

PTC-3 Replacement Form

Optional form for use by Academy to confirm information below against that entered in Acadis from the NONA - edit in Acadis as necessary. If the answer to any of the Yes/No questions is Yes, please contact your PTC Academy Coordinator and note same in the Acadis person record.

Academy: Fill out and send the separate **Agency Mandated Training** form to the appointing agency for completion and signature.

Name

Last	First	Middle Initial	Suffix
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Maiden Name or any previous last name _____

Gender **Male** **Female**

Race (circle which best describes the applicant's race/ethnicity)

American Indian or Alaskan Native Asian Black or African American Filipino
Hawaiian or Other Pacific Islander Native Hispanic or Latino White

Social Security Number (last 4) **XXX – XX –** ___ ___ ___ ___

DOB (mm/dd/yyyy) ___/___/___

Education (circle highest level completed)

Grade: 11 12 HS GED HS+ GED+

Some College (# of credits completed) _____ **Major Code** _____

Associate Bachelor's Master's Doctorate Law

Employing Agency _____ **County** _____

Title Code _____ **Date of Appointment (mm/dd/yyyy)** _____

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Have you ever filed an appeal with the PTC? (circle one)

Yes No

Do you presently have an open appeal with the PTC? (circle one)

Yes No

Have you previously been dismissed from a basic course for a positive drug screen (circle one)

Yes No

*Please write legibly and ensure all information listed is correct. The name you list here is what will be printed on your graduation certificate. Changes will not be made after the certificate is printed.

