

LAW ENFORCEMENT CITIZENS' ACADEMY

APPLICATION

Name: _____
Last First Middle

Full Address: _____

Phone: _____ Email: _____

Employer: _____ Your Occupation: _____

How did you learn of the Citizens' Academy? _____

Will you be able to attend all eight sessions? _____

Why do you want to attend the Academy? _____

Community groups/organizations you are affiliated with: _____

Have you ever been convicted of a crime? Please explain briefly. (Applicants are subject to a background check.)

What experiences have you had with law enforcement: Positive _____ Negative _____, Briefly explain:

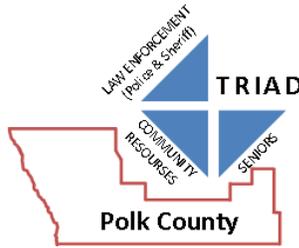
I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I understand that by participating in the Law Enforcement Citizens' Academy (LECA), I will have access to facilities, areas and equipment not generally available to the general public. Therefore, I am providing the above information and I am authorizing the PCSO and/or the CPD to verify that I am not the subject of an on-going criminal investigation, am not involved in any civil litigation with either governing entities, and I do not have any felony convictions or have any misdemeanor or gross-misdemeanor convictions within the last three years. I understand the information provided will be used to conduct a background and criminal history check on me to make a determination that I am not disqualified from participation in the LECA. I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

Tennessee Warning: The purpose and intended use of the information requested in this application packet is to assist in determining your eligibility and suitability for the program for which you are applying. You may legally refuse to give the information. If you give the information, that information, or further investigation based on it, could cause your application to be denied. If you refuse to give the information, your application for the program may not be considered. Other persons or entities authorized to receive the information you supply are: the MN Bureau of Criminal Apprehension, State of MN Driver's License Section, and other governmental agencies necessary to process your application.

Applicant's Signature: _____ Date: _____

Return completed application to the Polk County Sheriff's Office: PO Box 416, 600 Bruce Street, Crookston, MN 56716

Or email to Sheriff Tadman at: james.tadman@co.polk.mn.us



LAW ENFORCEMENT CITIZENS' ACADEMY

BACKGROUND, CRIMINAL and DRIVER LICENSE HISTORY CONSENT FORM

Complete this form in its entirety. Write N/A if a question does not apply to you. Print or type legibly, failure to completely and legibly answer all questions my result in the rejection of your application.

Full Name: _____
Last First Middle

List any and all other names by which you have ever been know.

Date of Birth: _____ SSN: _____ Race: _____ Sex: _____

Phone(s): _____ Email: _____

Current Address: _____

Previous Addresses within last 5 years: _____

Driver's License / ID Card Number: _____ State Issued: _____

List any and all other states in which you have ever had a driver's license or ID card: _____

By signing this document I hereby authorize the Polk County Sheriff's Office and/or the Crookston Police Department to conduct/receive any State of Minnesota and/or federal criminal history record information pertaining to me which may be located in files of any state or local criminal justice agency.

Additionally, I hereby give the Polk County Sheriff's Office and/or the Crookston Police Department my permission and authorization to obtain any and all data related to my driver's license records from any and all listed states by which I have had a driver's license and/or identification card.

Applicant's Signature: _____ Date: _____

(Office use only)

Criminal History Background Reason: Education and Training: Law Enforcement Citizens' Academy

Officer Requesting: _____ Date: _____

Records Clerk: _____