



**ROCHESTER POLICE DEPARTMENT
CITIZEN POLICE ACADEMY**

Name: _____
Last First Full Middle

Address: _____
Street Apt. #

City State Zip Code

Telephone: _____
Home Work

E-Mail Address _____

Driver's License: _____
Number State Date Of Birth

Is this license currently valid? Yes _____ No _____

Have you been convicted of any felony? Yes _____ No _____

If yes, please explain when, where and the disposition _____

Place of Employment: _____

Address: _____
Street Suite # Telephone #

City State Zip

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend the Citizen Police Academy. My signature below acknowledges my understanding and agreement with material provided. I give permission for the Rochester Police Department to do a criminal background check with the information that I have given.

Signature of Applicant

Date

Please Return by Postal Mail to: Crime Prevention Unit
Rochester Police Department
101 ~ 4th Street SE
Rochester, MN 55904-3761