

**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING  
RESUME FORM**

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RESIDENCE MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

AGENCY TELEPHONE NUMBER: \_\_\_\_\_ OTHER CONTACT NUMBER: \_\_\_\_\_

CAREER RESUME: (Please list employer, position and tenure)

Present Position: \_\_\_\_\_

Prior: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

DEGREE(S): \_\_\_\_\_

PROFESSIONAL TRAINING: \_\_\_\_\_

\_\_\_\_\_

TITLE OF COURSES TO BE TAUGHT

\_\_\_\_\_

\_\_\_\_\_

**WHICH OF THE FOLLOWING CLEET INSTRUCTOR CERTIFICATIONS DO YOU HOLD?**

BASIC INSTRUCTOR  Date of Certification \_\_\_\_\_

DEFENSIVE TACTICS /CUSTODY  
CONTROL INSTRUCTOR  Date of Certification \_\_\_\_\_

FIREARMS  Date of Certification \_\_\_\_\_

LEDT (DRIVER TRAINING)  Date of Certification \_\_\_\_\_

FIRST AID / CPR  Date of Certification \_\_\_\_\_

RADAR INSTRUCTOR  Date of Certification \_\_\_\_\_

OTHER (Specify)  Date of Certification \_\_\_\_\_