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**ATTACHMENT A**

# LAW ENFORCEMENT ACCREDITATION ASSESSOR APPLICATION

**PLEASE COMPLETE ELECTRONICALLY FOR LEGIBILITY**

|  |  |
| --- | --- |
| ***Use an X to indicate which position(s) you are applying for.***  Assessor Team LeaderCompliance Auditor | |
| Retired? YESNO | |
| **Name** | **Social Security #** |

|  |  |
| --- | --- |
| **Agency Name/Address (Active or Retired from)**          County  Phone #  **E-Mail Address**: | **Home Address**          Home Phone #  Cell Phone #  **E-Mail Address**: |

**Employment History**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates (M/YYYY) | Name of Agency | Highest Rank Attained | No. of Full Time Officers |
| to |  |  |  |
| to |  |  |  |
| to |  |  |  |

**Qualifications**

**Which of the following qualification(s) do you meet as outlined on pages 6 and 7 of the Request for Applications? (Although only one is needed to qualify, please mark an X in all that apply.)**

1. **Minimum three (3) years’ experience as a sworn law enforcement officer or five (5) years’ experience as a civilian and has worked directly on the NYS Law Enforcement Accreditation Program for at least two (2) years.**
2. **Minimum of one (1) year experience as the agency program manager, inclusive of the time during which there was a successful assessment of the applicant’s law enforcement agency.**
3. **Minimum of one (1) year experience as the chief law enforcement officer or has direct supervisory/managerial oversight of the accreditation program.**
4. **Currently active on the DCJS assessor list and previously approved by the council.**

**Professional References**

***Currently employed applicants must list the chief law enforcement officer (or their designee). Retired applicants must provide a former supervisor. OPS program staff reserves the right to contact the people listed on this application.***

|  |  |  |
| --- | --- | --- |
| **Name** | **Agency** | **Phone** |
|  |  |  |
|  |  |  |
|  |  |  |

**Additional Information**

|  |
| --- |
| Please summarize your experience **as it pertains to the accreditation program** (e.g. duties related to program management, administrative oversight, etc.) and how long you’ve been involved with the program. *(The box will expand as you type.)* |
| List special accomplishments/other information to consider (e.g. FBI National Academy, awards and commendations, college teaching experience, interpersonal relations). *(The box will expand as you type.)* |
| Please indicate if there are any restrictions on your availability so we have it on file for scheduling purposes: |
| How would you prefer to be contacted for assignments? (Indicate preferred phone number and email address to be used.) |
| ***\*\*TO BE COMPLETED ONLY IF YOU ARE APPLYING FOR TEAM LEADER OR COMPLIANCE AUDITOR\*\****  Briefly describe any organizational, managerial, and writing experience you have which was not mentioned elsewhere in the application. **If you are a FIRST-TIME applicant for one of these positions, please attach a writing sample.** |
| ***\*\*FOR CURRENT ASSESSORS ONLY\*\****  Please list all the roles you have fulfilled with regard to assessments (assessor, team leader and/or compliance auditor). |

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chief Law Enforcement Officer (or designee):**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name and Rank:**

*(For currently employed applicants, a designee should be used only if the chief law enforcement officer is not available to sign. Retired applicants should make every attempt to secure the signature of a previous supervisor.)*

**Date** *(MM/DD/YYYY)***:**