



Perkins Advanced Training
Security and Protective Services

ADVANCED TRAINING APPLICATION





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Carl D. Perkins Job Corps Center Security and Protective Services Advanced Training Program

APPLICANT LETTER

DEAR APPLICANT,

We are pleased you are considering Carl D. Perkins as an option for your advanced security and protective services training. The purpose of this program is to develop the necessary skills needed to attain employment in the security and corrections fields.

In order to qualify for the Perkins' security and protective services advanced training, the following prerequisites must be completed.

All applicants must:

- Have a High School Diploma/GED
- Be 18 years of age or older
- All potential applicants have no negative incident reports in the 90 days prior to intake into AT SPS. Carl D. Perkins Center staff will review all student behavior preceding the 90 days prior to intake into AT SPS for review of all incident reports.
- Participate in a video interview or on site visit prior for consideration into the program.
- Have completed a basic career technical training TAR in security and protective services, in homeland security, or in a MILCAP (military career preparation) program.
- Have TABE scores of at least 597 in literacy and 627 in numeracy on a D level exam with the goal of a level 6 EFL in both literacy and numeracy.
- Be able to sustain physical activity for at least one consecutive hour without a break daily and appropriately function in a high stress environment as evidenced by medical and instructional staff.
- Have mental health evaluations with clearance from wellness personnel as well as the center mental health consultant.



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- Have three written recommendations: One from Center Director, one from student's CTT instructor, and one from student's counselor.

Students must also have at least 6 months of remaining eligibility in the Job Corps program to participate in advanced training and be willing to participate in on-the-job security work based learning for 6-8 weeks both on and off center. This is a mandatory component of the program. All students should be prepared to work this rotation for a stipend on a different center for a six- week rotation.

Upon acceptance into the security and protective services advanced training program, your center will be notified via email with an official acceptance letter. Upon reporting to CDPJCC, we will issue PT clothing and shoes as well as advanced SPS uniforms.

Upon arrival, you will also be required to buy uniforms at the Carl D. Perkins Job Corps Center's uniform store. Please bring a check in the amount of **\$125.00** payable to Carl D. Perkins Job Corps Center.

Thank you for your consideration of the Carl D. Perkins Job Corps security and protective services advanced training program. We hope to assist you in fulfilling your plans for a successful career in the security or corrections field. Please direct any questions regarding our AT program to Ms. Beverly Compton, 606-433-5331, compton.beverly@jobcorps.org.



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PROGRAM OUTLINE

Admission Criteria

Student must meet the standards outlined below:

- All AT program applicants must have met all the following PRH requirements: Obtained a HSD/GED, completed a training achievement record (TAR) in a security and protective services Job Corps career technical training program, and have a clear criminal background check prior to acceptance into the advanced training program.
- Age enrollment requirement: Student must be a minimum of 18 years of age at entry into the advanced training program.
- All potential applicants should have no negative incident reports in the 90 days prior to intake into AT SPS. Carl D. Perkins center staff may review all student behavior preceding the 90 days prior to intake into advanced training for review of all level 1 and 2 incident reports.
- Carl D. Perkins Advanced Security Program will also require students receive a thorough psychological review prior to admission.
- PDOF AT site visit or video interview should be conducted prior to final acceptance to the AT program. The student must either participate in a video conference with the receiving center or visit the receiving center for a tour.
- AT pre-enrollment attendance standard: All applicants must have no more than a maximum of ten unexcused absences during Job Corps enrollment.
- Test of Adult Basic Education (TABE) advanced training program application requirement: TABE reading 597 (D level), TABE math 627 (D level).
- Three written recommendations are required from the Center Director, student's CTT instructor, and student's counselor.
- Health clearance from Carl D. Perkins Job Corps wellness center.
- Valid driver's license – Required – Must provide a recent DMV abstract.
- Students should spend any clothing allotment money due them prior to transfer.

Training Day Schedule:

Start 8:00 a.m.
Lunch 11:30 a.m.-12:30 p.m.
End 4:45 p.m.



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2020 SCHEDULE

Student folders are needed on center by the last Monday of each month to be eligible for admission on the last Monday of the following month.

Student dates of entry (Travel Date) will be on the last Monday of each month.

Full program capacity in the Perkins advanced security and protective services training program will result in delayed intake into the program. Scheduled intake dates will be delivered via email correspondence to centers with pending folders.

Place the medical portion of the packet in a sealed envelope per HIPPA.

Any academic IEP information needs to be sent prior to student's arrival on center.

NOTE: Please send all applications and information to:

**Carl D. Perkins Job Corps Academy
ATTN: Beverly Compton
AT Instructor
478 Meadows Branch
Prestonsburg, KY 41653
(606) 433-5331**



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REQUIRED DOCUMENTS

Please ensure that all requested documents are submitted. This will expedite the application process. Any missing or incomplete documents may result in delaying arrival.

1. Attach last three evaluations of student progress (ESP)
2. Original social security card and/or birth certificate
3. Copy of HSD/GED and relevant academic records, i.e, IEP, 504, transcripts
4. Copy of updated personalized career development plan (PCDP)
5. Copy of current student conduct profile
6. Copy of all student case notes (detailed list)
7. Copy of student goals summary report beginning from the date of program entry
8. Signed dress code agreement
9. Medical records checklist (send in sealed confidential envelope)
10. Clothing allotment record
11. Separation Advance Report (For student pay purposes)
12. Applicant Information Sheet
13. Copy of data sheet (652)
14. Alternate contact sheet
15. **Student Boot/Clothing Sizes - REQUIRED**
16. **Copy of driver's license or current driver's permit - REQUIRED**
17. **Copy of recent DMV abstract - REQUIRED**
18. Copy of any CTT related certificates (ex. CPR/First Aid, ICS 100, etc.)
19. Background check results (Required)
20. Please provide name, phone and fax number for sending center records department
(This will facilitate communication at time of transfer)
21. Copy of current Student Profile 640
22. Student Agreement of Understanding (with signature)
23. Applicant essay handwritten by student
24. Center Director recommendation
25. Basic security and protective services instructor recommendation
26. Third recommendation letter
27. Basic security and protective services TAR (photocopy)
28. Master testing roster by student (photocopy)
29. Swim certification status (photocopy)
30. Updated résumé

Center/Academy Director OR Designee

DATE

Career Technical Training Manager

DATE

Career Technical Training Instructor

DATE



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APPLICANT INFORMATION SHEET

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Date of Entry to Job Corps: _____

Address: _____ City, State, ZIP Code: _____

Circle: Male/Female

Sending Center: _____

Transfer Coordinator (Name/Title): _____

Phone Number: _____

Fax Number: _____



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STUDENT AGREEMENT OF UNDERSTANDING

I, _____, understand that while I am student enrolled at the Carl D. Perkins Job Corps Center's Advanced Training program, the following expectations will be required for me to graduate:

AT Students must:

- _____ Complete advanced training program and secure employment in the trade or advanced education.
- _____ Maintain attendance and punctuality are expected and required.
- _____ Dress in adherence to the center's dress code while on center and appropriate to the work or leisure setting while on a work based learning or leisure activity.
- _____ Adhere to Job Corps zero tolerance policy.
- _____ Participate in all training programs and compliance with center behavioral expectations.
- _____ Actively participate in physical training which includes running, HIIT, climbing stairs, weight training, biking, Brazilian Jiu Jitsu etc. and a monthly PT testing.
- _____ Maintain hygiene and cleanliness of self and environment.
- _____ Participate in paid and unpaid WBL events are mandatory.
- _____ Perform assigned work-based learning hours.
- _____ Save money. Student must place 80% of all earnings from WBL, LTE, and financial aid surplus into their center bank account.
- _____ Assist with holding classmates accountable to class standards in a respectable manner.

Student professionalism and integrity must be of the highest standards and any discredit brought to the SPS AT program will result in center staff intervention and sanctions.

Print Name

Sign Name



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CENTER/ACADEMY DIRECTOR RECOMMENDATION

Applicant Information:

Last Name: _____ First Name: _____

Student ID: _____ DOB: _____

Sending Center: _____

Applicant's TAR Completion Level: _____

Describe overall student performance on center.

I recommend the above student for the Advanced Security and Protective Services Training Program at the Carl D. Perkins Job Corps Center.

Center/Academy Director's Signature

Date



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SECURITY AND PROTECTIVE SERVICES INSTRUCTOR RECOMMENDATION

Applicant Information:

Last Name: _____ First Name: _____

Student ID: _____ DOB: _____

Sending Center: _____

Applicant's TAR Completion Level: _____

Attendance Record: (circle) Excellent- Good- Marginal

Describe overall performance in trade. Please reference initiative, basic security knowledge, ability to follow directions, and ability to work as part of a team.

I recommend the above student for the Advanced Security and Protective Services Training Program at the Carl D. Perkins Job Corps Center.

Instructor's Signature

Date

Note: Please Attach Security and Protective Services TAR – Cover sheet showing 100% completion of trade.



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RECOMMENDATION LETTER

Applicant Information:

Last Name: _____ First Name: _____

Student Center: _____ DOB: _____

Sending Center: _____

Applicant's Permanent Address: _____

Please share with us a summary of applicant's most recent three performance appraisals. Include information from vocation and residential living. Please attach additional sheet(s) if necessary.

I certify that the documents attached are current and correct and that the applicant received all clothing allotments due. The official Job Corps file will arrive within 24 hours of the trainee; transfer will occur in CIS prior to the arrival.

Counselor / Career Manager Signature

Date

Note: Please Attach The Following:

Last three Performance Evaluations

Copy of Social Security Card

Copy of High School Diploma or Equivalent

Updated Personal Career Development Plan (PCDP)

Copy of current Student Conduct Profile



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DRESS CODE AGREEMENT

Training Day Requirements

- Center issued uniforms only
- Pants worn at waist
- ID worn above waist at all times
- Gray T-shirt under uniform
- Belt must be worn
- No long sleeves showing under uniform
- Shoes must be laced and tied
- Jackets must be off when in the classroom
- Only center-issued jackets/hoodies permitted

General Student Dress Requirements

- Pants must be appropriate in size and worn at the waist
- Clothing depicting violent or nude scenes, and clothing bearing profanity, references to drugs and alcohol, or otherwise provocative or inappropriate slogans, bearing graffiti or markings are not permitted at any time
- No hats to be worn in buildings
- No do-rags outside of the dorm
- All hats worn with the bill facing front
- Shoes laced, tied, clean and free of graffiti or markings

Student Name

Date



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ALTERNATE CONTACT FORM

Date_____

Applicant Name_____

Home Address: _____

City_____State_____ZIP code_____

Home Phone_____Cell Phone_____

E-mail address:_____

Primary Contact Name and Phone:_____

Alternate Contact Name and Phone:_____



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STUDENT BOOT/CLOTHING SIZES

Boots (Men's Size)_____

Shirt _____

Jacket _____

Pants (Waist and Inseam)_____

**Please provide name, phone and fax# of records department
contact (This will facilitate communication at time of transfer)**



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ADVANCED TRAINING COURSES

- Emergency Response Belt
- Police expandable baton
- Oleoresin Capsicum (OC) Spray*
- Less than Lethal shotgun specialist
- Edged weapons spontaneous response
- Confrontational avoidance techniques
- Police street combative techniques and tactics
- Police and correctional control and restraint
- Police and correctional non-lethal use of force
- Advanced Taser M26C operations
- Police safety and survival
- Police arrest and control
- Communications
- Problem solving and critical thinking
- Information tech applications
- Systems
- Safety health and environment
- Leadership and teamwork
- Ethics and legal responsibilities
- Employability and career development
- Technical skills
- Industry strategies
- The American political system
- Public safety history
- Public safety units
- Various cycling pieces

Instruction on the above TAR items will be delivered primarily through TJA certification training and Job Corps security departmental operating procedures via work-based learning opportunities, hands-on activities, small group instruction, in-class presentations/guest speakers, whole group instruction, peer tutoring, instructional tutoring, and technology/manipulatives among other methods.



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CELL PHONE POLICY

I. Cell phone and electronic item guidelines are as follows:

- Any student may carry on his/her person a cell phone or electronic device any time during the day.
- Any electronic device that plays music must be used with headphones.
- Any student's electronic device may be used from the time students are released from the dorms in the morning until entering the classroom. Students may also use electronic devices at breaks and when the training day ends.
- Student cell phones can be left on during the training day, but must be in the silent mode.
- Cell phones may not be used once lights out is called.
- Students using an electronic device in an unauthorized area or during an unauthorized time will receive an on the spot intervention. Three on the spot interventions in 60 days become an incident report which would make an advanced training student ineligible to continue in the advanced training program.
 - Any form of documented bullying, sexting or exchange of inappropriate pictures will result in an IR. Depending on the nature of the written text or pictures this could result in termination from the program.
 - Students using electronic devices for cheating will be dealt with through the standards of conduct. Cheating and plagiarism are considered zero tolerance offenses.

II. Student Electronic Device Acknowledgment:

- Students will sign an electronic device contract while in the program. The center will assume no liability for a personally owned cell phone.
- Any expenses incurred from the phone charges or loss of the equipment will be the sole responsibility of the owner.
- Student may not go in any unauthorized areas for the benefit of good reception.

Student Name _____ Date _____



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RECORDS RELEASE AUTHORIZATION

My signature below authorizes the release of all requested information. This authorization remains in effect from the date of the request throughout student's services related to the Carl D. Perkins Job Corps Center.

NAME: _____

STUDENT ID NUMBER: _____

I hereby authorize the release of any and all information pertaining to my enrollment in the Job Corps program or employment through the Job Corps program to Carl D. Perkins Job Corps staff or any other Job Corps representatives during or after my enrollment in the Carl D. Perkins security and protective services advanced training program.

I also authorize the use of my image via photos, posters, brochures, newspapers, and more for the purpose of promotional materials for the Perkins security and protective services advanced training program.

Items to be submitted for consideration include the following:

- Copy of HSD/GED transcripts
- Mental Health Consult
- Medical Enrollee Consent Form
- Clothing Allotment Report
- Statement of Earnings
- Statement of Leaves
- Copy of conduct profile from CIS
- Last six months of case notes
- Social security card
- Student goals summary report
- Copy of IEP (if applicable)
- Proof of medical insurance
- HIPAA form
- Completed TAR
- Copy of 652
- Most recent PCDP
- Last three ESP's
- Student Profile/ETA 640
- Student conduct profile
- Work Based Learning Report

Along with the above stated documents, students are responsible for submitting to Carl D. Perkins Job Corps Center their General Information Form, application for advanced training, applicant letter, entrance exam, and applicant essay.

Student Name

Date



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WORKPLACE STANDARDS

The following information establishes the minimum expectations for workplace standards at the Carl D. Perkins Job Corps Center. All security and protective services advanced training students will commit to this workplace standards contract as part of the application acceptance process and commit to following it upon arrival at the center.

Workplace Standards Employment Contract

I, _____, acknowledge that I understand and agree to follow the rules and regulations established by the Carl D. Perkins Job Corps Center as outlined below. As a condition for my continued education opportunity, I am confirming my responsibility to maintain the following workplace standards:

- I agree to be on time for classes, scheduled appointments, and I will work diligently to meet and exceed all Career Success Standards.
- I will take direction from my workplace supervisor without questioning his/her authority or direction and will refrain from insubordination.
- I understand that when I arrive back to or leave the center, I will sign in and out at designated locations for accountability purposes.
- I will have my identification badge displayed at all times for accountability purposes.
- I will possess leadership skills when involved with staff, students, and community members through my actions, language, and attitude.
- I will be accountable for and protect all equipment/property entrusted to me while enrolled at Carl D. Perkins Job Corps Center.
- I will follow all established center policies including but not limited to, the standards of conduct, the cell phone policy, smoking policies, dress code policies, dorm and class accountability.



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- I will practice good personal hygiene and maintain a professional appearance at all times
- I understand I am not permitted to possess weapons or any kind, unless assigned to me by center personnel for instructional or employment purposes.
- I understand that my training may present opportunities to purchase alcoholic beverages. This is not permitted, regardless of age. I understand that possession of drugs/alcohol will be cause for immediate termination.
- I understand that the center may conduct search and seizure of my personal property in accordance to the United States Department of Labor policies.
- I understand that my advanced training security and protective services training may require me to work unconventional hours. I also understand that I am still obligated to complete all dorm and classroom duties as specified through center policy.
- I understand that although I am an advanced training student, all center policies and procedures apply to me in the same manner as they apply to all other Carl D. Perkins Job Corps Center students.
- It is the expectation of the Carl D. Perkins Job Corps Center that students will exhibit maturity, positivity, and overall outstanding behavior while attending the Perkins security and protective services advanced training program.

Student Name

Date



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STUDENT TRANSFER WELLNESS SUMMARY CHECKLIST

Complete summary and forward to the receiving center at least two weeks prior to student arrival (refer to PRH-6: 6.4 ©). Each summary section must be completed.

GENERAL INFORMATION

Student Name: _____ DOB: _____ ID#: _____

Transferring Center Name: _____

Transferring Center Address: _____

Date of Entry: _____ Date of Transfer: _____

Insurance (check all that apply):

Private Insurance: ☐ YES ☐ NO If yes, enter insurer: _____

Medicaid: ☐ YES ☐ NO If yes, enter state: _____

Other (specify): _____

Allergies:

Current medications and dosages:

Upcoming appointments (e.g., orthodontic, off-center health care provider):

ACCOMMODATIONS

Check One:

☐ Accommodation plan is attached

☐ Student does not have an
accommodation plan



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Comments (include any specific additional information that needs to be known in relation to the student's accommodation plan such as the use of specific technologies or other information that was helpful in the implementation plan): Click here to enter text.

Disability Coordinator Name: _____ **Contact Number:** _____

Disability Coordinator Signature: _____ **Date:** _____

Disability Co-Coordinator Name: _____ **Contact Number:** _____

Disability Co-Coordinator Signature: _____ **Date:** _____

Health and Wellness Manager Name: _____ **Contact Number:** _____

Health and Wellness Manager Signature: _____ **Date:** _____

MEDICAL *

Date of last medical assessment: _____

Medical summary (include diagnoses, chronic/acute conditions, and treatments):

Activity/Diet/Vocational Restrictions:

Provider Signature: _____ **Date:** _____



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ORAL HEALTH

Check all that apply:

☐ Refused elective oral examination

☐ Received oral health treatment

☐ Received elective oral examination

☐ Refused oral health treatment

If student received priority classification, current priority classification:

☐ 1

☐ 2

☐ 3

☐ 4

Does the student have orthodontics? ☐ Yes ☐ No

If yes, is an updated orthodontic treatment plan in place? ☐ Yes ☐ No ☐ N/A

Oral health summary (include diagnoses, chronic/acute conditions, and treatment):

Center Dentist Signature: _____ Date: _____

TEAP

Entry Toxicology: ☐ Negative

☐ Positive, if positive, list drug(s):

Suspicion testing dates/results (if applicable):

TEAP summary (include results of initial assessment, interventions, and dates of all contacts with TEAP Specialist):

TEAP Specialist Signature: _____ Date: _____



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MENTAL HEALTH

Check one:

- ☐ Student received mental health services
- ☐ Student did not receive mental health services

Mental health summary (include clinical impressions from initial intake assessment, interventions (on and/or off center), medications, and any other relevant care management contacts with the CMHC. Any mental health diagnosis will need to be listed along with what behavior(s) attributed to the diagnosis:

CMHC Signature: _____ **Date:** _____

****This form contains privileged and confidential information and/or protected health information (PHI). All medical/mental health information contained within this document is protected under HIPAA (Health Insurance Portability and Accountability Act). ONLY medical/mental health personnel are privy to this information and the information may not be viewed by anyone other than those with the appropriate privileges. Please send all medical information to the Perkins Center Wellness Manager, Heather Slone at Slone.Heather@jobcorps.org.**



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Items Not Allowed On Center		
Firearms and Ammunition	Tobacco by minors	Candles or other fire hazards
Explosives, Fireworks, and incendiaries	Any items which are illegal under state law	Bandannas
Knives	Cigars or Scented tobacco products	Gambling paraphernalia
Cigarette rolling machines, rolling papers and loose tobacco	Vaping is not permitted on center	Prescription medication must be maintained and distributed through the Wellness Center
Pornographic materials	All weapons and instruments for which the primary use is to inflict personal injury.	Illegal Drugs, Non-Prescription Drugs and Drug Paraphernalia
Energy Drinks	Gang related paraphernalia	Tattoo Paraphernalia
Stolen property	Handcuffs or restraints	Aerosol spray cans
Alcohol	Mace or similar chemicals	Over the Counter Medication not dispensed by Wellness Staff
Any item which is in violation of state or federal law	Cat Safety Key Chains	Homemade weapons
Items Allowed On Center		
Cell Phones, Laptops, iPad's	Shorts (if appropriate length)	Hair Dryers, Curling Irons, or various other styling products
Perfume/Cologne – non	Dresses (appropriate length / style)	Cigarettes if 18 or older
Items Center Provides		
Bedding (sheets, comforter, blanket, mattress pad, & pillow)	Clothes Hangers	Welcome Bag (2 wash cloths, 2 towels, bath shoes, laundry bag)
Iron/ Ironing Boards	Welcome Bag	Liquid Laundry Detergent

Student Name _____

Date _____



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IMPORTANT PHONE NUMBERS AND ADDRESSES

Application packets are to be to the attention of Beverly Compton.

Place the medical portion of the packet in a sealed envelope per HIPPA.

**Advanced Security and Protective Services
Beverly Compton
Phone: 606-433-5331
compton.beverly@jobcorps.org**

**Academic Disability Coordinator
Shirley Bryant
Phone: 906-433-5331
Bryant.Shirley@jobcorps.org**

Any academic IEP information needs to be sent prior to student's arrival on center.

Thank you for your interest and submission,

*Ms. Beverly Compton,
Advanced Training Instructor*

**Mailing Address:
Carl D. Perkins Job Corps Center
478 Meadows Branch
Prestonsburg, KY 41653
Phone: 606-433-2256
Fax: 606-433-5401**

**Student Training Director
Jeana McKenzie
Phone: 606-433-2280
mckenzie.jeana@jobcorps.org**

**Wellness Manager, RN/BSN, HWM
Disability Coordinator
Heather Slone
Office: 606-433- 2278
slone.heather@jobcorps.org**