



**Public Safety Academy
Application Form**

All applicants must be at least 18 years of age and all applicants must live work or do business in Meridian to be eligible to attend. Incomplete or unsigned applications will not be considered. Please type or print all information. *Note: This document may be considered a public record and some information may be subject to current Idaho Public Records Law.*

Name (First, Last, Middle)	
AKA (List any other names you have used, including maiden names)	
Current Address	Home Phone
List Previous two addresses and the years you lived there	work Phone
	Cell phone
Drivers License No.	Date of Birth
Current Employer and Address	Position or title/How Long
	Supervisor or Contact Person
Previous Employer/Address	Position or Title/How Long
Highest Education Level (Include name/location of last school attended and any diplomas you have received)	
List any associations, organizations or clubs you belong to	
Why do you want to attend the Public Safety Academy?	

List Three References – *May not be someone related to you 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?	

Have you been convicted of or have current criminal charges pending for any offense other than traffic infractions? If you have please give details: Note: A felony conviction may disqualify you from attending the academy.

Your email address:

How did you hear about the Public Safety Academy? If it was recommended to you, who recommended it?
Are you associated with the City of Meridian?

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 Meridian Public Safety Academy.

I further understand that the Meridian 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 Meridian Public Safety Academy if said student is disruptive or otherwise inhibits the concept of this program.

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

Signature of Applicant	Date
X	

Please return your completed application to: Stephany Galbreath Meridian Police Department Crime Prevention Program 1401 E. Watertower St. Meridian, ID 83642	<u>A one-year eligibility roster for future CPSA's will be maintained once a sufficient number of applicants are received.</u>
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For Staff Use Only

Received by _____ Date: _____ Time: _____

Assigned Background Investigator _____ Ada# _____