



City of Coon Rapids Police Citizens' Academy Application

PERSONAL DATA

Name: _____
Last First Full Middle

Date of Birth: _____

Minnesota Driver's License Number: _____ Class: _____

ADDRESS AND POINT OF CONTACT

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Email Address: _____

OPTIONAL - Please list the name and phone number of a relative or close associate (to be used in the event of an emergency):

Name: _____ Phone Number: _____

EMPLOYMENT INFORMATION

Current Employer: _____

Address: _____
Street City State Zip Code

Job Title: _____ Length of time with current employer: _____

If less than three years, please list former employer: _____

ORGANIZATION MEMBERSHIPS

Please list any organizations, volunteer activities, or community groups to which you belong:

PLEASE EXPLAIN WHY YOU SHOULD BE CONSIDERED TO PARTICIPATE IN THE COON RAPIDS
POLICE CITIZENS' ACADEMY.

FIREARMS TRAINING

Do you have any condition that prevents you from participating in live firearms training?
 Yes No

CONVICTION INFORMATION

Have you ever been convicted as an adult for a criminal violation, excluding minor traffic violations? Yes No

If yes, date and place: _____

Nature of Offense: _____

Disposition: _____

APPLICANT'S STATEMENT

I hereby certify that all answers to the above questions are true, and I agree and understand that any false statements contained in the application may cause rejection of this application. I am aware that the above information will be used in obtaining a criminal history.

Applicant's Signature

Date

The City of Coon Rapids considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. EOE/AA/ADA

PRINT AND MAIL COMPLETED APPLICATION TO:



763-767-6481

Coon Rapids Police Department
ATTN: Police Citizens' Academy
11155 Robinson Drive NW
Coon Rapids, MN 55433-3671