



City of Idaho Falls



Idaho Falls Police Department Citizen Police Academy Application

Date: ____/____/20____

Last Name _____ First _____ Middle _____

Address _____ (CSZ) _____

Date of Birth ____/____/____ Social Security Number ____-____-____

Home Phone _____ Work Phone _____ E-mail _____

Have you ever been arrested before? Yes No If yes, please give a brief description:

Why you would like to attend the Citizen Police Academy? (Attach additional paper if needed)

Please complete and email or send to:

Idaho Falls Police Department
Attn: Lt. R. Clements or Officer K. Knoelk
P.O. Box 50220 Idaho Falls Id 83405-0220
email: rclements@ci.idaho-falls.id.us ph. 612-8654
or kknoelk@ci.idaho-falls.id.us ph. 612-8652

For Office Use Only:

Criminal History Check Complete _____ Approved (or) Disapproved

Date Acceptance Letter and Waiver Sent ____/____/____ Date of Session Attended ____/____/____