City of Plymouth



3400 Plymouth Boulevard

Plymouth, MN 55447

**PUBLIC SAFETY CITIZENS ACADEMY**

**APPLICATION**

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| PERSONAL DATA |
| Name:  *Last first middle (full name, not just initial)*  Maiden name or other names you have used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Minnesota Driver’s License Number: |

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| 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: |

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| 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: |

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| ORGANIZATION MEMBERSHIPS |
| Please list any organizations, volunteer activities, or community groups to which you belong. |
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| Please explain why you should be considered to participate in the Plymouth Public Safety Citizens Academy: |
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| 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: |

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| 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.*  Date:  Applicant’s Signature (must be written, not typed) |

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), 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**