Field Training Officer

APPLICATION FORM

INSTRUCTIONS: Complete each inquiry below. If not applicable, mark N/A. The application will then be submitted to the training officer or Chief of Security.

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1. Applicant's Name _____
   Last First
2. Employee ID # _____
3. EOD _____ Current Position/Rank _____
4. List any teaching, training, or supervisory experience you have had:_____
   _____
5. Present Assignment: Shift_____ Days off: _____
   Present Supervisor: _____
6. List any training courses you have attended outside of your basic and yearly in-service courses: _____
7. Why do you want to become an FTO?
   _____
   _____
   _____

_____ _____
Applicant's Signature Date

Shift Supervisor: Please review the application and your impression of the officers' suitability to become an FTO. Upon completion, refer this application to the Chief of Security for review and recommendation. Once approved, the application should go to the Warden/Facility Head for final approval. The completed application should then be returned to the training office.

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_____
_____

_____ _____
Shift Supervisor Chief of Security

_____
Warden/Facility Head