

For Commercial/Private

1. Complete the attached enrollment application. Be sure to list the class(es) you would like to attend on the enrollment application. Please include the dates and location of the class as well.
2. Complete the Fingerprint Form in this packet or substitute the fingerprint form from your agency.
3. Complete the consent for release of background information. LSI will conduct a background investigation on students prior to being accepted for classes.
4. Send the following to LSI:
 - A. Complete Enrollment Application (2 pages total)
 - B. Refund Affidavit Form
 - C. Fingerprint Form
 - D. Tuition
 - Option A - Full Payment (credit cards accepted)
 - Option B - \$100 deposit per class. Balance is due on the first day of class
 - E. One time enrollment fee - \$100 (for all courses within 7 years)
 - F. Consent for release of background information.

Upon completion of this application process, you will be sent a letter of confirmation. The letter of confirmation will contain hotel and scheduling information. The letter will be sent to the address listed on your application form.

Form of Payment

- Check (Payable to Lockmasters Security Institute) GI Bill (Submit Certificate of Eligibility)
 Visa Mastercard Discover American Express

Card Number _____ 3 or 4 digit security code _____

Expiration Date _____ Total Amount _____ Signature _____

Card Holder's Name _____

Card Holder's Billing Address _____ Suite # _____

City _____ State _____ Zip _____ Country _____

Contact Person _____ Phone Number _____ Fax Number _____

Receipt Yes No Fax email email address _____

Cancellation and Refund Policies

Consumer's Right of Cancellation

You may cancel this contract without penalty or obligation within 10 business days from the date you signed this contract.

You may also cancel this contract if, upon a doctor's order, you cannot physically receive the services, or you may cancel the contract if the services cease to be offered as stated in the contract. If you cancel this contract for either of these reasons, the seller, Lockmasters Security Institute, may keep only a portion of the tuition or contract price.

You may notify the seller of your intent to cancel by notice to:
Lockmasters Security Institute
1014 South Main Street
Nicholasville, KY 40356

This contract or note is for future consumer services and puts all assignees on notice of the consumer's right to cancel under Kentucky's fair trade practices rule.

You may also cancel at any other time and qualify for a refund in accordance with the refund policy by calling LSI at the phone number listed below:
Lockmasters Security Institute: 859.887.9633 or 866-574-8724

Refund Policies

If LSI receives verbal notice of cancellation 10 business days from the class start date, LSI will refund, in full, all money paid.

If LSI receives verbal notice of cancellation less than 10 business days prior to class start date the student will be charged full tuition and can re-schedule for a future date, based on space availability.

If an applicant is not accepted into LSI's Training program, we will also refund, in full, all money paid.

LSI reserves the right to cancel a class due to insufficient enrollment. You will be notified and a full refund will be issued.

Travel & lodging are not included in price of course.

No Show Policy

If a student does not show for the start of a class, full tuition will be forfeited.

Yes, I wish to apply for college credits through Lockmasters Security Institute.



Admission Application

ALL QUESTIONS MUST BE ANSWERED. PLEASE PRINT OR TYPE.

LSI reserves the right to refuse any application. It is my understanding that I will be thoroughly investigated before I begin the course. I understand that without the down payment/deposit or the appropriate government forms, my application will not be accepted. A faxed application will be accepted, but originals must be mailed or hand-delivered.

FULL NAME Last _____ First _____ Middle _____

SOCIAL SECURITY NUMBER _____ DRIVERS LICENSE NUMBER _____

SEX (Check One) Male Female

CITIZENSHIP STATUS USA Naturalized Alien (Temporary) Alien (Permanent)

If not a US citizen, what is your Visa type? _____

MILITARY STATUS _____ Will you be receiving veteran's benefits? Yes No

HOME ADDRESS Street _____ City _____ State _____ Zip _____

EMPLOYER NAME _____ Title _____

COMPANY ADDRESS _____ City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____ Home Phone (_____) _____

Cell Phone _____ email _____

Which LSI course(s) will you be attending?

Course Name _____ City/State of Class _____ Date _____

Course Name _____ City/State of Class _____ Date _____

Course Name _____ City/State of Class _____ Date _____

Your name as you wish it to appear on your certificate

First _____ Middle _____ Last _____

DATE OF BIRTH Month _____ Day _____ Year _____ Age _____

PLACE OF BIRTH City _____ County _____ State _____

GENERAL INFORMATION Height _____ Weight _____ Hair _____ Eye _____

Visible Scars or Tattoos - Describe _____

EDUCATION (Check highest year completed): 8 9 10 11 12 College 1 2 3 4 Other _____

High School Attended _____ City _____ State _____

High School Graduation or GED completion date _____

Other Post-secondary Institutions attended and dates _____

College _____ City _____ State _____ Dates Attended _____

College _____ City _____ State _____ Dates Attended _____

College _____ City _____ State _____ Dates Attended _____

RESIDENCY STATUS: Kentucky How long have you lived in Kentucky? _____ Non-Kentucky

Admission Application Continued



Have you ever been convicted of a felony? Yes No If yes, explain _____

Do you have security clearance? Yes No Facility Issuing Clearance _____

Have you ever had a security clearance suspended, denied or revoked? Yes No

If yes, give location and dates _____

List your last previous residence and approximate dates of residence

Street _____ City _____ State _____ Zip _____

Date from _____ to _____

List your previous two employers in most recent order

Name _____ Position _____

Dates of Employment from _____ to _____ Supervisor _____

Street _____ City _____ State _____ Zip _____

Phone Number (_____) _____

Name _____ Position _____

Dates of Employment from _____ to _____ Supervisor's Name _____

Street _____ City _____ State _____ Zip _____

Phone Number (_____) _____

Refund Affidavit Form - Signature Required

In signing this enrollment agreement, I certify that I have received a copy of the refund policy and have read all parts of the agreement carefully. I hereby agree to follow LSI's policies and abide by the terms of payment arranged on this enrollment agreement. I, the undersigned, do hereby swear and affirm that all statements on this enrollment application are true to the best of my knowledge. I understand that I may be thoroughly investigated and I further understand that willfully withholding information or making false statements on this application will be the basis for dismissal from LSI's training program. I further swear and affirm that I have never been convicted of the crime(s) of Burglary, Breaking and Entering, Robbery, and/or Grand or Petty Larceny. Further, I solemnly swear that I will use this information only in the discharge of my duties; that I will never use my knowledge of this subject to aid and abet in the commission of a crime.

Applicant's Signature

Date Signed

LSI School Official

Date Signed

Digital Signature

Fax Enrollment Application to 859.887.0810 or Call Toll Free 866.574.8724

FINGERPRINT FORM



ALL APPLICANTS MUST SUBMIT A FINGERPRINT CARD.

Fingerprints must be taken at your police department, local law enforcement agency or security department in you command.

STUDENT NAME: _____

PRINTS TAKEN BY _____

AGENCY OR DEPARTMENT _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AREA CODE & PHONE NUMBER (_____) _____

NOTE TO AGENCY FINGERPRINTING

The individual being printed is applying for a course of study in a security field.

The training he/she is undertaking is of a confidential nature. Should you desire a copy of these prints for your files, LSI will forward such to your agency upon receipt of written request.

FINGERPRINT FORM

RIGHT THUMB	RIGHT INDEX FINGER	RIGHT MIDDLE FINGER	RIGHT RING FINGER	RIGHT LITTLE FINGER
LEFT THUMB	LEFT INDEX FINGER	LEFT MIDDLE FINGER	LEFT RING FINGER	LEFT LITTLE FINGER
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY	L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), **Lockmasters Security Institute** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Lockmasters Security Institute**. **Lockmasters Security Institute** uses **Abso**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

Abso will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Lockmasters Security Institute**, and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Lockmasters Security Institute** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Lockmasters Security Institute**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 101 Creekside Ridge Ct., 2nd Floor, Roseville, CA 95678. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed _____ Today's Date _____

Name as it appears on your driver's license _____ Position Applied For _____

_____-_____-_____/_____/_____
Social Security Number Date of Birth Driver's License Number State

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS Mo./Yr. / Mo./Yr

Current Address: _____ /
Street Apt.# City State Zip Code From / To?

Former Address: _____ /
Street Apt.# City State Zip Code From / To?

Former Address: _____ /
Street Apt.# City State Zip Code From / To?