

Application for Acceptance

Non U.S. Citizens: Be aware that we are not/ will not/ do not sponsor you into this country for the purposes of an immigrant visa, student visa, or for an employment visa. Company policy prohibits us from sponsoring anyone into the country. Your attendance at this training seminar is strictly on your own recognizance and is being conducted on your own time should you choose to participate in the training program while you are in this country. Any individual attempting to use this training program as an opportunity to enter the United States for the above is *illegal and upon your query the appropriate authorities will be notified immediately.*

Name: _____

Course Preference: Please indicate your chosen course and 1st, 2nd, and 3rd choices for course dates.

- 5 Day Tactical Shooting Course Dates: (1)_____,(2)_____,(3)_____
- 14 Day High Risk Operators Course: (1)_____,(2)_____,(3)_____
- 29 Day Advanced Executive Protection Course: (1)_____,(2)_____,(3)_____

General Health: I understand I need to be in reasonable health to attend the course. _____(initials here)

Deposit: I understand that my deposit is non refundable. _____ (initials here)

Waiver: I understand that the training may be dangerous and I will not hold the Center responsible for any injury suffered by me. _____(initials here)

Employment: I understand that the Center does **NOT** guarantee employment. _____(initials here)

Application Checklist:

1. Completely fill out the course application form.
2. Fill out the top half of this sheet.
3. Ensure that if you apply and are accepted, that you have your deposit ready to send.
4. Be sure to add anything that you may feel is of value that we should know that is not covered in our information sheet. This would entail martial arts certification, skill in photography, etc. Please include diplomas or written certification where possible. Former military should try and send in a copy of their DD-214 (American) or appropriate service records if possible.
5. Mail the completed application to:

CASS
PO Box 10162
Daytona Beach, FL
USA 32120-0162

I understand all of the above and wish to apply for the course.

(full signature)

(date)

CASS

Course Application

Name:

_____ Last (Jr., Sr., II, III, etc.)	_____ First	_____ Middle	_____ Suffix
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Date of Birth*: ____ / ____ / _____
(month / day / year)

Social Security No.: _____ - _____ - _____ (*USA only)

Home Address: (outside the USA list your address as your postal service would read it – the US has a slightly different addressing method)

Street Number and Name

_____ City	_____ State
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_____ ZIP/Postal Code	_____ Country
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Telephone:

_____ Home	_____ Cellular
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_____ Other	_____ Other
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E-mail address: _____

Height: _____ ggg **Weight:** _____

I am ____ (right-handed) ____ (left-handed). (Check one).

I __ (will) __ (will not) be available for employment after course graduation. (Check one).

Immigration Status*: (Check one)

_____ U.S. Citizen

If you have been a citizen of the United States, have you, at any time, renounced your U.S. citizenship? Yes No

_____ Visa Waiver

_____ Lawful Permanent Resident

_____ Non-Immigrant Visa (please specify visa number and type, e.g., B-1, B-2, etc.)

_____ Other (please specify)

*Proof of citizenship or immigration status (e.g., passport, visa) must be provided.

Criminal History:

Have you ever been convicted, in any court, of a crime punishable by imprisonment for a term exceeding one year? Yes No

If you answered "Yes" to the above-listed question, please provide details including the date(s), offense(s), court(s), circumstances surrounding the conviction, and disposition(s).

Have you ever been convicted in any court of a crime of domestic violence (either felony or misdemeanor)? Yes No

If you answered "Yes" to the above-listed question, please provide details including the court, date of conviction, circumstances surrounding the conviction, and the disposition.

Have you ever had your civil rights revoked? Yes No

If you answered "Yes" to the above-listed question, please provide details including the court, date of revocation of civil rights, surrounding circumstances, whether your civil rights have been restored and, if so, the date of restoration of your civil rights.

Are you subject to a court order that restrains you from harassing, stalking, or threatening an intimate partner of yours or a child of an intimate partner? Yes No

If you answered "Yes" to the above-listed question, please provide details including the date of the order and the circumstances surrounding such order being effectuated?

Are you presently or have you ever been on criminal supervision (e.g., probation, community control, parole, or bond)? Yes No

If you answered "Yes" to the above-listed question, please provide the court, offense(s), sentence, length of sentence, sentence, and disposition.

Additional Questions:

Are you presently taking any over-the-counter or prescription medication? Yes No

If you answered "Yes" to the above-listed question, please provide details including the type of medication(s) being taken, the reasons for taking the medication(s), the length of time you have been taking the medication(s), and the length of time you anticipate continuing the medication(s). If the medication(s) were prescribed by a physician, please provide the diagnosis cited by the medical professional who prescribed the medication(s).

Do you use or are you addicted to any controlled substance? Yes No

If you answered "Yes" to the above-listed question, please specify the type of drug(s) and how long you have been taking the drug(s).

Have you been adjudicated as a mental defective or been committed to a mental institution? Yes No

If you answered "Yes" to the above-listed question, please provide details including the date of adjudication or commission, the diagnosis, and the date of restoration or release.

Are you presently or have you ever been under the care and/or treatment of a psychologist and/or psychiatrist? Yes No

If you answered "Yes" to the above-listed question, please provide details including the type of doctor who treated you, the reason for treatment, any diagnosis that was reached, and the length of time of treatment.

Military Experience:

Have you served in armed services of either the United States or another country? Yes No

If you answered "Yes" to the above-listed, question, please provide the following information:

Dates of Service _____ Country of Enlistment _____ Branch of Service _____ Type of Discharge* _____

Experience (specialized training, firearms, etc.)

*An individual who has been discharged from the Armed Forces under dishonorable conditions may not possess a firearm or ammunition in or affecting commerce.

Law Enforcement Experience*:

Have you ever been employed as a police, corrections, and/or law enforcement officer? Yes No

If you answered "Yes" to the above-listed question, please provide the following information:

Dates of Employment _____ Agency _____

Experience (specialized training, firearms, etc.)

*A foreign law enforcement officer of a friendly foreign government who has entered the United States on official law enforcement business is exempted from the firearm and ammunition prohibition. Proof of the requisite credentials and an official letter from your law enforcement employer verifying your official business purpose must be presented.

Martial Arts Experience:

Have you had any training in the martial arts? Yes No

If you answered "Yes" to the above-listed question, please provide details regarding the type(s), location, and length of martial arts training you have received.

Firearms Experience:

Other than military and/or law enforcement training, have you had any other firearms training and/or experience? Yes No

If you answered "Yes" to the above-listed question, please provide details regarding the type(s), location, and length of firearms training you have received.

Languages:

Please list all languages and the extent to which you read, write, and/or understand the languages.

Additional Skills:

Please list, in detail, any additional skills that could be of value as a Close Protection Officer.

Reason for Course:

Please compose a short paragraph, using your own words, explaining the reason(s) you would like to be a Close Protection Officer and how you could be a benefit to our company after graduation.

Additional Information:

Please provide any additional information not previously mentioned that you feel would be an asset that you bring with you to the course:
