



Michigan Sheriffs Coordinating and Training Council

RECOGNITION OF PRIOR TRAINING AND EXPERIENCE
Application Form

Revised and Adopted September 12, 2013

Date of Application: ___/___/___ Driver's License # and State: _____

Name: _____ Last First M.I. DOB ___/___/___

Phone: _____ Email: _____

*MSCTC ID/LCOTS #: _____ *MDOC ID #: _____ *MCOLES ID # _____

Date Certified and/or Licensed: ___/___/___ U.S. Military Service start _____ end _____

*Attach copy of certificate and/or license.

* Attach Military Discharge Form DD214 (long form)

Presently employed or being offered a position as a Local Corrections officer by:

_____ County Sheriff's Office.

Previous Employment History:

Previously Employed By: _____

Address: _____ Street Address City State Zip

Full Time Employee: []

Part Time Employee: []

Date of Hire: ___/___/___

Date of Separation: ___/___/___

*Attach Written Explanation for Separation

Agency letter(s) attached? Yes []

No [] (If No, explanation required.)

List Additional Training beyond certificates and/or licenses listed above that you wish the Council to consider as part of this request. Include the Type of Training, Date of Training, and Hours of Training for each category listed. Attach list to this form. (Verification in the form of certificates or other documentation is required).

File Completed (MSCTC Use Only)