



Application for Employment

# Heyburn Police Department

1800 J Street / P. O. Box 147  
Heyburn, Idaho 83336  
PH: (208) 679-4545

## Instructions

The information you provide in this application for employment will be used in the investigation into your background to assist in determining your suitability for the position of police officer. Please fill out the questionnaire completely and accurately.

Keep in mind that:

1. The completion of this form is mandatory.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from employment.
4. All time periods in your background must be accounted for.
5. Do not leave any questions blank. If the question does not apply to you, then write N/A. If the answer is none write "None".
6. Please print in ink or type your responses in this application.
7. If you need more space to respond to a question, use an additional sheet of paper and identify the additional information by question number, **do not** write on the back sides of the application pages.
8. The Heyburn Police Department follows the same hiring standards as listed and described by Idaho POST and IDAPA Rules. These can be found online at the POST website at [post.idaho.gov](http://post.idaho.gov).

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job of a police officer. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements if the job.

The Americans with Disabilities Act prohibits employers from making medically-related Inquiries *prior* to a conditional offer of employment. Therefore, if you are completing this application for employment before you have received a conditional offer of employment, **do not** divulge information concerning physical or medical conditions, either past or current.

I have read the above instructions and agree to the terms therein described.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Applicant Name: \_\_\_\_\_ (Print Legibly)

### Position Applying for

Job Title: \_\_\_\_\_

Are you applying for:  
 F/T  P/T  Reserve/Volunteer

What shifts will you work?  
 Days  Nights  Any

**NOTICE:** During the Background Check, we will be contacting your present employer.

Available Start Date: \_\_\_\_\_

### Personal History

1. Full Name:

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

Last

2. Current Address:

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

County

\_\_\_\_\_

State

\_\_\_\_\_

Zip

(\_\_\_\_) \_\_\_\_\_

Cell Phone Number

(\_\_\_\_) \_\_\_\_\_

Home Number

(\_\_\_\_) \_\_\_\_\_

Business

Email: \_\_\_\_\_ Web Page: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias (es), or nickname(s).)

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

4. Are you a United States Citizen?  Yes  No

If naturalized, please provide: \_\_\_\_\_

Place

\_\_\_\_\_

Court

\_\_\_\_\_

Naturalization No.

5. Do you have, or have you ever applied for a passport?  Yes  No

Passport # \_\_\_\_\_

Applicant Name: \_\_\_\_\_ (Print Legibly)

6. Can you perform the essential functions of this job with or without reasonable accommodations?  Yes  No

**EDUCATION/TRAINING**

High School or GED Name / Address	Did Attended Mo. / Yr.		Years Completed	Did you Graduate?	Was this an on-line school?	Did you receive a Diploma  <input type="checkbox"/> Yes <input type="checkbox"/> No
	From	To				

College / University Name / Address	Dates / Attended Mo. / Yr.		Credit Units / Hours Earned	Did you Graduate?	Was this an on-line School?	Type of Degree
	From	To				

Other Schools / Programs Name / Address	Dates Attended Mo. / Yr.		Credit Hours / Units Earned	Area of Study	Did you complete the Course or Graduate?	Type of Degree or Certificate
	From	To				

*For applicants with prior law enforcement experience and/or certification, list your training and education in the below section.*

1. Describe any awards, honors, citations, and positions held in school organizations and any other special recognition you received while attending school that you would like us to know about:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have you ever been suspended or expelled from school?  Yes  No If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Applicant Name: \_\_\_\_\_ (Print Legibly)

3. List any foreign languages you are proficient in. Proficiency would include the ability to speak, read, and write:

\_\_\_\_\_  
\_\_\_\_\_

4. Describe any special abilities, interests, and hobbies including the degree of proficiency:

\_\_\_\_\_  
\_\_\_\_\_

### TECHNOLOGY SKILLS

Check All Skills & Software Applications You Have Experience Using (any version):

- PC User    Macintosh User    Windows    Microsoft Word    Microsoft Access    Microsoft Excel  
 Microsoft Publisher    Web Page Design/Maintenance    E-Mail    Internet    Scanner    Copier    Fax  
 Other: Please list \_\_\_\_\_

Professional Licenses or Certificates Held. Indicate any type of special license such as pilot, radio operator, paramedic etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

### EMPLOYMENT HISTORY

(List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for.)

**Unemployed Dates.** If unemployed for a period, provide dates and reason.

#### Current Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: (   )

Supervisor Name:

Dates From:                      To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:  
(Please be specific)

Applicant Name: \_\_\_\_\_ (Print Legibly)

<b>Next Employer:</b>				
Employer:				
Address:				
Street		City		State Zip
Telephone: ( )	Supervisor Name:			
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving: (Please be specific)				
<b>Next Employer:</b>				
Employer:				
Address:				
Street		City		State Zip
Telephone: ( )	Supervisor Name:			
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving: (Please be specific)				
<b>Next Employer:</b>				
Employer:				
Address:				
Street		City		State Zip
Telephone: ( )	Supervisor Name:			
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving: (Please be specific)				

Applicant Name: \_\_\_\_\_ (Print Legibly)

<b>Next Employer:</b>				
Employer:				
Address:				
Street	City	State	Zip	
Telephone: ( )	Supervisor Name:			
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving: (Please be specific)				
<b>Next Employer:</b>				
Employer:				
Address:				
Street	City	State	Zip	
Telephone: ( )	Supervisor Name:			
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving: (Please be specific)				
<b>Next Employer:</b>				
Employer:				
Address:				
Street	City	State	Zip	
Telephone: ( )	Supervisor Name:			
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving: (Please be specific)				

Applicant Name: \_\_\_\_\_ (Print Legibly)

Next Employer:			
Address:			
Street	City	State	Zip
Telephone: ( )	Supervisor Name:		
Dates From:	To:	Final Rate of Pay:	
Position Held:			
Primary Duties:			
Reason for Leaving: (Please be specific)			

1. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from **any** employment or volunteer position you have held?

Yes  No

If yes, please give details, including dates, employer's name, and specifics:

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2. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

Yes  No

If yes, please give details, including dates, employer's name, and specifics:

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3. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?

Yes  No

If yes, please provide name of agency and date of application or service.

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4. Has a supervisor ever talked to you about your work performance or something you did which might have been against policy?

Yes  No

If yes, please give details, including dates, employer's name, and specifics:

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Applicant Name: \_\_\_\_\_ (Print Legibly)

5. Have you ever done anything inappropriate or violated department policy while at work, but did not get caught?  
 Yes     No

If yes, please give details, including dates, employer's name, and specifics:

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6. Do you or have you owned a business, or are you or were you a partner or corporate officer in any business or organization not listed previously as a current or former employer?

Yes     No

If yes, please provide name and address of business, corporation or organization and describe your relationship or position, and nature of business.

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7. Have you ever resigned or left a job without giving at least a two-week notice?

Yes     No

If yes, please give details, including dates, employer's name, and specifics:

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8. Have you ever resigned or left a job because you felt you were going to be laid off or fired?

Yes     No

If yes, please give details, including dates, employer's name, and specifics:

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9. Have you received unemployment benefits?

Yes     No

If yes, please give details, including dates, employer's name, and specifics:

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**APPLICANTS WITH CURRENT OR PRIOR LAW ENFORCEMENT EXPERIENCE**

1. Has your law enforcement certification ever been suspended, revoked, relinquished or subject to discipline or investigation by POST or any other state's law enforcement certification agency?     Yes     No

If yes, explain.

\_\_\_\_\_ Date(s)

\_\_\_\_\_ Date(s)



Applicant Name: \_\_\_\_\_ (Print Legibly)

2. Indicate any law enforcement education/training including POST certificates (attach additional paper as necessary):

Name/Topic of Training	Certificate?	Date	Location of Training

3. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms):

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4. Identify **ALL** complaints/allegations (however characterized) made against you by any member of the public.

Agency	Name of Complainant	Approximate Date	Disposition

5. Identify **ALL** complaints/allegations (however characterized) made against you by any law enforcement personnel (including supervisors or administrators)

Agency	Name of Complainant	Approximate Date	Disposition

Applicant Name: \_\_\_\_\_ (Print Legibly)

6. Identify **ALL** claims or lawsuits (however characterized) filed against you or your employing agency based on allegations of negligent or wrongful acts or omissions by you.

Agency	Name of Plaintiff(s)	Approximate Date	Court Where Filed

7. Identify **ALL** disciplinary actions (however characterized) taken against you by a law enforcement employer.

Agency	Supervisor or Administrator Taking Action	Approximate Date	Basis and Form of Discipline

8. Identify **ALL** circumstances in which you have been requested or ordered to take a polygraph exam, CVSA or any other form of truth/deception technology.

Agency	Basis for Exam	Approximate Date	Outcome

### DRIVING HISTORY

1. Are you a licensed Idaho automobile operator?  Yes  No License No.: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

2. Do you hold, or have you ever held an operator license in another state?  Yes  No

If yes, please provide state(s), name used and approximate dates license(s) was/were held.

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3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

Yes  No

If yes, please provide complete details including why license was revoked.

Applicant Name: \_\_\_\_\_ (Print Legibly)

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4. Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk (AKA SR-22) insurance?

Yes  No

If yes, please provide complete details.

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**MILITARY HISTORY**

1. Have you ever served on active duty in the Armed Forces of the United States?  Yes  No

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Serial #: \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

2. Date and type of discharge: \_\_\_\_\_

3. Are you now or have you ever been a member of a reserve unit or the National Guard?  Yes  No

4. If yes state the branch of service, name and location of your unit:

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5. Was any type of disciplinary action taken against you in the service?  Yes  No

If yes, please provide:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

6. Have you ever served in the Armed Forces of a foreign country?  Yes  No

If yes, please specify countries and dates.

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Applicant Name: \_\_\_\_\_ (Print Legibly)

## VETERAN'S PREFERENCE

If you are **NOT** claiming Veteran's Preference, please initial here \_\_\_\_\_ and proceed to the next section.

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

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(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term "**active duty**" means full-time duty in the Armed Forces, but NOT active duty for training.

### Preference Eligible Veterans:

- I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.
- I have a service-connected disability of 10% or more.
- I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

## BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages?  Yes  No
2. Are you now issued, or have you ever been issued a license to engage in a business or profession?  Yes  No
3. Was any such license ever cancelled, relinquished, suspended or revoked?  Yes  No

If yes to question #1, #2 or #3, please provide details including name and address of business, the type of license or certificate, the agency that issued the license, effective date of license and license number.

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## ORGANIZATION MEMBERSHIP

Applicant Name: \_\_\_\_\_ (Print Legibly)

1. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which advocates or approves the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes  No

If Yes, including name of organization, dates of membership and location.

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2. Have you ever made a financial or other material contribution to any organization of the type described in question #1 above?

Yes  No

If yes, explain including name of organization, date(s) and location.

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3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?

Yes  No

If yes, explain including name of organization, dates and location.

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4. Have you ever posted or participated in any on-line conversations in the type of organizations described in question #1 above?

Yes  No

If yes, explain including name of organization, date(s) and location.

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Applicant Name: \_\_\_\_\_ (Print Legibly)

**PERSONAL & PROFESSIONAL REFERENCES**

1. Personal References: Please list the names of three (3) persons not related to you by blood or marriage)

Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
(Last, First, Middle)		
Yrs. Known	Occupation	
Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
(Last, First, Middle)		
Yrs. Known	Occupation	
Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
(Last, First, Middle)		
Yrs. Known	Occupation	

2. Professional References: List names of three (3) professional references who have known you well for at least five (5) years and who are not related to you by blood or marriage.

Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
(Last, First, Middle)		
Yrs. Known	Occupation	

Applicant Name: \_\_\_\_\_ (Print Legibly)

Complete Name		Home Address: _____ City, State, & Zip: _____
(Last, First, Middle)		
Yrs. Known	Occupation	Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
Complete Name		Home Address: _____ City, State, & Zip: _____
(Last, First, Middle)		
Yrs. Known	Occupation	Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____

**DOCUMENTS TO BE ATTACHED TO APPLICATION**

1. A copy of birth certificate.
2. A copy of your high school diploma or GED, college diploma or transcripts.
3. Copy of military discharge(s).
4. Copy of driver's License.
5. Copy of any POST Certificates.

**OTHER REQUIREMENTS**

When requested by this agency, the applicant shall be required to submit to the following:

- Physical agility examination
- Written aptitude examination
- Verbal interview panel
- Complete a background personal history statement.
- Polygraph examination.
- Psychological examination.
- Medical examination and drug screening

Applicant Name: \_\_\_\_\_ (Print Legibly)

**SUPPLEMENTAL APPLICATION QUESTIONS**

1. Have you ever been arrested or detained by any law enforcement or military police for any reason?

Yes  No, If yes, explain including name of organization, date(s) and location.

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2. Have you ever been named on a warrant or restraining or protection order?

Yes  No, If yes, explain including name of organization, date(s) and location.

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3. Have you ever used, possessed, transported, sold or purchased any type of marijuana or cannabis oil?

Yes  No, If yes, explain including date(s) and location.

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4. Have you ever used, possessed, transported, sold or purchased any type of illegal narcotic, inhalant or synthetic designer drugs?

Yes  No, If yes, explain including date(s) and location.

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5. Have you ever participated in growing, manufacturing or the production of any drug, narcotic or other controlled substance?

Yes  No, If yes, explain including date(s) and location.

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6. To your knowledge, does any of your friends or relatives use or sell any type of illegal narcotics or prescription drugs including marijuana?

Yes  No, If yes, explain including date(s) and location.

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7. Have you ever purchased or sold a prescription drug without a doctor's prescription?

Yes  No, If yes, explain including date(s) and location.

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Applicant Name: \_\_\_\_\_ (Print Legibly)

8. Have you ever used a prescription drug without a prescription?

Yes  No, If yes, explain including date(s) and location.

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9. Have ever been accused of making inappropriate comments or sexual harassment at an employer?

Yes  No, If yes, explain including name of organization, date(s) and location.

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10. Have you ever taken anything from an employer that you were not supposed to?

Yes  No, If yes, explain including name of organization, date(s) and location.

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11. Have you ever done anything while at work, where if you would been caught, you might have been in trouble?

Yes  No, If yes, explain including name of organization, date(s) and location.

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12. Have you ever stolen anything that did not belong to you?

Yes  No, If yes, explain including date(s) and location.

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13. Since you turned 18 years old, have you ever had sex with someone under the age of 18 years old?

Yes  No, If yes, explain including date(s) and location.

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14. Have you ever had forced yourself onto someone sexually, who objected?

Yes  No, If yes, explain including date(s) and location.

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15. Have you ever committed or participated in any crime other than minor traffic violations, but did not get caught?

Yes  No, If yes, explain including date(s) and location.

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Applicant Name: \_\_\_\_\_ (Print Legibly)

16. Have you ever stalked or harassed anyone whether in person or on the internet?

Yes  No, If yes, explain including date(s) and location.

\_\_\_\_\_  
\_\_\_\_\_

17. Have you purposely omitted any information from this employment application?

Yes  No, If yes, explain including name of organization, date(s) and location.

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE & CERTIFICATION OF ACCURACY & NOTARY SEAL**

I, \_\_\_\_\_, hereby certify that each and every statement made on this form is true and complete to the best of my knowledge, and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I, also, acknowledge that I have a continuing duty to update all information contained in this document and, if employed by the Heyburn Police Department, I acknowledge that my failure to update this information may result in my discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete or misleading answers, my application may be rejected, and my name removed from consideration for employment with the City of Heyburn, and if employed, my termination from employment.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature in Full

Print Named in Full

NOTARY

State of \_\_\_\_\_ )  
: ss.  
County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public in and for said State, personally appeared \_\_\_\_\_ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_  
Residing in \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_, 20\_\_\_\_.

(Official Seal)

Applicant Name: \_\_\_\_\_ (Print Legibly)

**Heyburn Police Department**  
***Release of Information Waiver***

As an applicant for the position of \_\_\_\_\_ with the City of Heyburn Police Department, I,  
\_\_\_\_\_, am required to furnish information for use in determining my  
(Print first middle last)  
qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including but not limited to, information of confidential or privileged nature, or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters.

I hereby acknowledge that I have been advised that the records or information contained therein may be considered confidential under Idaho Code and therefore subject to discovery or disclosure only pursuant to a noticed motion under Idaho Code. By signing this authorization, I hereby waive any and all rights to have any record or records or information contained therein discovered or disclosed only by a noticed motion pursuant to Idaho Code and hereby authorize the disclosure of all records to which, as an employee, the undersigned would have or did have access.

I understand that I will not receive and am not entitled to know the contents of confidential reports received, and I further understand that these reports are privileged. I hereby release, discharge, exonerate the Heyburn Police Department, their agents and representatives and any person furnishing information for any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

Furthermore, in the event that this background investigation finds unethical, dishonest, or illegal conduct or I disclose such conduct, I hereby give the Heyburn Police Department permission to disclose the findings and results of this background investigation to my current employer or law enforcement authorities. I understand that this disclosure may result in adverse consequences for me in my current job, including but not limited to, termination from employment, negative references for future employment, and possible criminal prosecution. I understand that the Heyburn Police Department, in its sole discretion, will determine where there has been any unethical, dishonest, or illegal conduct. I agree to hold the Heyburn Police Department harmless from any and all claims made by me as a result of this release of information.

A photocopy or electronic scan of this release is to be considered as valid as an original.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security number# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**NOTARY**

State of \_\_\_\_\_ )  
: ss.  
County of \_\_\_\_\_ )

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me, the undersigned notary public in and for said State, personally appeared \_\_\_\_\_ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_  
Residing in \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_, 20\_\_\_.

(Official Seal)

Applicant Name: \_\_\_\_\_ (Print Legibly)

**Idaho POST Disqualifier Disclosure**

In accordance with Idaho POST, certain drug use history will be a disqualifier for any person seeking employment in law enforcement in the State of Idaho. Read the following and sign your name affirming you meet the standards defined by Idaho POST.

IDAPA 11.11.01 – Rules of the Idaho Peace Idaho State Police Officer Standards & Training (POST) Council  
055. INELIGIBILITY BASED UPON PAST CONDUCT.

An applicant is ineligible to attend a basic training academy and for certification under the following circumstances. (7-1-21)T

01. Criminal Conviction. An applicant is ineligible if he was convicted of: (7-1-21)T
  - a. A felony, if the applicant was eighteen (18) years old or older at the time of conviction; (7-1-21)T
  - b. A misdemeanor Driving Under the Influence offense(s) within two (2) years immediately preceding application, or two or more (2) misdemeanor Driving Under the Influence offenses within five (5) years immediately preceding application; (7-1-21)T
  - c. A misdemeanor crime involving domestic violence, if the relevant law enforcement discipline requires the applicant to possess a firearm in the course of their duty, or if the conviction occurred within 5 years immediately preceding application; (7-1-21)T
  - d. A misdemeanor crime of deceit, as defined in these rules, or a misdemeanor sex offense, if the conviction occurred within five (5) years immediately preceding application; (7-1-21)T
  - e. A misdemeanor drug-related offense, if the conviction occurred within one (1) year immediately preceding application. (7-1-21)T
  
02. Driver's License. An applicant is ineligible if he does not possess a valid driving license from the applicant's state of residence and is unable to qualify for an Idaho driver's license, except for the following disciplines: (7-1-21)T
  - a. Correction Officers; (7-1-21)T
  - b. Emergency Communications Officers. (7-1-21)T
  
03. Marijuana. An applicant is ineligible if he used marijuana, cannabis, hashish, hash oil, or THC in synthetic and natural forms, whether charged or not, if such use occurred: (7-1-21)T
  - a. Within one (1) year immediately preceding application; (7-1-21)T
  - b. While employed as a law enforcement officer, in a prosecutorial position, or in a position of public safety, regardless of when the use occurred. (7-1-21)T
  
04. Violations of Idaho Controlled Substances Act. An applicant is ineligible if he, while eighteen (18) years old or older, violated any provision of the Idaho Uniform Controlled Substances Act, Section 37-2701 et seq., Idaho Code, whether charged or not, that constitutes a felony, or of a comparable statute of another state or country, if the violation occurred: (7-1-21)T
  - a. Within three (3) years immediately preceding application; (7-1-21)T
  - b. While employed as a law enforcement officer, in a prosecutorial position, or in a position of public safety, regardless of when the illegal use occurred. (7-1-21)T
  
05. Use of Prescription or Other Legally Obtainable Controlled Substance. An applicant is ineligible if he unlawfully used any prescription drug or a legally obtainable controlled substance within the past three (3) years, unless: (7-1-21)T
  - a. The applicant was under the age of eighteen (18) at the time of using the controlled substance; or (7-1-21)T
  - b. An immediate, pressing, or emergency medical circumstance existed to justify the use of a prescription controlled substance not specifically prescribed to the person. (7-1-21)T
  
06. Military Discharge. An applicant is ineligible if he received a "dismissal," "bad conduct discharge" (BCD), "dishonorable discharge" (DD), or administrative discharge of other than honorable (OTH) from military service. (7-1-21)T
  
07. Decertification or Denial of Certification. An applicant is ineligible if he has been denied certification or his basic certificate has been revoked by the Council in this state or the responsible licensing agency in any other issuing jurisdiction, unless the denial or revocation has been rescinded by the Council or by the responsible licensing agency of the issuing jurisdiction. (7-1-21)T