



## Twin Falls Police Department Citizen Academy Application

Twin Falls Police Dept.  
321 2<sup>nd</sup> Ave East  
Twin Falls, Idaho 83301-3027  
[dkelley@tfid.org](mailto:dkelley@tfid.org)

### Personal Information

Full Legal Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	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:		Cell Phone:	
		Home Phone:	
		Work 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.**

List all States you have resided in:

### 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?	

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

## Qualification




**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

Twin Falls, Idaho 83301-3027

[dkelley@tfid.org](mailto:dkelley@tfid.org)

**Official Use Only:** Date Received: \_\_\_\_\_

Background completed: \_\_\_\_\_ Local \_\_\_\_\_ Repository \_\_\_\_\_ NCIC \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Approved by: \_\_\_\_\_