damage to me or my property resulting from my participation and involvement in the Allan Hancock Joint Community College District, Law Enforcement Training Program, Core Custody Academy.

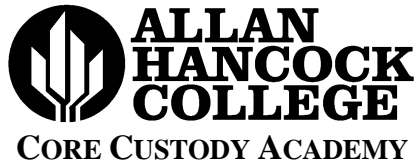
This agreement cannot be waived or altered; it affects your rights and obligations if injury or loss occurs during your participation in any activity sponsored by Allan Hancock Joint Community College District, Law Enforcement Training Program, Core Custody Academy.

I acknowledge that I have read the foregoing and that I am fully aware of the legal consequences of this agreement, including that it prevents me from suing my fellow students, the district, and their respective employees, agents, or officers if I am injured or damaged as result of participation in the **Core Custody Academy**.

Student's Name/Print

Student's Signature

Date



ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

Use with all sports, recreation, and high risk classes, i.e., athletics, public safety, performing arts, labs, dance.

_____ wishes to participate in the Allan Hancock Joint Community College District
(PRINTED NAME)
sponsored activity(ies) of LE330 Core Custody Academy.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate. I understand and acknowledge that some of the injuries/ illnesses that may result from participating in these activities include, but are not limited to, the following:

- | | | | |
|--------------------|-----------------------|---------------------|--------------------------|
| 1. sprains/strains | 3. unconsciousness | 5. paralysis | 7. death |
| 2. fractured bones | 4. head/back injuries | 6. loss of eyesight | 8. communicable diseases |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agent, or volunteers, shall not be liable for any injury/illness suffered by me as a result of my actions that is incidental to and/or associated with preparing for and/or participating in the activity(ies).

Unless otherwise advised, I understand that I am responsible for my own transportation to and from the activity(ies) and the college assumes no liability for loss or injury resulting from my transportation, and any person driving a personal vehicle is not an agent of the District. Although the college may assist in coordinating the transportation, any assistance and/or recommendations provided may not be mandatory.

If the college is providing transportation but I do not use the transportation, I am responsible to make my own transportation arrangements, and the college assumes no responsibility or liability of any kind.

I have no known medical condition that may pose a health and/or safety risk to me or others by participating in the activity(ies).

I acknowledge that I have carefully read this ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK form and that I understand and agree to its terms.

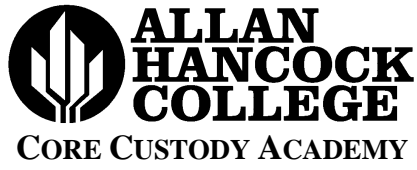
Student Signature

Date

Parent's Signature (if minor)

Date

IMPORTANT NOTE: Before a student will be allowed to participate in the above activity(ies), a signed Acknowledgment and Assumption of Potential Risk form must be on file each semester and retained within the department for 14 months from the end of activity per the statute of limitation (Gov. Code Sec. 911.2).



CRIMINAL HISTORY CHECK

I _____
(Print Full Legal Name and other Names used)

certify with my signature below, that I have not been convicted of a felony or violent crime, either as a juvenile or adult. I further certify that I am not on criminal parole or probation, I am not the subject of a current criminal investigation, I am not addicted to any illegal drugs, and I am not a member of any criminal organization or gang.

I also certify that I have listed all of the dates, offenses, locations, and arresting agencies that I have been arrested for on the Arrest History form.

I understand that I will have to handle chemical agents (tear gas) and have to drive marked emergency vehicles. I understand that I may overhear sensitive information relating to active criminal investigations.

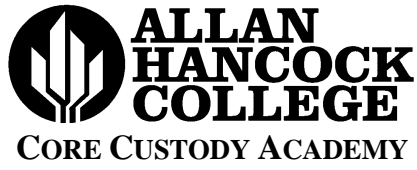
I understand that due to the above conditions of this assignment with the Law Enforcement Training Program, Core Custody Academy, that this is a position of great responsibility and trust. I will not mishandle any equipment, and must keep any sensitive information that I overhear or read strictly confidential. I understand that my personal character, reputation and actions must remain above suspicion and consistent with the law enforcement profession at all times.

I therefore, authorize the Director or Coordinator(s) of the Law Enforcement Training Program, Core Custody Academy, or their agents, to submit my name, date of birth, driver's license number and other personal information into any available criminal and/or driving record data bases, as well as to local law enforcement agencies, to verify that my certification is true and accurate.

Print Full Legal Name

Signature

Date



AUTHORIZATION TO RELEASE INFORMATION

I understand that investigative-consumer reports may be requested and may include information as to my character, general reputation, personal characteristics, mode of living, academic or professional credential verification, job performance, experience and reasons for termination.

I understand this information will assist in the assessment of my qualifications and may include, but is not limited to, my academic, performance, attendance, achievement, disciplinary, employment history, military service history, criminal history record, and residential history.

I hereby authorize Allan Hancock Law Enforcement Training Program, Core Custody Academy to make any investigations and obtain information relating to my activities from schools, employers, military services, criminal justice agencies, residential management agents, or other sources of information.

I understand that Allan Hancock College Law Enforcement Training Program, Core Custody Academy may be requesting information concerning my worker's compensation claims, motor vehicle operations history, and criminal history from various private and public sources along with other public records available.

I understand that Allan Hancock College Law Enforcement Training Program, Core Custody Academy may need to release information relating to my activities in the Core Custody Academy to the California Board of State and Community Corrections-Standards and Training for Corrections (STC) to maintain regulatory compliance.

I hereby authorize sources of information or custodians of records to release information pertaining to me upon request by Allan Hancock College Law Enforcement Training Program, Core Custody Academy.

I acknowledge that a facsimile (FAX) or photographic copy of this authorization will be as valid as the original.

I acknowledge that I have carefully read and reviewed all the provisions above and have voluntarily agreed to sign this authorization.

Signature

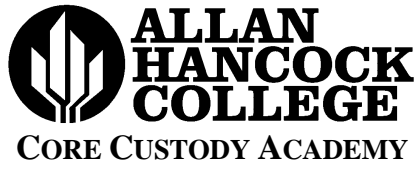
Date

Print Full Legal Name

AKA/Other Name(s) Used

Date of Birth

Social Security Number



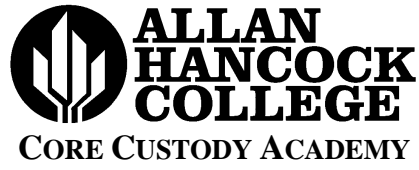
APPLICATION PACKET AND BACKGROUND CHECK CERTIFICATION

I hereby certify that I have personally completed the Core Custody Academy Application Packet and the Background Check through Trusted Employees, and all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification and/or dismissal from the Allan Hancock College Core Custody Academy.

Print Full Legal Name

Signature

Date



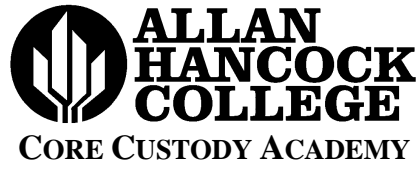
ACADEMY UNIFORM SPECIFICATIONS AND PURCHASING INSTRUCTIONS

Co-sponsored Recruits shall wear their Agency issued uniforms, duty gear and patches. Independent Recruits will need to purchase the following equipment with the following specifications:

1. **Uniform Shirt:** Long sleeve LASD tan shirt, wash, and material with permanent military creases. The uniform shirt shall have button down shirt flap pockets with Velcro closures, shoulder epaulets and badge tab. Academy patches must be sewn on sleeves ½ inch from the shoulder seam and centered. Minimum of one shirt is needed. One pair of Academy patches shall be sewn onto the uniform shirt and one pair on the uniform jacket.
2. **Uniform Pants:** LASD green, polyester blend pants. Minimum of one pair needed.
3. **Tactical Pants:** Black BDU pants. Polyester/cotton blend, six pocket style with button or Velcro pocket closers (no snaps). Minimum of one pair needed, but two pair are recommended.
4. **Trouser Belt:** Black basket weave/Velcro belt.
5. **Black plain toe boots:** Lace-up, leather (HiTech, 5.11 or comparable) nylon uppers are optional. The boots must be able to hold a high gloss shine and may have an inside zipper. Minimum of one pair needed.
6. **Tie:** Standard clip-on black uniform tie.
7. **Tie Bar:** Standard plain gold plated tie bar.
8. **Duty Jacket:** Black nylon duty jacket (e.g. Tact Squad) with Academy patches sewn on sleeves ½ inch from the shoulder seam and centered.
9. **Running Shoes:** High quality running shoes (e.g. Nike, Asics, New Balance, etc.) must be specifically designed for running. Cross trainers, basketball, court shoes are not approved.

Independent Recruits may order uniforms from any uniform store or police uniform catalog as long as the items meet the Academy uniform specifications. Below is a listing of uniform providers. Often, the local uniform stores will sew on the patches for free if other uniform form items are purchased from them. Be sure to take the Academy uniform specifications sheet when purchasing uniforms items to ensure that the proper item is purchased.

For questions regarding uniform or equipment purchase, contact the Academy Equipment Specialist at 805-922-6966 ext. 5285.



Suggested Vendor list:

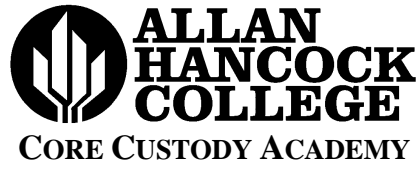
<p><u>SAN LUIS OBISPO AREA</u> RANGEMASTER (uniforms and boots) 149 Granada Drive, Suite #A, San Luis Obispo, 805-545-0322</p> <p>TEMPLETON UNIFORMS (uniforms and boots) 3850 Ramada Dr. #A-1B, Paso Robles, 805-434-0814</p>	<p><u>SANTA MARIA AREA</u> CARRS BOOT SHOP - (boots only) 1515 South Broadway, Santa Maria, CA 805-922-5228</p>
<p><u>VENTURA AREA</u> ON-DUTY UNIFORMS – (uniforms and boots) 4572 Telephone Road #920, Ventura, CA 805-650-3889</p>	<p><u>INTERNET VENDORS</u> GALL'S UNIFORMS 1-800-477-7766 (uniforms and boots) www.galls.com</p> <p>LONG BEACH UNIFORMS 1-888-424-3938 (uniform and boots) www.longbeachuniform.com</p> <p>LA POLICE GEAR 1- 661-294-9499 (uniform and boots) www.lapolicegear.com</p> <p>BOTACTHATICAL 1-323- 443-3997 (uniform and boots) www.botachtactical.com</p>

The Academy will provide/rent the following equipment for Independent Recruits:

1. **Duty Gear:** Black basket weave (see below: Fee Schedule, Optional Equipment Use Fee).
2. **Academy Patches:** Four patches, two for the uniform shirt, two for the jacket (material fee). Additional patches may be purchased by contacting the Academy Equipment Specialist at 805-922-6966 ext. 5285.
3. **Name Plate:** Gold metal name plate (material fee).

Required Additional Academy Uniform Items To Be Purchased by the Recruit:

1. Academy T-Shirts (four white t-shirts are recommended)
2. Academy Sweatshirt (one sweatshirt is required)
3. Pine Green Academy Running Shorts: (one pair of running shorts required)
4. Pine Green Academy Cap (One cap is required, Two caps are recommended)
5. Black Lycra® type shorts (one pair of blue Lycra® type shorts recommended)
6. Tan Polo Shirt (Two are required, three are recommended)



Required Additional Academy Uniform Items To Be Purchased at:

All American Screen Printing
304 E. Oak St.
Santa Maria, CA 93454
805-925-0878
www.shirtdoctors.com

If you have any questions or if you need assistance in ordering online from the All American Screen Printing website www.shirtdoctors.com, contact Brook or Ken Bradley at All American Screen Printing, 805-925-0878.

