



# BASIC ACADEMY APPLICATION

(Check One) **Patrol**  **Detention**  **Correction**  **Probation & Parole**  **Dispatch**  (Page 1 of 2)

Department Making Application					
Application For Class Number		Class Starting Date		Class Ending Date	
Full Name of Applicant (Last, First, Middle)				Date Hired	
Applicant's Home Address			Applicant's E-Mail:		
Home Phone	Drivers License State		Drivers License Number		Date of Birth
If Less Than 5 years, Last Drivers License State		Nickname/Commonly Used First Name		Age	Place of Birth
Number					
Height	Weight	Sex	Race	Social Security Number (For I.D. purposes and tracking training records)	
American Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EDUCATION		<input type="checkbox"/> High School Graduate		<input type="checkbox"/> College Degree	
Please enclose copies of all certificates		<input type="checkbox"/> GED		Type/Major: _____	
Current Status:				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve	
Caliber of Duty Weapon					
Current Position: <input type="checkbox"/> Patrol <input type="checkbox"/> Detention <input type="checkbox"/> Investigation <input type="checkbox"/> Correction <input type="checkbox"/> Probation & Parole <input type="checkbox"/> Other					
<input type="checkbox"/> Dispatch <input type="checkbox"/> Civil <input type="checkbox"/> Animal Control Date Started this position _____					
<b>HAVE YOU EVER BEEN CITED, ARRESTED OR CONVICTED OF ANY CRIME? Yes <input type="checkbox"/> or no <input type="checkbox"/>. If yes, please list below.</b> (Use separate sheet if necessary). <b>Have you ever been convicted of a misdemeanor crime of domestic violence?</b> (For purposes of this question, a "crime of domestic violence" means a crime which has as its factual basis, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by the victim's domestic partner, parent, or guardian. The term "conviction" shall include any conviction in a federal, tribal, state, county or municipal court; a voluntary forfeiture of bail, bond, or collateral deposited to secure a defendant's appearance in court as a final disposition; the payment of a fine; a plea of guilty, nolo contendere, or a finding of guilt regardless of whether the sentence is imposed, suspended, deferred, or withheld; the charge dismissed, or the record expunged. <b>Yes <input type="checkbox"/> or no <input type="checkbox"/>. If yes, please list below.</b> (Use separate sheet if necessary)					
<b>You <u>must</u> list any and <u>all</u> misdemeanors, felonies and withheld judgments (regardless of how long ago they occurred) including, but not limited to; forfeiture of bail, payment of a fine, plea of guilty, nolo contendere, or a finding of guilt regardless of whether the imposition of sentence is deferred, withheld or the penalty suspended. <u>Failure to disclose any conviction, regardless of the reason, may be grounds for rejection.</u></b>					
Approximate Date	Police Agency		Charge *You <u>MUST</u> attach a written explanation for each charge listed and include police and court records.		
<b>LIST ALL TRAFFIC CITATIONS RECEIVED IN THE LAST FIVE YEARS. (Use Separate Sheet if Necessary)</b>					
Approximate Date	Police Agency		Charge		
<b>HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO</b> If yes, please list below.					
Approximate Date	Police Agency		Charge (include written statement)		



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MILITARY HISTORY	
Which Branch?	
Type of Discharge	
NO APPLICATION WILL BE PROCESSED WITHOUT AN ATTACHED COPY OF YOUR DD214 AND DISCHARGE.	

**PLEASE READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING**

I, the undersigned, hereby agree to obey the Academy regulations and understand that I am subject to dismissal from the Academy for any infraction. I certify that I am of good health, physically fit, and of good moral character, and release the Peace Officer Standards and Training Council, the Idaho State Police, the State of Idaho, and any other official associated or connected with the Academy from liability in case of illness or accident. It is understood that for any illness or injury not covered by employer-provided Worker's Compensation Insurance, I will only be covered to the extent that I would be covered while at my own department under personal or departmental medical insurance. I understand I will be required to enter into an agreement with the State of Idaho, Peace Officer Standards and Training Council, promising to remain within the Law Enforcement profession in the State of Idaho for a period of at least two (2) years following the date of my graduation from the POST Academy; I understand that violation of the terms of said agreement shall create civil liability and that a civil action may be commenced by the POST Council and the State of Idaho for restitution of all sums paid by the Council for my training, plus costs and reasonable attorney's fees. **I certify there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete and correct to the best of my knowledge and belief and are made in good faith.**

Applicant's Signature	Date
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**TO BE COMPLETED BY DEPARTMENT HEAD**

Is applicant, while attending the Academy, covered by Workman's Compensation for on-the-job injury?  Yes  No  State Insurance Fund

Name of Any Other Insurance Carrier

Are fingerprints of the applicant on file with the Idaho State Police Bureau of Identification  Yes  No  Applicant fingerprint cards enclosed

The applicant named in the application is a full-time certifiable employee as defined in Idaho Code Section 19-5101(d). I believe him/her to be of good moral character and worthy of certification. I certify that the applicant has complied with the minimum standards required by the Council for employment under the administrative rules and regulations, IDAPA 11, Title 11, Chapter 01, Sections 050-063. I certify that my department has screened the applicant for criminal history background. My opinion is based upon personal knowledge or inquiry. The personnel records of this jurisdiction, including the records maintained by the Criminal Identification Bureau of the Idaho State Police, substantiate this recommendation.

**Agency Head's Signature** **Date**

Return to: POST Academy P.O. Box 700 Meridian, Idaho 83680-0700

See POST website for online forms: [http://www.idaho-post.org/POST\\_Forms/Forms.htm](http://www.idaho-post.org/POST_Forms/Forms.htm)