

City of Plymouth 3400 Plymouth Boulevard Plymouth, MN 55447

PUBLIC SAFETY CITIZENS ACADEMY APPLICATION

PERSONAL DATA	
Nama	
Name:	
Date of birth:	
Minnesota Driver's License Number:	
ADDRESS AND POINT OF CONTACT	
Address: Zip:	
Home Phone: Work Phone:	
Cell Phone: Email address:	
Optional – Please print the name and phone number of a relative or friend (to be used in the event of an emergency):	
Name: Phone:	
EMPLOYMENT INFORMATION	
Comment Francisco	
Current Employer:	
Address:	
Job Title: street city state zip Length of time with current employer: _	
If less than three years, please list former employer:	
ORGANIZATION MEMBERSHIPS	1
Please list any organizations, volunteer activities, or community groups to which you be	eiong.

Please explain why you should be considered to participate in the Plymouth Public Safety Citizens Academy.	
rease explain why you should be considered to participate in the raymouth rubble Safety Chizens Academy.	
COMMOTION INTO DAY OF TOO	
CONVICTION INFORMATION	
Have you ever been convicted as an adult for a criminal violation, excluding minor traffic violations?	
\square Yes \square 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.	
I hereby give my consent for a personal CRIMINAL HISTORY BACKGROUND INVESTIGATION, which includes an	
electronic criminal history check, for the purposes of determining if I may be allowed unescorted access to the Plymouth	
Police Department. I have read, understand, and signed the Data Practices Advisory form. I understand that I am under no	
legal obligation to consent to such investigation, but my refusal to consent, may be the basis for denying me unescorted	
access to the Plymouth Police Department.	
Data	
Applicant's Signature Date:	
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The City of Plymouth fully endorses recruitment and selection based on merit criteria. To this end all candidates regardless of race, color, religion, sex, age (minimum age of 18 is required), sexual orientation, national origin, marital or veteran status, the presence of a non-job related medical condition or disability, status with regard to public assistance, or any other legally protected status, are invited to apply.

Please return by mail, email, or drop off at the Plymouth Police Department this application and the Data Practices Advisory Form to:

Plymouth Police Department Attn: Community Relations Officer Jim Long 3400 Plymouth Boulevard Plymouth, MN 55447

jlong@plymouthmn.gov