

**MOORHEAD POLICE DEPARTMENT
CITIZENS POLICE ACADEMY APPLICATION**

Tennessee Warning, Minn.Stat.13.04, Subd. 2

The information requested on this form will be used for consideration of your participation in Moorhead Police Department's Citizens Police Academy (CPA). Its intended use is to assist Moorhead Police Department (MPD) personnel to conduct a background check to verify eligibility of participating in the CPA. You are not legally obligated to supply the data. However, failure to do so could result in this department's inability to conduct a background check which is required to verify eligibility to participate in the CPA. Persons authorized to access information include MPD personnel.

DATE OF APPLICATION: _____

NAME: _____
(FIRST) (MIDDLE) (LAST)

DATE OF BIRTH: _____

ADDRESS: _____

WORK PHONE: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

DRIVERS LIC: _____ STATE: _____ CELL PHONE: _____

SHIRT SIZE: _____ E-MAIL ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER'S ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

HAVE YOU BEEN ARRESTED FOR ANY OFFENSE OTHER THAN TRAFFIC? YES () NO ()

IF YES:
WHAT FOR? _____ WHEN? _____ WHERE? _____

PLEASE BRIEFLY LIST OR DESCRIBE ANY CIVIC ACTIVITIES/ORGANIZATIONS YOU ARE INVOLVED IN:

WHAT EXPERIENCE HAVE YOU HAD WITH LAW ENFORCEMENT? (Circle one)
POSITIVE NEGATIVE

BRIEFLY EXPLAIN _____

BRIEFLY EXPLAIN YOUR INTEREST IN THE CITIZENS ACADEMY _____

WHAT DO YOU EXPECT TO GAIN FROM ATTENDING THIS ACADEMY? _____

HAVE YOU EVER ATTENDED A CITIZENS POLICE ACADEMY OF ANY KIND IN THE PAST?

_____ YES _____ NO IF YES, WHICH ONE? _____

HOW DID YOU HEAR ABOUT OUR CITIZENS POLICE ACADEMY? _____

LIST PERSON TO BE CONTACTED IN CASE OF EMERGENCY DURING YOUR ATTENDANCE AT THE CITIZENS POLICE ACADEMY:

NAME: _____ ADDRESS: _____

TELEPHONE: _____ RELATIONSHIP: _____

I UNDERSTAND THAT SPACE IS LIMITED, ALLOWING ONLY 24 STUDENTS TO PARTICIPATE IN THE CITIZENS POLICE ACADEMY. THEREFORE, I AGREE TO ATTEND AT LEAST EIGHT (8) OF THE 10 SCHEDULED SESSIONS. ADDITIONALLY, I AGREE TO ARRIVE PROMPTLY AND TO COMPLETE AND RETURN THE EVALUATION FORM PROVIDED FOR EACH SESSION.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY DEEMED NECESSARY FOR CONSIDERATION TO ATTEND THE CITIZEN POLICE ACADEMY.

SIGNATURE (Applicant)

DATE: _____