



PEACE OFFICER STANDARDS AND TRAINING (POST) TRAINING APPLICATION

TO BE COMPLETED BY APPLICANT

APPLICATION FOR:

- Basic Academy**
 Patrol
 Detention
 Correction
 Felony Probation & Parole
 Adult Misdemeanor Probation
 Dispatch
 Juvenile Detention
 Juvenile Probation

Session Number _____ Caliber of Duty Weapon: _____

Dorm room needed No Yes If yes, does the applicant smoke? No Yes

- Challenge**
 Patrol
 Detention
 Correction
 Felony Probation & Parole
 Adult Misdemeanor Probation
 Reserve
 Dispatch
 Juvenile Corrections
 Juvenile Detention
 Juvenile Probation

Level I Reserve Program Agency Sponsoring Academy _____

College Program CSI
 CWI
 ISU
 NIC Session Number _____

Agency/College

Agency Location City/County

Legal First Name

Middle Initial

Last Name

Suffix

Other Names Used

POST ID

Ethnic Group

Sex

Male Female

Date of Birth (mm/dd/yy)

E-mail (agency and alternate)

Home Phone ()

Applicant's Home Address

City

State

Zip

Current Employment Status
 Full Time
 Part Time
 Contract/Temporary

Classification
 Patrol
 Detention
 Investigation
 Reserve
 Student Class start date: _____
 Dispatch
 Correction
 Felony Probation & Parole
 Adult Misdemeanor Probation
 Juvenile Corrections
 Juvenile Detention
 Juvenile Probation

Have you ever attended a law enforcement/peace officer basic training program? (*Attach copies of out of state training records*)

No Yes Date Completed: _____ City/State: _____

Have you ever been denied entrance to or terminated for cause from a law enforcement/peace officer basic training program?
(*Terminated for cause does not include academic or physical fitness failure*)

No Yes Provide explanation on an attached sheet. Include printed name, signature, date completed, date(s) and age at time of occurrence, location and circumstances.

Have you ever received a law enforcement/peace officer certification from any state?

No Yes (*Attach copies of out of state certificates*)

If you received a law enforcement certification, have you ever been under investigation for decertification in any jurisdiction.

No Yes Provide explanation on an attached sheet. Include printed name, signature, date completed, date(s), location, circumstances and investigation results.

CITIZENSHIP and AGE

IDAPA 11.11.01.051 and 053, IDAPA 11.11.04.032 and 034

US Citizen Yes No

City/State/Country of Birth

Document Provided :

- Birth certificate issued by the city, county, or state and filed within one (1) year of birth
- Naturalization Certificate
- U.S. passport
- Consular Report of Birth Abroad or Certification of Birth
- Certificate of Citizenship

EDUCATION

IDAPA 11.11.01.052

High School Graduate GED Some College College Degree

Document Provided:

- High school diploma that indicates the date of graduation
- High school transcript that indicates the date of graduation
- Official transcript of GED results indicating a passing score
- State-issued high school equivalency certificate
- Official college transcript from a POST-accepted accredited college
- Official evaluation of foreign education

CHARACTER DISCLOSURE

IDAPA 11.11.01.054

1. Have you ever used any substances which are unlawful in the State of Idaho? (refer to Title 37, Chapter 27, Idaho Code)

No Yes

If yes, list below the unlawful substances, the approximate date first used, list the date last used and number of times used. Attach separate sheet(s) as necessary. Provide printed name, signature and date completed on sheet.

TYPE	DATE FIRST USED	DATE LAST USED	NUMBER OF TIMES USED

If you answer yes to any of the following questions, you must provide a detailed explanation on a separate sheet of paper. The explanation must be legible and include applicant's printed name and signature, date completed, date(s) and age at time of occurrence, location and circumstances.

2. Have you ever unlawfully used or purchased any prescription drugs? No Yes

If yes, name the illegal substance and number of times. _____

3. Have you ever participated in the sale or manufacture of a controlled substance? No Yes

4. Since you turned 18 years old, have you stolen something that did not belong to you? No Yes

5. Since you turned 18 years old, have you ever knowingly had sex with someone under the age of 16? No Yes

6. Have you ever committed rape or any other unlawful sexual act? No Yes

CRIMINAL/TRAFFIC RECORD

IDAPA 11.11.01.056 AND 058, IDAPA 11.11.04.036

List all states in which you have resided. _____

Current Driver's License

State _____

Number _____

List all states where you obtained a Driver's License

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? No Yes

List below. Attach separate sheet(s) as necessary. Provide printed name, signature and date completed on sheet.

Approximate Date	County/State	Reason for Suspension

LIST ALL TRAFFIC INFRACTIONS YOU RECEIVED IN THE LAST THREE (3) YEARS.

Approximate Date	Police Agency	Charge

CONVICTIONS INCLUDE WITHHELD JUDGMENTS, BOND FORFEITURES, DISMISSED OR EXPUNGED CHARGES OR CONVICTIONS LATER SET ASIDE.

Provide an explanation of each charge on a separate sheet(s) as necessary. Additional charges can be listed on attached sheet(s). Provide printed name, signature and date completed on sheet. Attach police records and court documents for all convictions listed.

FOR ALL DISCIPLINES EXCEPT CORRECTION, LIST ALL MISDEMEANOR DUI CONVICTIONS YOU RECEIVED IN THE TEN (10) YEARS PRIOR TO APPLICATION.

FOR CORRECTION APPLICANTS, LIST ALL MISDEMEANOR DUI CONVICTIONS NO MATTER HOW LONG AGO THEY OCCURRED.

Approximate Date	Police Agency	Charge

SINCE YOU TURNED 18 YRS OLD, HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR SEX CRIME(S) OR CRIMES OF DECEIT? (See IDAPA 11.11.01.010.17 for Crimes of Deceit) No Yes

LIST ALL CHARGES IN THIS CATEGORY NO MATTER HOW LONG AGO THEY OCCURRED.

Approximate Date	Police Agency	Charge

FOR ALL DISCIPLINES, LIST ALL OTHER MISDEMEANOR CONVICTIONS (INCLUDE TRAFFIC MISDEMEANORS) NO MATTER HOW LONG AGO THEY OCCURRED.

Approximate Date	Police Agency	Charge

LIST ALL FELONY CONVICTIONS (INCLUDING JUVENILE CONVICTIONS) NO MATTER HOW LONG AGO THEY OCCURRED.

Approximate Date	Police Agency	Charge

MILITARY SERVICE

IDAPA 11.11.01.057, IDAPA 11.11.04.037

Are you currently serving in the military? No Yes Branch: _____

Have you ever served and been discharged from the military? No Yes Branch: _____

Character of Service: _____ Dates of Service From: _____ To: _____

If discharged from military service, provide one of the following documents showing character of service: DD214 NGB22

A discharge with character of service of “general under honorable conditions”, “general”, or “uncharacterized” requires a waiver.

Provide an explanation, military documentation supporting character of service and agency request for waiver.

For Patrol, Detention, Correction or Felony Probation and Parole academy applicants

I understand I will be required to sign an agreement with the State of Idaho, Peace Officer Standards and Training Council, promising to remain in law enforcement in Idaho for a period of at least two years following graduation from the academy; if I fail to remain in Idaho law enforcement for two years, I will be required to pay back all or part of the money set forth in the agreement.

Yes No

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING

Under Idaho law, in accordance with Sections 18-3201, 18-3202 and 18-3203 of the Idaho Code, it is a crime for any public officer, law enforcement officer or person to falsify an official governmental or public record, or provide any false or forged instrument to be filed, registered or recorded in any public office within the state.

I have read the above statement and I attest that all of the information I provided is true and correct.

Applicant’s Signature

Date

TO BE COMPLETED BY AGENCY HEAD/COLLEGE PROGRAM COORDINATOR

PHYSICAL/MEDICAL
IDAPA11.11.01.060

Has the applicant passed an agency physical readiness test based upon the job requirements of your agency? Yes No

Is the applicant physically capable of passing all physically demanding tasks and tests while attending any POST Academy, any academy equivalent program, or challenging for a basic academy? Yes No

MENTAL EXAMINATION
IDAPA11.11.01.061

Has the Physician Report or the Background Investigation indicated a question of emotional stability or disorder or has the applicant ever been under the care of a Psychiatrist/Psychologist for a question of emotional stability or disorder? No Yes

If yes, have you complied with the requirements outlined in the IDAPA Rule, the results of which indicated the applicant is able to perform the duties of a law enforcement officer? Yes No

APTITUDE
IDAPA 11.11.01.62, 11.11.04.041

Has the applicant been evaluated to determine if the applicant possesses the aptitude, capacity and adaptability for absorbing and understanding the training and skills which are essential to the performance of the law enforcement function? Yes No

Based on the results of the evaluation, was it determined the applicant possesses the required aptitude and capability?
 Yes No

If attending an academy at POST, is the applicant covered by Workers' Compensation for on-the-job injury?

Yes No N/A State Insurance Fund Name of Any Other Insurance Carrier: _____

I understand if an applicant fails any portion of the academy and must return for another session, my agency or department will be responsible for all costs incurred for meals, lodging, and instructor fees for repeated weeks.

Yes No N/A

I certify that a background investigation was conducted as outlined in the POST Council Administrative Rules and the applicant can meet the POST minimum standards. I hereby attest that to the best of my knowledge the information on this form is true and correct and I recommend approval of this applicant.

Agency Head/College Program Coordinator's Signature

Date