

# Public Safety Academy Application



The Public Safety Academy will take place Wednesday evenings from 6:00PM-9:00PM April 1st-May 20th. Their will also be two Saturday sessions from 9:00AM-3:00PM. April 25th and May 16th. (dates subject to change) Please only commit to the PSA if you are able to attend most sessions.

All applicants must be at least 18 years of age. 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.

**Full Name:** (Last, First, Middle)

**Other Names Used:**

**Date of Birth:**

**Driver's License Number:**

**Gender:**

Female  Male

## Contact Information:

**Current Address:**

Street

**How Long at this Address?**

City

State

Zip

**Phone Number:**

**Cell Number:**

**Other States Resided In?**

**Email Address:**

## Employment, Organizations, Clubs or Associations:

**Current Employer:**

**Position or Title:**

**Are you part of any organizations, clubs or associations?**

## Questionnaire:

**Have you been convicted of or have current criminal charges pending for any offense other than traffic infractions? If you have please give details (felony conviction may disqualify attendance in the academy):**



**Why do you want to attend the Public Safety Academy?**

**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:**

**Date:**

**Please turn in completed application to:**

Meridian Police Department  
c/o Crime Prevention Unit  
1401 E. Watertower Street, Meridian, Idaho 83642  
crimeprevention@meridiancity.org  
Phone: 208-846-7300

**Records Check: (For internal use only.)**