



**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  
4001 West River Parkway NW  
Rochester, MN 55901