

Self-Sponsored Student: Application Packet

Enclosed in this packet are the documents required to apply for acceptance at the POST Basic 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. Must be a minimum of twenty-one (21) years of age.
4. Fingerprint clearance by the Idaho State Police/BCI and the FBI. A conviction or withheld judgement 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 judgement 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.
8. Pass the POST Physical Fitness Test taken no more than three months prior to the Academy.

Self-Sponsored Student: Basic Training Application

PLEASE TYPE OR CLEARLY PRINT

Name: _____ SSN: _____

E-mail address: _____

Are you eligible for VA benefits? [] Yes [] No

Are you a smoker? [] Yes [] No (This information is for room assignments only.)

Dates Requested: Winter [] Spring [] Summer [] Fall [] Next Available []

Applying For: Peace Officer [] Detention Officer []

Home Address: _____

Age _____ Date of Birth _____

Home Phone: Area Code () _____ Sex: () Male () Female

The below listed forms/information must be submitted to POST. To assure prompt processing of your application, use the provided space to check off individual items. This application cannot be processed until POST receives **ALL** of these forms/information.

- ___ 1. \$500 **NON-refundable** processing fee made payable to Peace Officer Standards & Training
- ___ 2. Personal History Statement
- ___ 3. Certified copy of birth certificate
- ___ 4. Copy of high school or GED certificate
- ___ 5. Signed Authority to Release Information (5)
- ___ 6. Copy of valid Motor Vehicle or Chauffeur's License
- ___ 7. Medical Examination Report
- ___ 8. Military Discharge papers if applicable
- ___ 9. Completed fingerprint cards
- ___ 10. Full length photograph
- ___ 11. Credit Check request signed

Signature of Applicant

Date

Mail the forms to: POST SELF-SPONSORED STUDENTS COORDINATOR
PEACE OFFICERS STANDARDS & TRAINING
700 S. STRATFORD DR.
MERIDIAN, IDAHO 83642

Fax the forms to: 208-884-7398

Copies of this form are available online at: www.post.idaho.gov

Self-Sponsored Student: Basic Training Application

IMPORTANT

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility to attend the Idaho Peace Officer Standards & Training (POST) Academy. Complete background investigations are authorized by the Idaho Peace Officer Standards and Training Council.

Your failure to properly complete this document may result in the rejection of your application. Deliberate omissions or misstatements of required information are grounds for rejection.

READ THESE INSTRUCTIONS CAREFULLY

ALL INFORMATION MUST BE CORRECT AND COMPLETE.

1. All entries are to be either typed or hand printed legibly in black ink.
2. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in sequence before you begin. All time periods in your background must be accounted for.
4. **You are responsible for obtaining correct addresses (including Zip Codes) and phone numbers.** If you are not sure of an address, check it by personal verification. Include the area codes for phone numbers.
AN INCOMPLETE PERSONAL HISTORY STATEMENT WILL BE RETURNED TO THE APPLICANT.
5. If there is not enough room on the Personal History Statement form for your answers, attach extra sheets. Be sure to reference the relevant section and question before continuing your answer. **Do not write on the back of the Personal History Statement.**
6. Ensure you sign the certification statement at the end of the Personal History Statement.
7. Once the form is completed, return it along with the other documents requested in the application packet, to Idaho State Police, Peace Officer Standards and Training, Attn: Self-Sponsored Program, 700 S. Stratford Dr., Meridian, ID 83642.

POST DOES NOT PROVIDE INSURANCE BENEFITS TO STUDENTS ATTENDING THE ACADEMY. STUDENTS ARE EXPECTED TO PROVIDE THEIR OWN INSURANCE PROTECTION FOR INJURIES THAT MAY OCCUR WHILE PARTICIPATING IN ANY BASIC TRAINING PROGRAM.

Self-Sponsored Student: Physical Fitness Test

The POST Council passed a mandatory Physical Fitness Assessment Test in June, 1997. The Physical Fitness Assessment Test is a requirement for acceptance into the POST Academy and for peace officer certification.

Students making application must score at least 50 points out of a possible total of 100 points in the five domains: push-ups, sit-ups, vertical jump, 300 meter run, and the mile and one-half run.

Each domain of the test must be performed as described on the attached forms and with proper technique and body position.

STUDENTS WHO FAIL TO OBTAIN A SCORE OF 50 POINTS OR BETTER WILL BE INELIGIBLE FOR THE SELF-SPONSORED STUDENT PROGRAM AND PEACE OFFICER CERTIFICATION IN IDAHO.

You will be required to obtain the minimum 50 points during your onsite testing, as well as during the first day of the Basic Academy.

POLICE APPLICANT DESIRABLE WEIGHT RANGES

HEIGHT	SMALL FRAME	MEDIUM FRAME	LARGE FRAME	HEIGHT	SMALL FRAME	MEDIUM FRAME	LARGE FRAME
5'	101-122	107-133	115-147	5'10"	140-165	146-177	155-193
5'1"	105-126	111-137	119-151	5'11"	144-169	150-183	160-198
5'2"	109-130	115-141	123-155	6'	148-174	154-188	164-204
5'3"	113-134	119-145	127-159	6'1"	152-179	158-194	169-209
5'4"	117-138	123-149	131-163	6'2"	156-184	163-199	174-215
5'5"	120-142	126-153	134-167	6'3"	160-188	168-205	178-220
5'6"	124-146	130-157	138-173	6'4"	169-198	178-216	188-231
5'7"	128-151	134-163	143-178	6'5"	174-204	182-222	192-238
5'8"	132-155	138-167	147-183	6'6"	178-208	186-226	196-242
5'9"	136-161	142-172	151-187	6'7"	182-212	190-230	200-246

Self-Sponsored Student: Idaho State Police Memorandum



Idaho State Police Memorandum

TO:

FROM:

SUBJECT: Consumer Disclosure Pursuant to Fair Credit Reporting Act (15 U.S.C. 1681b)

An investigative consumer report may be obtained for employment purposes. Prior to taking any adverse action based

in whole or in part on the report, the Department shall provide you with a copy of the report and a copy of your rights under the Fair Credit Reporting Act.

I, _____, authorize the Idaho State Police to procure my consumer
(PRINT NAME)
credit report.

(SIGNATURE)

(DATE)

Self-Sponsored Student: Idaho State Police Memorandum

A Summary of Your Rights Under the Fair Credit Reporting Act. The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S. C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone, such as a creditor who reports to a CRA, that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Self-Sponsored Student: Idaho State Police Memorandum

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAS, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 <u>703-518-6360</u>
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 <u>800-934-FDIC</u>
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Self-Sponsored Student: Fingerprint Cards

Please make sure that the following information is provided on the enclosed fingerprint cards.

- Complete name
- Signature of person fingerprinted
- Address of person fingerprinted
- Date and signature of official taking fingerprints
- Citizenship
- Sex, race, height, weight, eyes, hair
- Date of birth
- Place of birth
- Social Security Number

DO NOT PUT ANYTHING IN THE SPACE MARKED REASON FINGERPRINTED. THAT INFORMATION WILL BE ADDED BY POST.

Take the completed fingerprint cards to a law enforcement agency near you and have them record your fingerprints and sign the cards. You must then return these completed fingerprint cards with the application packet.

If you desire, you can come to the Idaho State Police complex in Meridian to have your fingerprints recorded.

Self-Sponsored Student: Personal History Statement

The following information is requested of you for verification and contact purposes.

1. Your name (Last, First, Middle) (please type or print)				
Other names (including nicknames, maiden name or adopted names) you have used or been know by				
2. List address at which you can be contacted				
Number and Street	City	County	State	Zip
3. Local phone number(s) where you can be contacted				
Daytime ()		Evening ()		Hours you can be contacted:
4. Birth date	5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship.			
____ / ____ / _____	A. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No B. If not, have you applied for citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No C. Can you provide such documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Social Security No.	In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure proper records are obtained.			
_____ - ____ - _____				
7. For the purpose of identification, provide the following:				
Height	Weight	Hair Color	Eye Color	
Scars, tattoos, or other distinguishing marks:				
RELATIVES, REFERENCES, ACQUAINTENCES				
During the course of a background investigation, persons who know you will be asked to comment upon your suitability for the position of Peace Officer. Inquiries will be confined to job-relevant matters.				
8. Supply appropriate information in spaces below. If a category is not applicable, write: "N/A"				
If living, name of your:	Their current address	Phone (home and work)		
Mother				
Father				
If living, name of your:	Their current address	Phone (home and work)		
Mother-in-law				
Father-in-law				
If living, name of your:	Their current address	Phone (home and work)		
Spouse				
Former Spouse				

Self-Sponsored Student: Personal History Statement

If living, name of your:	Their current address	Phone (home and work)
Brother(s) / Sister(s)		
Step-Mother		
Step-Father		
Step-Brother(s) / Step-Sister(s)		
Children		
Other relatives with whom you have a close personal relationship		
Name and Relationship	Their current address	Phone (home and work)
9. List below those individuals with whom you have resided during the past 10 years (list no information prior to your 15th birthday). Exclude family members.		
Name and Relationship	Their current address	Phone (home and work)
10. In the space below, list 5 individuals as references whom have knowledge of you and your qualifications. Exclude relatives and former employers and friends.		
Name and Relationship	Their current address	Phone (home and work)

Self-Sponsored Student: Personal History Statement

11. In the space below, list 5 individuals who are social acquaintances (i.e. persons you have frequently seen during the past year) who have knowledge of your qualifications). Exclude relatives and former employers.

Name and Relationship	Their current address	Phone (home and work)
1.		
2.		
3.		
4.		
5.		

EDUCATION

12. The Peace Officers Standards and Training Commission requires a peace officer to possess a high school diploma or its equivalent. Indicate your current situation with regard to this requirement. You must attach a copy of your high school diploma or G.E.D. certificate.

<input type="checkbox"/> Yes <input type="checkbox"/> No	I possess a high school diploma
<input type="checkbox"/> Yes <input type="checkbox"/> No	I possess a G.E.D. certificate or other equivalent
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have hours toward a higher degree
<input type="checkbox"/> Yes <input type="checkbox"/> No	I possess a higher degree of education. Type: _____ Institution: _____

13. Beginning with high school, indicate below all the schools you have attended. During the background investigations, persons who have know you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Address of School	Dates attended

14. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools, any formal education beyond high school level.) Yes No
If yes, explain (include school, date and circumstances).

Self-Sponsored Student: Personal History Statement

RESIDENCE

Individuals, who have become acquainted with you by reason of your different locations, are often helpful in providing useful information for the background investigation.

15. List all your residences during the last 10 years (list no information prior to your 15th birthday). Begin with your most current residence.

Address of Residence	City, State, Zip	Dates (mm/yyyy) From - To	If renting, give name and address of Landlord

MILITARY SERVICE

16. Have you ever served in the armed forces, National Guard or Military Reserves? Yes No
If yes, complete the following information.

Branch of Service	Service Number	Dates of Service	Type of Discharge

17. Are you currently participating in any military reserve or National Guard program? Yes No

18. Have you ever been the subject of any judicial or non-judicial discrepancy action while in the military, National Guard or military reserves? Yes No

If yes, give details (include branch of service, dates, locations, and circumstances)

19. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. List those individuals who know you well enough to provide accurate information about you.

Name and Relationship	Their current address	Phone (home and work)

Self-Sponsored Student: Personal History Statement

EXPERIENCE AND EMPLOYMENT

20. Beginning with your most current employment, list all jobs (including part time, temporary, and volunteer positions) you have held in the past 10 years. (For the purpose of this personal history statement, voluntary work should be included as employment.) For identification and verification, indicate the nature of the activity, i.e. full time, part time, or voluntary. If you have periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of Employment		Name and Address of Employer (City, State, Zip, Phone)	Name of Supervisor
From (mm/yy)	To (mm/yy)		
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary			Names of Co-Workers
Salary per hour \$		Your Title or Duties	
Reason for Leaving			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed	
		From (mm/yy)	To (mm/yy)
Dates of Employment		Name and Address of Employer (City, State, Zip, Phone)	Name of Supervisor
From (mm/yy)	To (mm/yy)		
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary			Names of Co-Workers
Salary per hour \$		Your Title or Duties	
Reason for Leaving			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed	
		From (mm/yy)	To (mm/yy)
Dates of Employment		Name and Address of Employer (City, State, Zip, Phone)	Name of Supervisor
From (mm/yy)	To (mm/yy)		
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary			Names of Co-Workers
Salary per hour \$		Your Title or Duties	
Reason for Leaving			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed	
		From (mm/yy)	To (mm/yy)
Dates of Employment		Name and Address of Employer (City, State, Zip, Phone)	Name of Supervisor
From (mm/yy)	To (mm/yy)		
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary			Names of Co-Workers
Salary per hour \$		Your Title or Duties	
Reason for Leaving			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed	
		From (mm/yy)	To (mm/yy)

Self-Sponsored Student: Personal History Statement

EXPERIENCE AND EMPLOYMENT			
Dates of Employment		Name and Address of Employer (City, State, Zip, Phone)	Name of Supervisor
From (mm/yy)	To (mm/yy)		
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary			Names of Co-Workers
Salary per hour \$		Your Title or Duties	
Reason for Leaving			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed	
		From (mm/yy)	To (mm/yy)
Dates of Employment		Name and Address of Employer (City, State, Zip, Phone)	Name of Supervisor
From (mm/yy)	To (mm/yy)		
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary			Names of Co-Workers
Salary per hour \$		Your Title or Duties	
Reason for Leaving			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed	
		From (mm/yy)	To (mm/yy)
Dates of Employment		Name and Address of Employer (City, State, Zip, Phone)	Name of Supervisor
From (mm/yy)	To (mm/yy)		
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary			Names of Co-Workers
Salary per hour \$		Your Title or Duties	
Reason for Leaving			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed	
		From (mm/yy)	To (mm/yy)

Self-Sponsored Student: Personal History Statement

EXPERIENCE AND EMPLOYMENT			
Dates of Employment		Name and Address of Employer (City, State, Zip, Phone)	Name of Supervisor
From (mm/yy)	To (mm/yy)		
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary			Names of Co-Workers
Salary per hour \$		Your Title or Duties	
Reason for Leaving			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed	
		From (mm/yy)	To (mm/yy)
Dates of Employment		Name and Address of Employer (City, State, Zip, Phone)	Name of Supervisor
From (mm/yy)	To (mm/yy)		
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary			Names of Co-Workers
Salary per hour \$		Your Title or Duties	
Reason for Leaving			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed	
		From (mm/yy)	To (mm/yy)
Dates of Employment		Name and Address of Employer (City, State, Zip, Phone)	Name of Supervisor
From (mm/yy)	To (mm/yy)		
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary			Names of Co-Workers
Salary per hour \$		Your Title or Duties	
Reason for Leaving			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed	
		From (mm/yy)	To (mm/yy)

21. Would any problem result if your present employer were contacted during the course of the background investigation? ___ Yes ___ No

When could we contact your present employer?

22. If you have no prior employment, please explain in the space below.

23. Have you ever filed a claim(s) with Worker's Compensation? ___ Yes ___ No

If yes, give details (include when, where, and circumstances.

24. Have you ever been fired or asked to resign from any place of employment? ___ Yes ___ No

If yes, give details (include when, where, and circumstances.

25. Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers? ___ Yes ___ No

If yes, include when, name of agency and circumstances.

26. Have you ever had any extended work absences for reasons other than earned vacations?

___ Yes ___ No If yes, explain below, give details including employer, dates and reasons why.

FINANCIAL

27. Have you ever filed for or declared bankruptcy? ___ Yes ___ No

If yes, give details (include when, where and why).

28. Have any of your bills ever been turned over to a collection agency? ___ Yes ___ No

29. Have your wages ever been garnished? ___ Yes ___ No

If yes, give details (include when, where and why).

30. Have you ever been delinquent on income or other tax payments? ___ Yes ___ No

If yes, give details (include when, where and why).

LEGAL

31. The ability to follow orders, rules and regulations, comply with the law, and have a demonstrated history of personal and professional honesty and integrity is an absolute prerequisite for all candidates for this program. While the commission of certain acts or crimes may not be an automatic disqualifier, *the failure to list any incident* that is discovered later in the background investigation will be grounds for disqualification or dismissal. If you have ever been arrested or convicted of any crime (excluding traffic citations), provide the following information.

Approximate Date	Police Agency	Circumstances

**32. Have you ever been placed on court probation as an adult? Yes No
If yes, give details (include when, where and why).**

**33. Drug use covers all descriptive terms used to describe the ingestion of any type of drug into a person’s system For example, experimented, tried, etc. Have you ever used any non-prescription narcotics, drugs or hallucinogens? Yes No
If yes, provide the following information.**

Substance	Number of Times Used in Life	Last Date Used	Form Used

**34. Have you ever transported, sold, furnished or bought marijuana, drugs or any controlled substances? Yes No
If yes, provide the following information.**

**35. Have you ever been involved, in any way, in the manufacture of an illegal drug? Yes No
If yes, give details (dates, drug(s) involved and describe your involvement)**

**36. Have you ever inhaled paint, glue, or any petroleum product? Yes No
If yes, what? When was the last time?**

**37. Have you ever abused any prescription medication? Yes No
If yes, what? When was the last time?**

**38. Have you ever abused any diet aids? Yes No
If yes, what? When was the last time?**

**39. Have you ever used any cough medicine to get high? Yes No
If yes, what? When was the last time?**

40. Have you ever lied to a doctor about symptoms in order to get a prescription such as Valium, or a pain killer? ___ Yes ___ No If yes, what was the prescription and when was the last time?

41. Do others use drugs in your presence? ___ Yes ___ No If yes, what drugs and when last used?

**42. Since the age of 18, have you committed any offenses in which the act went undiscovered or, if discovered, you were not charged with the offense? ___ Yes ___ No
If yes, give details (include location, date and disposition)**

**43. Were you ever required to appear before a juvenile court for an act that would have been a crime if committed by an adult? ___ Yes ___ No
If yes, give details (include when, where, name and why).**

44. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? ___ Yes ___ No If yes, give details (include when, where, name and location of court documents).

45. 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 judgement is considered a conviction unless the underlying case has been dismissed.) ___ Yes ___ No If yes, you must attach a separate sheet listing the charge and describe the circumstances and disposition of each charge.

MOTOR VEHICLE OPERATION

46. Driver’s License Number	State	Expiration Date
------------------------------------	--------------	------------------------

Name under which license was granted:

47. List other states where you have been licensed to operate a motor vehicle.

State	Name under which the License was Granted

**48. Have you ever been refused a driver’s license by any state? ___ Yes ___ No
If yes, explain in detail below.**

49. Idaho law requires that operators and owners of motor vehicles be covered by automobile liability insurance. List the current liability insurance you have on your motor vehicles.

Company	Address	Policy Number	Expiration Date

50. List all traffic citations (excluding parking citations) that you have received within the last 7 years.

Date	Location	Approximate Date	Fine

DISCLOSURE FORM: CHARACTER



Last _____ First _____ MI _____

Date of Birth: _____ POST ID # _____ - _____ - _____
Last 4 #s of SSN First Name 1st 4 Letters Day of Birth

**Fill in your answers to the questions on the following pages.
 Print comments legibly in the spaces provided.
 If a question does not apply, enter N/A (Not Applicable).
 Read each question thoroughly before answering.**

##	QUESTION	YES	NO	INITIAL
1.	Failure to respond truthfully to these questions may be grounds for disqualification for certification as an officer. Do you understand this?			

2. In the spaces provided below, indicate if you have ever used any unlawful substance(s), the approximate date first used, list the date last used and number of times used. If you have never used or experimented with any unlawful substance(s) please mark column “Never Used.”

Drug Use:

TYPE	DATE FIRST USED	DATE LAST USED	NUMBER OF TIMES USED	NEVER USED
Marijuana				
Hashish/Hash Oil				
PCP/Angel Dust				
LSD/ Other Hallucinogen				
Mescaline				
Psycilobin Mushrooms				
Heroin				
Cocaine / Crack				
Quaaludes				
Opium				
Speed/Crystal Crosstops				
Unlawful Stimulants				
Unlawful Barbiturates				
Thai Sticks				
Unlawful Prescription Drugs				
Methamphetamine				
Unlawful Steroids				
Huffing: Inhalant Use				
Other Illegal Drugs/Narcotics				

3. Name any other illegal drug(s), narcotic(s), or controlled substance(s) not listed above that you have ingested. _____

##	QUESTION	YES	NO	INITIAL
4.	Have you ever acted as a middleman, go between, or “done a favor for a friend” by becoming involved in an illegal drug transaction? If Yes, attach explanation on separate sheet.			
5.	Have you or anyone else ever injected an illegal drug into your body? If Yes, attach explanation on separate sheet.			
6.	Have you ever purchased any drug, narcotic or controlled substance other than by a doctor’s prescription? If Yes, attach explanation on separate sheet.			
7.	Have you ever participated in the manufacture, cultivation, or production of any drug, narcotic, or controlled substance? If Yes, attach explanation on separate sheet.			
8.	Have you ever acted as a courier by transporting any drug, narcotic, or controlled substance for other than legitimate purposes? If Yes, attach explanation on separate sheet.			
9.	To your knowledge, do any of your present circle of friends and acquaintances use any type of illegal narcotics, pills, or drugs? If Yes, attach explanation on separate sheet.			
10.	Have you ever entered a house, place of business, or a vehicle and stolen something that did not belong to you? If Yes, attach explanation on separate sheet.			
11.	Since you have turned 18, have you ever stolen anything? If Yes, attach explanation on separate sheet.			
12.	Since you turned 18 years old, have you ever knowingly had sex with someone under the age of 16? If Yes, attach explanation on separate sheet.			
13.	Have you ever committed rape or an unlawful sexual act that was punishable as a felony offense? If Yes, attach explanation on separate sheet.			

I attest that there are no misrepresentations, omissions, or falsifications to the foregoing statements and answers, and that the entries made by me above are true, complete and correct to the best of my knowledge, belief and are made in good faith.

Please print full legal name

Date

Applicant Signature

I have reviewed the above questions and responses

Agency Head Signature

Date



AUTHORITY FOR RELEASE OF INFORMATION PERSONAL INQUIRY WAIVER

To Whom It May Concern:

Date _____

I, _____, hereby authorize any representative of the Idaho Peace Officer
(Type/Print Full Name)

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 Peace 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 Peace Officer Standard and Training Council in determining my qualifications, eligibility, and fitness for the position of a certified police/detention/reserve/probation/correction 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: _____

Home Telephone Number: _____

Current Residence Address: _____

Notary Required:

State Of _____

County Of _____

On _____, 20____, _____ personally appeared before me to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

Notary Public _____ (SEAL)

My commission expires: _____



AUTHORITY FOR RELEASE OF INFORMATION PERSONAL INQUIRY WAIVER

To Whom It May Concern:

Date _____

I, _____, hereby authorize any representative of the Idaho Peace Officer
(Type/Print Full Name)

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 Peace 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 Peace Officer Standard and Training Council in determining my qualifications, eligibility, and fitness for the position of a certified police/detention/reserve/probation/correction 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: _____

Home Telephone Number: _____

Current Residence Address: _____

Notary Required:

State Of _____

County Of _____

On _____, 20____, _____ personally appeared before me to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

Notary Public _____ (SEAL)

My commission expires: _____



AUTHORITY FOR RELEASE OF INFORMATION PERSONAL INQUIRY WAIVER

To Whom It May Concern:

Date _____

I, _____, hereby authorize any representative of the Idaho Peace Officer
(Type/Print Full Name)

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 Peace 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 Peace Officer Standard and Training Council in determining my qualifications, eligibility, and fitness for the position of a certified police/detention/reserve/probation/correction 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: _____

Home Telephone Number: _____

Current Residence Address: _____

Notary Required:

State Of _____

County Of _____

On _____, 20____, _____ personally appeared before me to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

Notary Public _____ (SEAL)

My commission expires: _____



AUTHORITY FOR RELEASE OF INFORMATION PERSONAL INQUIRY WAIVER

To Whom It May Concern:

Date _____

I, _____, hereby authorize any representative of the Idaho Peace Officer
(Type/Print Full Name)

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 Peace 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 Peace Officer Standard and Training Council in determining my qualifications, eligibility, and fitness for the position of a certified police/detention/reserve/probation/correction 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: _____

Home Telephone Number: _____

Current Residence Address: _____

Notary Required:

State Of _____

County Of _____

On _____, 20____, _____ personally appeared before me to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

Notary Public _____ (SEAL)

My commission expires: _____



AUTHORITY FOR RELEASE OF INFORMATION PERSONAL INQUIRY WAIVER

To Whom It May Concern:

Date _____

I, _____, hereby authorize any representative of the Idaho Peace Officer
(Type/Print Full Name)

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 Peace 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 Peace Officer Standard and Training Council in determining my qualifications, eligibility, and fitness for the position of a certified police/detention/reserve/probation/correction 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: _____

Home Telephone Number: _____

Current Residence Address: _____

Notary Required:

State Of _____

County Of _____

On _____, 20____, _____ personally appeared before me to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

Notary Public _____ (SEAL)

My commission expires: _____



AUTHORITY FOR RELEASE OF INFORMATION PERSONAL INQUIRY WAIVER

To Whom It May Concern:

Date _____

I, _____, hereby authorize any representative of the Idaho Peace Officer
(Type/Print Full Name)

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 Peace 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 Peace Officer Standard and Training Council in determining my qualifications, eligibility, and fitness for the position of a certified police/detention/reserve/probation/correction 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: _____

Home Telephone Number: _____

Current Residence Address: _____

Notary Required:

State Of _____

County Of _____

On _____, 20____, _____ personally appeared before me to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

Notary Public _____ (SEAL)

My commission expires: _____



Self-Sponsored Student – Medical Exam

Applicant's Name: _____
Last First M. I.

POST ID # _____
Last 4 of SSN 1st 4 Letters of First Name Day of Birth

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. **Complete and present the Health Questionnaire (Form BP-8) to your physician for their review.**

Leave the Health Questionnaire (Form BP-8) with your physician.

To the examining Physician: The above named applicant has chosen a career as an Idaho Law Enforcement Officer. Please check one of the following:

(check box) **I have reviewed the submitted Health Questionnaire (Form BP-8) to determine if the applicant is free from any physical, emotional or mental condition, free of any signs/symptoms of communicable disease likely to infect others in an academy environment or any other condition which might adversely affect the applicant's ability to train or perform the duties of a Peace/Detention Officer.**

(check box) **The applicant did not provide a completed Health Questionnaire (Form BP-8).**

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

Examining Physician:

A thorough medical examination is required prior to acceptance into the Idaho Police Academy. Law enforcement Officers are **required to participate in vigorous physical fitness exercises and self-defense** during the academy training. On the first day of the academy students must successfully complete the fitness test. In **your medical opinion** does this applicant have the level of physical fitness and physical capability to complete the following:

Physician, please review the following and initial each line the appropriate box:

Physical Requirement	Capable	Not Capable
Standing Vertical Jump 14" minimum		
Push-ups minimum 21		
Sit-ups 1 minute test minimum 15		
300 meter sprint maximum 77 secs.		
1.5 mile run maximum 17 min. 17 sec		
Daily training to include: stretching, running, weight lifting, calisthenics and swimming.		

Examining Physician:

Based upon the Idaho Law Enforcement Officer Job Task Analysis Study an officer must be able to physically perform the following duties. In **your medical opinion** is the applicant medically and physically capable of fulfilling the following requirements:

Physician, please review the following and initial each line the appropriate box:

Physical Requirement	Capable	Not Capable
Move 76 lb object 1 yard		
Pursue people on foot for 51 yards		
Use weaponless force in combat after pursuing for 51 yards		
Use defensive weapons		
Use restraining devices		
Operate vehicle in emergency situations		
Arrest violent/aggressive people		
Discharge firearms		
Conduct searches		
Operate patrol car radios		
Provide emergency first aid		
Dexterity, steadiness, gross body coordination, mobility.		
Work long hours in darkness, remote areas, hot and cold weather while seated, standing, bending, reaching, pushing, kneeling, pulling lifting, turning, crawling, handling and feeling.		

PHYSICIAN STATEMENT AFTER EXAMINATION:

Please initial the appropriate area:

_____ I (or my designee) have examined the above named applicant to the Idaho POST Academy and ***in my opinion*** find the applicant **IS physically able to perform the full duties required of an officer, in training or in the field, as outlined above.**

_____ I have examined the above applicant and 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 Law Enforcement Officer this person must:

(check box) **Physician acknowledges POST requires the Health Questionnaire (Form BP-8) to be included with the client’s examination record(s).**

Signature of Examiner _____ **Date of Exam** _____

Printed Name of Examiner _____

IMPORTANT! Type or stamp Physician’s name, address, telephone number below:

HEALTH QUESTIONNAIRE

Instructions: **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.**

Leave this form (Health Questionnaire Form #BP-8 page 1 & 2) with the physician.

DO NOT SUBMIT THIS FORM TO POST.

Applicant'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? If you check "YES", supply full details in **SECTION B** on the reverse side. If the conditions required hospitalization, check the "HOSP" box.

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

HEALTH QUESTIONNAIRE

	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).	<input type="checkbox"/>	<input type="checkbox"/>
47. Have you ever been a patient (committed or voluntary) in a mental hospital? If "YES" give reasons, date(s) and place(s).	<input type="checkbox"/>	<input type="checkbox"/>
48. Have you had any other illness, injury, or physical condition not named above, other than childhood diseases or minor illness?	<input type="checkbox"/>	<input type="checkbox"/>
49. Have you had an injury within the last 5 years which caused you to lose time from work?	<input type="checkbox"/>	<input type="checkbox"/>
50. Have you ever been denied employment or insurance for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>
51. Have you ever been deferred from military service for medical, emotional, or health reasons?	<input type="checkbox"/>	<input type="checkbox"/>
52. Have you ever been discharged or released from employment or from the Armed Forces for medical, emotional, or health reasons?	<input type="checkbox"/>	<input type="checkbox"/>
53. Have you ever received or applied for pension or compensation for a disability or injury?	<input type="checkbox"/>	<input type="checkbox"/>
54. Are you presently under a doctor's care for any condition?	<input type="checkbox"/>	<input type="checkbox"/>
55. Have you taken medication within the last 12 months for any reason? If "YES" explain.	<input type="checkbox"/>	<input type="checkbox"/>
56. Do you have or have you ever had any physical or emotional limitations? If "YES" explain.	<input type="checkbox"/>	<input type="checkbox"/>
57. Do you have any impediments of your sense of smell? If "YES" explain.	<input type="checkbox"/>	<input type="checkbox"/>
58. Do you have any impediments of your sense of touch? If "YES" explain.	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>		
Item ##	Explanation (Attached additional pages to the back of this form if needed)	
<p>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.</p> <p>I UNDERSTAND THAT I MUST LEAVE THE HEALTH QUESTIONNAIRE (Form BP-8 page 1& 2 and any attached supplemental pages) WITH MY PHYSICIAN.</p> <p>Signature of Applicant _____ Date _____</p>		

Self-Sponsored Student: Vision Exam Report

PHYSICIAN/OPTOMETRIST STATEMENT AFTER EXAMINATION:

Please initial the appropriate statement:

_____ The applicant **MEETS** the minimum vision standards to perform the full duties required of an officer.

_____ The applicant **DOES NOT MEET** the minimum vision standards for the following reasons:

Printed Name of Examiner _____

Signature of Examiner _____ Date of Exam _____

IMPORTANT! Type or stamp Physician's name, address, telephone number below:

Self-Sponsored Student: Hearing Exam Report

Applicant Name: _____
Last First MI.

POST ID # _____ -- _____ -- _____
Last 4 of SSN First 4 Letters of 1st Name Day of Birth (01-31)

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 Law Enforcement Officer. A "Pure Tone Threshold Test" is required prior to acceptance into the Idaho Peace Officer Standards and Training Academy.

Based upon the Idaho Law Enforcement 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.		
Binaural hearing.		
Capable of hearing sound sources, direction, localization, and distance.		
Ability to hear whispering.		

HEARING STANDARDS FOR LAW ENFORCEMENT OFFICERS

Applicant must have unaided or aided 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	HEARING AID USED? _____ NO _____ YES
Right Ear	_____ db	_____ db	_____ db	_____ db	
Left Ear	_____ db	_____ db	_____ db	_____ db	

NOTE ANY ABNORMALITY:

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

Self-Sponsored Student: Hearing Exam Report

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 to perform the full duties required of an officer, in training or in the field, 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 _____

IMPORTANT! Type or stamp Physician's/Audiologist's name, address, telephone number below:

Self-Sponsored Student: Physical Readiness Test

INTRODUCTION

Patrol officers have unique job functions, some of which can be physically demanding. An officer's capability to perform those functions can affect personal and public safety. Physical fitness underlies and predicts an officer's readiness to perform the frequent and critical job tasks demanded. The minimum physical readiness standards identified are levels below which an officer's capacity to safely and effectively learn and perform frequent or critical job tasks is compromised. Higher levels of readiness/fitness are associated with better performance of physical job tasks required of Idaho patrol officers.

Physical Readiness Test (PRT) Administration

The Idaho Patrol Officer PRT is comprised of a battery of five events:

1. Vertical Jump
2. One Minute Sit-Ups
3. Maximum Push-Ups
4. 300-Meter Run
5. 1.5-Mile Run/Walk

Tests should be administered in the above order. The test battery process should be sequenced as follows:

I. Warm-up (7-10 minutes)

- A. General warm-up - 2-3 minutes of easy jogging, jumping jacks, squat-thrusts, etc.
- B. Stretching (active and/or static) - 5-7 minutes, include stretches for shoulders, back, upper/lower legs

II. Physical Readiness Test (PRT)

- A. Vertical Jump (3 minutes rest)
- B. One Minute Sit-Ups (5 minutes rest)
- C. Maximum Push-Ups (10 minutes rest)
- D. 300-Meter Run (15 minutes rest)
- E. 1.5 Mile Run/Walk

III. Cool-down (5 minutes)

- A. Walking (keep walking to avoid blood pooling in legs)
- B. Easy stretching

Test Protocols

Strict adherence to the following protocols is *mandatory*. Variances from these procedures render results meaningless and limit ability to gauge fitness progress.

VERTICAL JUMP TEST

Purpose

This test measures leg power, which is important in jumping or vaulting objects such as walls and ditches, and in moving heavy objects such as people.

Equipment

Vertical jump mat (**preferred**). Recommended commercial source: “Perform Better!” www.performbetter.com, 888-556-7464. Alternative equipment: Vertec or Reach ‘N’ Jump board (both also available from above source), or white paper and carpenter’s chalk with scale, tape measure, or yardstick (1/2" increments) affixed to wall.

Procedures Using Vertical Jump Mat (preferred method) (refer to Figures 1-5)

1. Read the instructions to the participants.
2. Demonstrate the test, pointing out common errors.
3. Have participants warm up by practicing the jump.
4. Have the participant stand on the mat with feet over appropriate mat markings. Loosen the clasp holding the upper end of the tape measure and have the participant cinch the belt tightly around his waist so it will not slip during the jump. Adjust the tape measure so it is taut and secure the clasp at the upper end of the tape at the waist. Loosen the clasp at the lower end of the tape near the mat. The participant may begin the jump with both feet in place (Figure 2) or with one foot off the mat (Figure 4), bringing the trailing foot onto the mat as the movement begins. Have the participant jump as high as possible off both feet, using a natural countermovement of the arms to assist. The participant’s feet must land back on the mat approximately where they left the mat. The vertical jump is determined by reading the tape measure at the clasp near the mat to the nearest half inch. **Use the best of three trials as the score.**



Figure 1



Figure 2



Figure 3



Figure 4



Figure 5

Script Using Vertical Jump Mat

Use the following script to prepare the participants. *The vertical jump measures leg power. After you warm up, stand with both feet on the marks on the mat. Fasten the web belt and adjust it tightly around your waist. You may begin with both feet on the mat foot marks, or with one foot off the mat, bringing the trailing foot into place on the mat just before jumping. Using your arms to help propel you, jump off both feet as high as possible while extending your arms upward. Jump straight up so you land in your starting position. You will have three tries at this event, with your best effort counting as your score. Watch this demonstration . . . Are there any questions?*

VERTICAL JUMP TEST (continued)

Tips for the Test Administrator Using Vertical Jump Mat

Ensure the belt is tight around the participant's waist to prevent slippage during the jump. Ensure tape is taut when securing the upper clasp. Release lower clasp before the participant jumps. Ensure participant lands on the mat approximately on the foot marks. Read the jump measurement from the same reference point that was lined up with zero (0) on the tape prior to the jump.

Procedures Using Wall-Mounted Scale (refer to Figures 6-9)

1. Read the instructions to the participants.
2. Demonstrate the test, pointing out common errors.
3. Have participants warm up by practicing the jump.
4. Have the participant stand with one side toward the wall, heels together, and reach upward as high as possible. Record the maximum standing reach. Then, using a rocking, one-step approach ("step-feet together-jump"), have the participant jump as high as possible, reaching upward at the same time. A standing squat jump (with no step) is also acceptable. Record the maximum jumping reach.
5. The number of inches between the standing reach and the jumping reach, measured to the nearest half inch, is the score. **Use the best of three trials as the score.**



Figure 6

Script Using Wall-Mounted Scale

Use the following script to prepare the participants. *The vertical jump measures leg power. After you warm up, stand with one side to the wall. With your heels together, reach upward as high as possible with your hand against the measuring device on the wall. Your maximum standing reach will be recorded. Then, using a rocking, one-step approach, jump as high as possible while extending the arm nearest the wall. You may also jump off both feet without taking a step. Your maximum jumping reach will be recorded. You will have three tries at this event, with your best effort counting as your score. Watch this demonstration . . . Are there any questions?*



Figure 7



Figure 8



Figure 9

Tips for the Test Administrator Using Wall Mounted Scale

Assure the maximum standing reach is a true "maximum." You may have to physically check for maximal extension of the arm upward during the standing reach. A double jump or "crow hop" is not permitted upon take-off. The correct sequence is: stride forward with one foot, bring trailing foot up to meet lead foot while flexing knees, jump off both feet. If the participant prefers, a standing squat jump (without a step) is acceptable.



ERROR: stackunderflow
OFFENDING COMMAND: ~

STACK: