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M-2-LE Application

*Please complete the following Military to Law Enforcement Application and submit to the Kentucky Law Enforcement Council’s Program Coordinator at* [*KLECS@KY.Gov*](mailto:KLECS@KY.Gov)*. Upon receiving your request and obtaining approval, KLEC will provide additional resources and documentation to facilitate your SkillBridge approval. Please denote your Agency POC as the individual that will work with our office to submit additional application documentation. Thank you for your support of our Kentucky Law Enforcement, U.S. Military and our veterans.*

**Applying Agency Information:**

Agency Name - Click or tap here to enter text.

Agency Head – Click or tap here to enter text.

Agency POC - Click or tap here to enter text.

POC Email - Click or tap here to enter text.

POC Phone - Click or tap here to enter text.

**Agency Head or Designee to Complete the Following:**

1.Our law enforcement agency desires to hire the following positions – Mark all that apply

Full-time Certified Peace Officer Full-time Telecommunicator

2. If an applicant of this program is hired, will you be able to pay their salary upon graduation at $15.00 or more per hour? YES NO

3. Is your law enforcement agency capable of hosting an on-line employment interview if a military applicant is unable to attend in person? YES NO

4. Is your law enforcement agency capable of posting M-2-LE and hiring information on your official agency website? YES NO

5. When preparing to start your applicant process will your agency allow KLEC to place a link on our website directing potential applicants to your agency? YES NO

6. Will your agency agree to require an applicant to sign a pre-employment agreement that requires that they could be held liable for your agency training expenses if they separate from your department in less than three years (KRS 70.290). YES NO

Agency Head Signature - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date - \_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐KLEC Approval - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date - \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐MOU Signed Date- \_\_\_\_\_\_\_\_\_\_\_\_\_ M-2-LE Agency ID- \_\_ \_\_ - \_\_ \_\_ \_\_