

NOTICE OF DDAC COUNCIL POSITION VACANCY

If you are interested in serving the Council on Law Enforcement Education and Training as the Drug Dog Advisory Council representative, please complete this application and submit it, along with a letter of interest, and resume to shirley.todd@cleet.state.ok.us. The DDAC Council will consider all applications at its next quarterly meeting, and make a recommendation to the Council, which has final appointment authority.

I am currently in compliance with the requirements of 70 O.S. § 3311. Yes _____ No _____

I am employed as a full-time peace officer for a municipal, county, or state entity of government. Yes _____ No _____

Years of full-time peace officer experience:

Line Officer	_____
Mid-level Management	_____
Upper-level Management	_____

Educational Level	High School Diploma	Yes _____ No _____
	Associate Degree	Yes _____ No _____
	Baccalaureate Degree	Yes _____ No _____
	Masters or above	Yes _____ No _____

Instructional and/or teaching experience: (Check all that apply)

- 1) Experience as a trainer or instructor Yes _____ No _____
- 2) CLEET certified instructor Yes _____ No _____
- 3) In-service trainer Yes _____ No _____
- 4) Adjunct instructor for college or university Yes _____ No _____

Professional organizations in which I am currently a member in good standing: (Provide name of organization and any office held within the organization).

- 1) _____
- 2) _____
- 3) _____

Community organizations in which I am currently a member in good standing: (Provide name of organization and any office held within the organization).

- 1) _____
- 2) _____
- 3) _____

I authorize Council staff to verify the above information and to include my CLEET training record, social security number extracted, in Council and Advisory Council agenda packets for consideration of application as an Advisory Council member. (Note: Council and Advisory Council agenda packets are considered public records and as such, are open to the public for inspection).

Name: _____ Position: _____ Agency: _____

Signature: _____ Date: _____