

CITY OF DULUTH
POLICE DEPARTMENT
411 W. 1st Street
730-5040

Citizen Police Academy Application



THIS FORM MUST BE COMPLETELY FILLED OUT OR IT WILL BE REJECTED.

FULL Name(middle & maiden, too) _____

Date of Birth _____ Address _____

City/State/Zip _____

Phone # _____ email address _____

Drivers License # _____

Are you employed in Duluth? _____ Employer _____

High School Graduate? _____ GED? _____ Name/Location of High School _____

College? _____ Degree/Major _____

Name/Location of College _____

How did you find out about the Citizen Police Academy? _____

What do you expect to gain from attending this program? _____

Have you ever been charged with or convicted of an offense other than a minor traffic offense? _____ If so, what were you charged with, where and when? _____

Present Employer _____ Supervisor _____

Your title _____ Employment Dates _____

Personal Reference _____ Relationship _____

Address _____ Phone # _____

Emergency Contact _____ Relationship _____

Address _____ Phone# _____

Names of any Duluth Police Officers you are acquainted with _____

Signature _____ Date _____

(This information will be used to run a criminal background on you. Application is good for one year.)