



PEACE OFFICER STANDARDS AND TRAINING (POST) APPLICATION FOR CERTIFICATION

I. EMPLOYMENT INFORMATION

Legal First Name	Full Middle Name	Last Name	Maiden, Nick Names, Aliases
Home Address (Number, Street)		City, State, Zip	Home Phone / Cell Number
DOB	POST ID#:	E-Mail	
Agency			Agency Phone

II. CERTIFICATION REQUESTED

PEACE OFFICER: Part-time Basic Basic Intermediate Advanced Master Supervisor (include job description)
 Management (include job description) Executive Reserve Level I Marine Reserve Level I

DETENTION OFFICER: Level I Level II Level III Master Supervisor (include job description)
 Management (include job description)

COMMUNICATIONS OFFICER: Basic Intermediate Advanced Master Supervisor (include job description)
 Management (include job description)

JUVENILE CORRECTIONS OFFICER: Basic

JUVENILE DETENTION OFFICER: Part-time Basic Basic Intermediate

JUVENILE PROBATION OFFICER: Basic Intermediate

ADULT MISDEMEANOR PROBATION OFFICER: Part-time Basic Basic

CORRECTION OFFICER: Basic

FELONY PROBATION & PAROLE OFFICER: Basic

K-9: Dog's Name: Patrol Controlled Substance Detection Tracking Evidence Search Explosive Substance Detection

III. LAW ENFORCEMENT EXPERIENCE

List your work history beginning with your present job. *If applying for Supervisor, Management, or Executive certificate, list date promoted to your current rank/position. Attach sheet(s) if necessary*

From mm/dd/yy	To mm/dd/yy	Agency, City, State	Position/Rank Held	Date Promoted to Rank	F/T	P/T

IV. CRIMINAL/TRAFFIC RECORD

LIST ALL DRIVER'S LICENSE SUSPENSIONS OR REVOCATIONS IN THE TEN (10) YEARS PRIOR TO APPLICATION.

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

Approximate Date	County/State	Reason for Suspension	Previously disclosed to POST
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

LIST ALL TRAFFIC INFRACTIONS IN THE THREE (3) YEARS PRIOR TO APPLICATION.

Approximate Date	Police Agency	Charge	Previously disclosed to POST
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Provide an explanation, police records and court documents for each charge not previously disclosed to POST. Use a separate sheet(s) as necessary. Additional charges can be listed on attached sheet(s). Provide printed name, signature and date completed on sheet.

LIST ALL MISDEMEANOR DUI CONVICTIONS IN THE TEN (10) YEARS PRIOR TO APPLICATION.

Approximate Date	Police Agency	Charge	Previously disclosed to POST
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

LIST ALL MISDEMEANOR CONVICTIONS FOR SEX CRIME(S) OR CRIMES OF DECEIT NO MATTER HOW LONG AGO THEY OCCURRED. (See IDAPA 11.11.01.010.17 for Crimes of Deceit)

Approximate Date	Police Agency	Charge	Previously disclosed to POST
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

LIST ALL OTHER MISDEMEANOR CONVICTIONS (INCLUDE TRAFFIC MISDEMEANORS) IN THE TEN (10) YEARS PRIOR TO APPLICATION.

Approximate Date	Police Agency	Charge	Previously disclosed to POST
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Approximate Date	Police Agency	Charge	Previously disclosed to POST
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

V. ATTESTATION

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 understand that falsifying required information, by commission or omission, will be grounds for denial/revocation of any certification regulated by the Idaho Peace Officer Standards and Training Council. Falsifying required information may be grounds for the filing of criminal charges against me.

Applicant's Signature	Date
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VI. RECOMMENDATION OF AGENCY HEAD

I understand that the POST staff is unable to independently verify criminal/traffic history for certification applications. Therefore, legal responsibility to vet criminal/traffic history for the applicant during the application process is the responsibility of the employing agency. The Division Administrator of POST authorizes the issuance of a certification, and considers the certification as valid based upon the information provided by the agency. The Division Administrator of POST considers this or any other certification issued by POST based on information which is falsified, inaccurate, or incomplete for any reason to be invalid pursuant to the Idaho Code 19-5109.3(b)

I understand the applicant must meet the minimum standards as outlined in POST Council Administrative Rules when applying for certification. I attest that my agency has confirmed the applicant still meets the minimum standards by completing a criminal history check prior to submitting this application. The personnel records of this jurisdiction, including the records maintained by the Bureau of Criminal Identification of the Idaho State Police, substantiate this recommendation.

I hereby certify that all the information on this form is true, complete, and correct.

Printed Name of Agency Head

Agency Head's Signature	Date
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**Send this form to:
Peace Officer Standards and Training
700 S. Stratford Drive, Meridian, ID 83642**