

# BASIC JUVENILE POST APPLICATION PACKET



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

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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		
<b>EDUCATION</b>		<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					
<p><b>HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY CRIME?</b> _____ <b>Please write yes or no. If yes, please list below.</b> (Use separate sheet if necessary).</p> <p><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 "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.) _____ <b>Please write yes or no. If yes, please list below.</b> (Use separate sheet if necessary)</p> <p><b>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.</b></p>					
Approximate Date	Police Agency		Charge (You MUST attach a written explanation for each charge listed. Applications will not be processed without it.)		
<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?</b> <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

<b>MILITARY HISTORY (NO APPLICATION WILL BE PROCESSED WITHOUT AN ATTACHED COPY OF YOUR DD214 AND DISCHARGE)</b>	
Have you ever served in the Military? _____ Yes _____ No	
Which Branch?	
Type of Discharge	
<b>NO APPLICATION WILL BE PROCESSED WITHOUT AN ATTACHED COPY OF YOUR DD214 AND DISCHARGE</b>	

<b>PLEASE READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING</b>	
<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. <b>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.</b></p>	
Applicants Signature	Dates of Service

<b>TO BE COMPLETED BY DEPARTMENT HEAD</b>	
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: <a href="http://www.idaho-post.org/POST_Forms/Forms.htm">http://www.idaho-post.org/POST_Forms/Forms.htm</a></p>	

## Health Questionnaire To be Given and kept by the Physician

**This box to be completed by Hiring Agency**

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

You are to report to: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

at \_\_\_\_\_ o'clock \_\_\_\_\_  
Mo. Day Yr.

(Bring this questionnaire with you, completed.)

**TO THE APPLICANT:** Medical clearance is required by the Idaho Detention/Probation Officers Standards and Training Council. Your cooperation in filling in this questionnaire as completely as possible will expedite the evaluation and avoid delay.

**Instructions to Candidate:** Complete this form prior to your physical examination and give it to the examining physician at the time of examination. Answer all questions completely and accurately.

Candidate's Name <i>(last, first, middle)</i>	Address
Date of Birth	Age
	Current Occupation

**SECTION A:** Have you ever or do you now have any of the following? For "YES" answers, supply full details in **SECTION B** on the reverse side. If the conditions required hospitalization, check the corresponding box.

CONDITION	NO	YES	HOSP	CONDITION	NO	YES	HOSP
1. Head Injury				24. Sensitivity to Dust			
2. Back Trouble or Back Pain				25. Other Allergies			
3. Any Defect of Bones or Joints. Include: Amputations, Dislocations, Broken Bones				26. Any Complications From Childhood Diseases			
4. Lameness				27. Frequent Colds			
5. Rheumatism or Arthritis				28. Cancer or Malignancy			
6. Trick or Locked Knew/Knee Injury				29. Tumor, Growth or Cyst			
7. Foot Trouble				30. Rheumatic Fever			
8. Eye Injury, Surgery, Disease				31. Polio			
9. Ever Worn Glasses or Contact Lenses				32. Pernicious Anemia, Leukemia, or Other Blood Disorder or Ailment			
10. Hearing Impaired or Hearing Problems				33. Heart Trouble Including Circulatory			
11. Ever Worn a Hearing Aid				34. High or Low Blood Pressure			
12. Headaches				35. Hepatitis, Jaundice, or Other Blood Disorder or Ailment			
13. Mental Illness or Nervous Breakdown				36. Diabetes or Sugar in Urine			
14. Addiction to Drugs or Alcohol				37. Ulcers or Other Stomach Trouble			
15. Fainting or Dizzy Spells				38. Colitis			
16. Epilepsy or Fits				39. Gall Bladder Trouble			
17. Any Disorder of the Nervous System				40. Kidney or Bladder Trouble			
18. Tuberculosis or Other Lung Trouble				41. Piles or Hemorrhoids			
19. Shortness of Breath				42. Rupture or Hernia			
20. Asthma				43. Mononucleosis			
21. Bronchitis				44. Varicose Veins			
22. Poison Oak or Poison Ivy				45. Other:			
23. Skin Trouble							

Health Questionnaire – Page 2	NO	YES
46. Have you ever had or been advised to have an operation? If “YES” give the nature and date(s) of operation(s).		
47. Have you ever been a patient (committed or voluntary) in a mental hospital? If “YES” give reasons, date(s) and place(s).		
48. Have you had any other illness, injury, or physical condition not named above, other than childhood diseases or minor illness?		
49. Have you had an injury within the last 5 years which caused you to lose time from work?		
50. Have you ever been denied employment or insurance for medical reasons?		
51. Have you ever been deferred from military service for medical, emotional, or health reasons?		
52. Have you ever been discharged or released from employment or from the Armed Forces for medical, emotional, or health reasons?		
53. Have you ever received or applied for pension or compensation for a disability or injury?		
54. Are you presently under a doctor's care for any condition?		
55. Have you taken medication within the last 12 months for any reason? If "YES" explain.		
56. Do you have or have you ever had any physical or emotional limitations? If "YES" explain.		

Item Number	Physicians Consulted	Address ( <i>Number/Street, City, State</i> )

**SECTION B:** Write your own account and explain all items answered "YES" in this questionnaire. Identify item by number, include diagnosis, date of onset, and your present condition. Continue on another piece of paper, as needed, and attach.

Item Number	Explanation

**PENALTY:** Any falsification, withholdings or failure to answer all questions completely and accurately may cause forfeiture of all rights to attend the Idaho Peace Officers Training Academy.

**CERTIFICATION:** I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the forgoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

\_\_\_\_\_

Signature of Applicant (sign in ink)

**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:**

<b>Juvenile Corrections/Detention Officers:</b>	<b>Juvenile Probation Officers:</b>
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:

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Signature of Examiner \_\_\_\_\_ Date of Exam \_\_\_\_\_

**Important!**

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



# POST ACADEMY – Vision Exam Report

**Applicant Name:** \_\_\_\_\_  
 Last First MI.

**Date of Birth:** \_\_\_\_\_  
 Month Day Year

**SSN:** \_\_\_\_\_

**To the Applicant:** This exam must be performed by an optometrist or a physician with the necessary equipment to conduct the examination below.

**To the examining Physician/Optometrist:** The above named applicant has chosen a career as an Idaho Juvenile Detention/Probation Officer. A thorough eye/vision examination is required prior to acceptance into the Idaho Peace Officer Standards and Training Academy.

Based upon the Idaho Juvenile Corrections/Detention/Probation Officer Job Task Analysis Study an officer ***must*** meet the following minimum requirements:

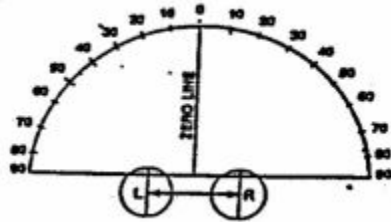
**Initial appropriate box:**

Vision Requirement	Meets Minimum	Does Not Meet Minimum
Possess normal binocular coordination		
Depth proficiency of a minimum of one minute of arc at 20 feet.		
Peripheral vision shall be binocularly 200° laterally with 60° upward and 70° downward. There must be no pathology of the eye.		
Possess 70% proficiency of the Dvorine or equivalent color discrimination test.		
Applicants with worse than 20/20 vision must meet the following requirements: Uncorrected vision in each eye must be no worse than 20/200, with the weaker eye corrected to 20/60 and the stronger eye corrected to 20/20. <b><u>A full eye examination shall be administered by an optometrist or ophthalmologist to any applicant whose uncorrected vision in either eye is 20/150 or worse.</u></b>		
Contact lenses are exempt from the uncorrected vision of 20/200, BUT must have the strong eye corrected to 20/20 and the weaker eye corrected to 20/60.		

**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:**



# POST ACADEMY – Hearing Exam Report

**Applicant Name:** \_\_\_\_\_  
Last First MI.

**Date of Birth:** \_\_\_\_\_  
Month Day Year

**SSN:** \_\_\_\_\_

**To the Applicant:** This exam must be performed by an audiologist or a physician with the necessary equipment to conduct the “Pure Tone Threshold Test” using the minimums listed below.

**To the examining Physician/Audiologist:** The above named applicant has chosen a career as an Idaho Juvenile Detention/Probation Officer. A “Pure Tone Threshold Test” is required prior to acceptance into the Idaho Peace Officer Standards and Training Academy.

Based upon the Idaho Juvenile Corrections/Detention/Probation Officer Job Task Analysis Study an officer *must* meet the following minimum requirements:

**Initial appropriate box:**

Hearing Requirement	Meets Minimum	Does Not Meet Minimum
Ability to hear normal speech.		
Ability to hear whispering.		

## HEARING STANDARDS FOR JUVENILE CORRECTIONS/DETENTION/PROBATION OFFICERS

*Applicant must have unaided hearing between zero (0) and twenty-five (25) decibels for each ear at the frequencies of 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz.*

Frequency:	500Hz	1,000Hz	2,000Hz	3,000Hz	<b>HEARING AID USED?</b>  ____NO ____YES
Right Ear	____db	____db	____db	____db	
Left Ear	____db	____db	____db	____db	

**NOTE ANY ABNORMALITY:**

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**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:**

**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**

<b>This form must be completed and submitted to the Peace Officer Standards &amp; Training within fifteen (15) days after employment. Numbers 8 &amp; 10 are used solely for statistical purposes. Please type or print information.</b>						
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. <b>Position (check one):</b> <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. <b>Status (check one):</b> <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 ( <b>check one</b> ): <input type="checkbox"/> Revoked - <input type="checkbox"/> Suspended - <input type="checkbox"/> Lapsed Explain on a separate sheet and attach.						
<b>21. All Previous Law Enforcement Employers:</b>						
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 <b>NOTE: Attach copies of all training records from respective state POST Academies, if not on file at Idaho POST.</b>						

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 <b>two blue</b> 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

<b>For POST Use Only</b>	Processed By: _____ Date Entered Into Computer: _____  Comments: _____
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