



CITY OF BIG LAKE POLICE POLICE CITIZENS' ACADEMY APPLICATION

Personal Data

Name: _____
Last First (Full) Middle

Date of Birth: _____

Minnesota Driver License Number: _____ Class: _____

Address and Point of Contact

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Email Address _____ Cell Phone _____

**Please provide us an email as this will be our primary method of contact. Thank you!

Employment Information

Current Employer: _____

Address: _____
Street City State Zip

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

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

Organization Membership

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

Please explain why you are interested in participating in the Big Lake Police Department 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: _____

Big Lake Police Department Knowledge

Do you know any members of the Big Lake Police Department?

_____ Yes

_____ No

If yes, who and how?

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

Print and Mail or Drop Completed Application To:



Big Lake Police Department

ATTN: Police Citizens' Academy
P.O. Box 417
790 Minnesota Avenue
Big Lake, MN 55309

