

City of Plymouth 3400 Plymouth Boulevard Plymouth, MN 55447

PUBLIC SAFETY CITIZENS ACADEMY APPLICATION

| PERSONAL DATA | | |
|---|--|--|
| Name: | | |
| Last jirsi miaate | | |
| 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 close associate (to be used in the event of an emergency): | | |
| Name: Phone: | | |
| EMPLOYMENT INFORMATION | | |
| 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 | | |
| Please list any organizations, volunteer activities, or community groups to which you belong. | | |
| | | |
| | | |
| | | |

| Please explain why you should be considered to participate in the Plymouth Public Safety Citizens Academy. | | |
|--|--|--|
| Citizens readenry. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | IREARMS TRAINING | |
| Do you have any condition that preve | nts you from participating in live firearms training? | |
| □ Yes | \Box No | |
| | □ 1 10 | |
| | | |
| CONVICTION INFORMATION | | |
| | dult for a criminal violation, excluding minor traffic | |
| violations? | | |
| □ Yes | \Box No | |
| If yes, date and place: | | |
| Nature of Offense: | | |
| Nature of Officials. | | |
| Disposition: | | |
| | | |
| | LICANT'S STATEMENT | |
| · · · | e 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 understand that I am under no legal obligation | | |
| access to the Plymouth Police Departmen | refusal to consent, may be the basis for denying me unescorted nt. | |
| | Date: | |
| Applicant's Signature | | |

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.

This application cannot be accepted by fax or e-mail. Please sign and return (mail or drop off) this application along with the Data Practices Advisory Form to:

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