



Twin Falls Police Department

Citizens Police Academy Application

321 2nd Ave East
P.O. Box 3027
Twin Falls, ID 83301
police.tfid.org

Personal Information

Name (Last, First, Middle)		Shirt Size:
AKA (List any other names you have used, including maiden names)		
Current Address, City, State, Zip		
List previous two addresses and years there:		Home Phone:
		Work Phone:
		Cell Phone:
		Email Address:
Date of Birth:	Social Security Number:	Driver's License Number:

***All applicants must be at least 18 years of age to attend the academy.**

Employment

Current Employer / Address	Position or Title:
	Supervisor or Contact Person:
	How long employed?

Education/Community

Highest Level of Education (Include name and location of school)	Diploma or Degree?
List Community associations, organizations or clubs you belong to:	

References

***References must not be related by birth or marriage.**

Name (Last, First, MI)	Home Phone:
Address:	Cell Phone:
Employer:	Work Phone:
How do you know this person?	

Name (Last, First, MI)	Home Phone:
Address:	Cell Phone:
Employer:	Work Phone:
How do you know this person?	

Name (Last, First, MI)	Home Phone:
Address:	Cell Phone:
Employer:	Work Phone:
How do you know this person?	

Qualification

Have you ever been convicted of or have current charges pending for any offense other than traffic infractions? If so, please give an estimated date of the offense and details. Note: A felony conviction will disqualify you from attending the Citizen Police Academy.
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Please review your answers carefully and read the statement below before signing this application.

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Twin Falls Citizen Academy.

I further understand that the Twin Falls Police Department will be conducting a thorough background investigation that may include, but is not limited to, criminal history, employment history and personal references. I also understand that any student may be removed from the Twin Falls Citizen Academy if said student is disruptive or otherwise inhibits the concept of this program. I further state that I have never been convicted of a felony offense in an Idaho court or any other State or Federal court.

I understand that I am expected to either attend or make up all classes held during the Twin Falls Citizen Police Academy. I also understand that all applicants will be accepted and retained, or rejected, upon the sole discretion of the Twin Falls Police Department Chief of Police or his designee.

Note: The Twin Falls Police Department will encourage graduates from the Twin Falls Citizen Academy to apply for, and attend a ride along with the department patrol division following successful completion of the academy. The application for this ride along is included with this application.

Signature of Applicant

X

Date:

Please return completed application to:

Twin Falls Police Department
321 2nd Ave East
P.O. Box 3027
Twin Falls, Idaho 83301-3027

Official Use Only: Date Received: _____

Background completed: _____ Local _____ Repository _____ NCIC _____

Approved _____ Denied _____ Approved by: _____

