

BASIC JUVENILE POST APPLICATION PACKET



PEACE OFFICER STANDARDS & TRAINING
700 S. Stratford Dr.
MERIDIAN, ID 83642

REVISED: August 2009

Juvenile POST Basic Academy Application Packet

Enclosed in this packet are the documents required to apply for acceptance at the POST Juvenile Corrections/Detention/Probation Academy.

In order to be considered for acceptance, all required documents must be returned to the POST Academy Coordinator prior to the start of the Academy session applied for.

EACH APPLICANT MUST MEET THE FOLLOWING CRITERIA:

1. Must be a citizen of the United States.
2. Graduate of a high school, or GED equivalent, or have completed 15 academic college credits.
3. Two or more years of responsible work experience following high school graduation.
4. Fingerprint clearance by the Idaho State Police/BCI and the FBI. A conviction or withheld judgment for any local, state, or federal crime **MAY** be grounds for rejection. **Refer to instructions and forms on legal history included in this packet.**
5. Valid drivers license from the state of residence with no record of habitual violations (five or more) during the three years immediately preceding application to the Academy. No record of suspension, DUI conviction, or withheld judgment during the two years immediately preceding application to the Academy.
6. Medical examination completed by a licensed medical physician and the enclosed form filled out within the last twelve months.
7. Meet or exceed the POST vision and hearing standards as listed on the enclosed medical form.
 - ◆ Hearing exam must be performed by an audiologist or an ear, nose, and throat physician.
 - ◆ Vision exam must be performed by a vision specialist.

APPLICATION CHECKLIST

APPLICANT'S NAME _____ DATE _____

TO ALL ACADEMY APPLICANTS AND DEPARTMENT HEADS:

Prior to the applicants acceptance to the POST Academy, the applicant must complete and furnish the following to the POST Academy Coordinator. USE ONLY THE FORMS ENCLOSED IN THIS PACKET. Please check the boxes below to ensure the application is complete. Return the checklist with the application.

1. **Juvenile POST Basic Application**

Department Head's Signature and Date

Applicant's Signature and Date

Arrest or Conviction Section

All arrests need to be disclosed regardless of the outcome even if the charges were dismissed. If you have been arrested and/or have a conviction you will need to:

Attach a letter of explanation

Attach a letter from the Department Head acknowledging awareness and research of the arrest(s)/conviction(s) and recommendation for certification.

2. **Health Questionnaire**

Applicant's Signature and Date

3. **Medical Exam Report** (completed in the last 12 months)

Physician's Signature and Date

Physician's Name, Address, and Phone Number

4. **Vision Exam Report** (completed in the last 12 months)

Optician's Signature and Date

Optician's Name, Address, and Phone Number

5. **Hearing Exam Report**(completed in the last 12 months)

Audiologist's Signature and Date

Audiologist's Name, Address, and Phone Number

6. **Authority for Release of Information-Personal Inquiry Waiver**

Applicant's Signature and Date

Two Witness Signatures and Date

7. **Notice of Employment or Termination.** (filled out by Department Head)

Department Head's Signature and Date

8. **TWO completed standard FBI applicant Fingerprint Forms.**

All spaces on the top portion of the Fingerprint cards must be filled out completely.

The FBI Clearance Center will reject fingerprint cards that are incomplete.

9. **Copy of High School Diploma or G.E.D. certificate.**

A college transcript indicating 15 academic credits will be accepted in lieu of a high school diploma or G.E.D.

10. **A Full-Length Picture.**

11. **Shirt Size (Men's)** S M L XL XXL Other _____

RETURN COMPLETED FORMS TO: Idaho POST Academy, 700 S. Stratford Dr., Meridian ID 83642

JUVENILE POST BASIC ACADEMY APPLICATION

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				Work Email	
Home Phone	Drivers License State		Drivers License Number		Date of Birth
If Less Than 5 years, Last Drivers License State Number		Nickname/Commonly Used First Name		Age	Place of Birth
Height	Weight	Sex	Race	Social Security Number (Used 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"/> G.E.D.		Type/Major: <input type="checkbox"/> Academic <input type="checkbox"/> Vo-Tech	
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"/> Juvenile Detention <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Other _____ <input type="checkbox"/> Civil Date Started this position					
If not currently assigned detention/probation, is applicant expected to be assigned to detention/probation upon completion of the Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY CRIME? _____ Please write yes or no. If yes, please list below. (Use separate sheet if necessary).					
Have you ever been convicted of a misdemeanor crime of domestic violence? (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 "convicted" excludes anyone whose conviction has been expunged, set aside, or pardoned. A withheld judgment is considered a conviction unless the underlying case has been dismissed.) _____ Please write yes or no. If yes, please list below. (Use separate sheet if necessary)					
You must list any and all misdemeanors, felonies and withheld judgements (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. Failure to disclose any conviction, regardless of the reason, may be grounds for rejection.					
Approximate Date	Police Agency		Charge (You MUST attach a written explanation for each charge listed. Applications will not be processed without it.)		
LIST ALL TRAFFIC CITATIONS RECEIVED IN THE LAST FIVE YEARS. (Use Separate Sheet if Necessary)					
Approximate Date	Police Agency		Charge		
HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list below.					
Approximate Date	Police Agency		Charge		

JUVENILE POST BASIC ACADEMY APPLICATION – Page 2

MILITARY HISTORY (NO APPLICATION WILL BE PROCESSED WITHOUT AN ATTACHED COPY OF YOUR DD214 AND DISCHARGE)	
Have you ever served in the Military? _____ Yes _____ No	
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	
<p>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 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.</p>	
Applicants Signature	Dates of Service

TO BE COMPLETED BY DEPARTMENT HEAD	
Have you confirmed payment will be made to Idaho Sporting Goods for sweat suit set and two polo shirts for applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is applicant, while attending the Academy, covered by Workman's Compensation for on-the-job injury? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> State Insurance Fund	
Name of Any Other Insurance Carrier	
Are fingerprints of the applicant on file with the Idaho State Police Criminal Investigation Division: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applicant fingerprint cards enclosed	
<p>The applicant named in the application is an employee and is approved by me for attendance at the Juvenile Detention/Probation Academy. The applicant will be considered on active duty status with our agency during this training period. The applicant, while attending the course, is covered by the insurer indicated above for on-the-job injury. It is understood by me, and I have explained to the applicant, that for any illness of injury not covered by the insurer indicated above, that member will only be covered to the extent that he/she would be covered while at his/her own department under personal or departmental medical insurance. I believe him/her to be of good moral character and worthy of classification. 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.</p>	
Agency Head's Signature	Date
<p>Return to: POST Academy 700 S. Stratford Dr. Meridian, Idaho 83642</p> <p>See POST website for online forms: http://www.idaho-post.org/POST_Forms/Forms.htm</p>	

JUVENILE BASIC ACADEMY APPLICATION
Medical Exam Report

Applicant's Name: _____
Last First MI.

Date of Birth: _____
Month Day Year

SSN: _____

To the Applicant: Acceptance to POST Academy requires a complete medical examination be performed by a Licensed Physician or his designee within one year prior to the starting date of the Academy. It is **your** responsibility to make sure all medical forms are completed thoroughly and signed in the appropriate places.

To the examining Physician: The above named applicant has chosen a career as an Idaho Juvenile Detention/Probation Officer.

A thorough medical examination is required prior to acceptance into the Idaho Juvenile Detention/Probation Academy. Officers are **required to participate in vigorous self-defense and physical development exercises** during Academy Training.

Acting alone, this applicant must be able to:

Juvenile Corrections/Detention Officers:	Juvenile Probation Officers:
Pursue people on foot	Use defensive tactics
Appropriate Use of Force to restrain another person(s).	Respond to high risk situations
Use restraining devices.	Observation skills
Respond to high risk situations in progress	Conduct office visits
Observation Skills	Perform home visits
Operate emergency radios	Identify drugs and paraphernalia
Verbally negotiate with people	Report physical/sexual abuse
Conduct searches of people and buildings	Conduct searches of people
Interview people	Interview people/Write reports
Assess hazards	Assess hazards
Provide emergency first aid	De-escalate volatile situations

PHYSICAL ABILITIES: Static, dynamic and trunk strength, extension and dynamic flexibility, manual and finger dexterity, arm-hand steadiness, gross body coordination, speed of limb movement and mobility

OPERATE: Mechanical tools, computers, and handcuffs.

WORK LONG HOURS: While seated, standing, bending, reaching, pushing, kneeling, pulling, lifting, turning and standing, turning and sitting, crawling, handling and feeling: handle armed people, emotionally disturbed and hostile people and dangerous equipment.

Medical Exam Report – Page 2

An Officer in the Juvenile POST Basic Academy must be free of any communicable disease that would be likely to infect others in an academy/dormitory environment.

PLEASE ANSWER ALL QUESTIONS -- INCOMPLETE FORMS WILL BE RETURNED

PHYSICIANS STATEMENT AFTER EXAMINATION;

Please initial the appropriate area:

_____ I, (or my designee) have examined the above named applicant to the Idaho Post Academy and find him/her free of any communicable disease.

_____ It is my opinion that the applicant IS Physically Able to perform the full duties required of an officer as outlined above.

_____ It is my opinion that the applicant IS Not Physically Able to perform the full duties required of an officer.

_____ It is my opinion that the applicant IS Not NOW Physically able to perform the full duties required of an officer. To become physically able to perform the duties required of an Idaho Juvenile Detention/Probation Officer,

THIS PERSON MUST:

Signature of Examiner _____ Date of Exam _____

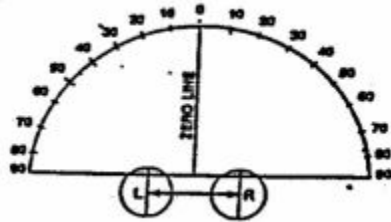
Important!

Type or Stamp Physicians name, address, telephone number in the space below:

Visual Acuity (test and record acuity both with and without glasses/contacts):

- a. Without glasses **R20/**____ **L20/**____
- b. With glasses/contacts **R20/**____ **L20/**____
- c. Depth perception _____
- d. Color perception % _____
- e. Pupils: _____
- f. Eye Grounds: _____
- g. Form Fields of Vision (Temporal) each eye on zero line: Right Eye _____ Left Eye _____
- h. Corrective Lenses Worn: None _____ Glasses _____ Contact Lenses _____ Both _____
 (Record degrees of temporal fields obtained by instrumentation or confrontation in spaces above and on diagram)

NOTE ANY ABNORMALITY



PLEASE COMPLETE ALL ITEMS – INCOMPLETE FORMS WILL NOT BE ACCEPTED.

PHYSICIAN/OPTOMETRIST STATEMENT AFTER EXAMINATION:

Please initial the appropriate area:

_____ I have examined the above applicant and it is my opinion that the applicant **MEETS** the minimum vision standards for Juvenile POST Basic Academy Students as outlined above.

_____ I have examined the above applicant and it is my opinion that the applicant **DOES NOT MEET** the minimum vision standards for the following reasons:

Signature of Examiner _____ Date of Exam _____

Type or Stamp Physicians name, address, telephone number in the space below:

PHYSICIAN/AUDIOLOGIST STATEMENT AFTER EXAMINATION:

Please initial the appropriate area:

_____ I have examined the above applicant and it is *my opinion* that the applicant **MEETS** the minimum hearing standards for a Juvenile Corrections/Detention/Probation officer as outlined above.

_____ I have examined the above applicant and it is *my opinion* that the applicant **DOES NOT MEET** the minimum hearing standards for the following reasons:

Signature of Examiner _____ Date of Exam _____

Type or Stamp Physicians name, address, telephone number in the space below:

[Empty rectangular box for physician information]

AUTHORITY FOR RELEASE OF INFORMATION

Date: _____

To Whom It May Concern:

I, _____, (Print Full Name) hereby authorize any representative of the Idaho Juvenile Corrections/Detention/Probation Officer Standards and Training Council bearing this release, or copy of it, within one year of its date, to obtain any information in your files pertaining to my employment, law enforcement training and military service. I request copies be mailed to Idaho POST. _____(initials)

I authorize the Idaho Juvenile Corrections/Detention/Probation Officer Standards and Training Council staff to duplicate or make copies of this document for the purposes of authorizing the release of information. _____(initials)

This information will be used to aid the Idaho Juvenile Corrections/Detention/Probation Officer Standards and Training Council in determining my qualifications, eligibility, and fitness for the position of a certified Detention/Probation officer in the state of Idaho. _____(initials)

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, or your organization and any others including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below. _____(initials)

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.

Applicant's Full Name / Signature: _____

Date of Birth / Place of Birth: _____

Social Security Number: _____ Home Telephone Number: _____

Current Residence Address: _____

Witness Full Name Signature: _____

Witness Full Name Signature: _____

Peace Officer Standards & Training
 700 S. Stratford Dr., Meridian, ID 83642 (208) 884-7250
 Fax (208) 884-7295 <http://www.idaho-post.org>

INITIAL EMPLOYMENT FORM

This form must be completed and submitted to the Peace Officer Standards & Training within fifteen (15) days after employment. Numbers 8 & 10 are used solely for statistical purposes. Please type or print information.					
1. Agency		2. Hire date (mm/dd/yy)		3. Agency Location: City / County	
4. First Name		5. Full Middle Name		6. Last Name	
7. SSN		8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. DOB (mm/dd/yy)	10. Race
11. Applicant's E-Mail Address:					
12. Home Phone #		13. Home Mailing Address		14. City, State Zip	
15. Position (check one): <input type="checkbox"/> Patrol <input type="checkbox"/> Investigation <input type="checkbox"/> Dispatch <input type="checkbox"/> Detention <input type="checkbox"/> Jail Tech <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Reserve <input type="checkbox"/> Marine Deputy <input type="checkbox"/> Correction <input type="checkbox"/> Probation and Parole (Adult) <input type="checkbox"/> Juvenile Corrections Other: _____					
16. Status (check one): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Contract					
17. General Education: <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED					
18. College: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, send transcript. Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ If yes, send copy of certificate.					
19. Idaho POST certified: <input type="checkbox"/> Yes <input type="checkbox"/> No List all certificates:					
20. Has your certification (Idaho or previous state certification) ever been (check one): <input type="checkbox"/> Revoked - <input type="checkbox"/> Suspended - <input type="checkbox"/> Lapsed Explain on a separate sheet and attach.					
21. All Previous Law Enforcement Employers:					
Department Name	From: mm/dd/yy	To: mm/dd/yy	Position	F/T	P/T
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
22. Has the applicant attended a Basic Peace Officer, Detention, Corrections, Juvenile, or Dispatch Academy or Course? <input type="checkbox"/> Yes If Yes, Date Completed: _____ Location: _____ <input type="checkbox"/> No NOTE: Attach copies of all training records from respective state POST Academies, if not on file at Idaho POST.					

23. State Statutes and POST Rules (050 through 059) require the following employment standards prior to appointment. Criteria (a) through (g) must be completed on all peace/detention/juvenile officers.

	Yes	No
a. Verify being a citizen of the United States.	<input type="checkbox"/>	<input type="checkbox"/>
b. High School graduate or GED	<input type="checkbox"/>	<input type="checkbox"/>
c. Fingerprinted on two blue application cards and submitted to POST. <i>(please attach)</i>	<input type="checkbox"/>	<input type="checkbox"/>
d. Checked for felony arrests and found not to have pleaded guilty to, or been convicted of any felony offense. <i>(regardless of whether the sentence is suspended, deferred, withheld, set aside or expunged)</i>	<input type="checkbox"/>	<input type="checkbox"/>
e. Checked for any Drivers License suspensions, DUI's or DWP's?	<input type="checkbox"/>	<input type="checkbox"/>
f. Complete background investigation. <i>(See background criteria listed below)</i>	<input type="checkbox"/>	<input type="checkbox"/>
g. Been interviewed by the hiring agency and found to be suitable for appointment as a law enforcement officer.	<input type="checkbox"/>	<input type="checkbox"/>

I hereby attest that to the best of my knowledge the information on this form is true and correct.

Signature of Employee _____
Date

I certify that the above application is in compliance with Idaho State Statutes.

Signature of Agency Head _____
Date

POST minimum background investigations suggests a check on: (See POST Rule 056 Background Investigation)

NCIC
 Military Records
 Employment History Completed
 Physical history.
 Driver's license check
 Personal References

For POST Use Only	Processed By: _____ Date Entered Into Computer: _____ Comments: _____
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