



Hennepin County Sheriff's Office

CITIZEN LAW ENFORCEMENT ACADEMY

Application for Enrollment

Full Name		DOB	Email
Street Address			Home Phone
City	State	Zip	Driver's License No.
County of Residence	How long?	State of Driver's License	
Present Employer			Job Title
Street Address			Your Work Phone
City	State	Zip	Date Hired
Supervisor Name			Supervisor Phone
Personal Reference			Phone
Street Address			Relationship
City	State	Zip	Known for how long?
Emergency Contact			Phone
Street Address			Relationship
City	State	Zip	

Briefly explain why you wish to enroll in the Citizen Law Enforcement Academy _____

Were you recommended or advised to apply to the Academy? _____

If yes, by whom? _____

Have you ever attended another citizen or police academy? _____

If yes, where? _____

Please list any associations, clubs or other affiliations: _____

Have you ever been arrested for, convicted of, or cited for any offense other than a minor traffic offense? _____

If yes, please explain _____

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the aforementioned statements and answers. I understand that any omission or false statement(s) on this application shall be sufficient cause for rejection of enrollment in or dismissal from the Hennepin County Sheriff's Citizen Law Enforcement Academy. I understand that there is no charge for the Academy and, if selected for enrollment, pledge the time and commitment to attend. I further understand that the Hennepin County Sheriff's Office will conduct a criminal history and records check on each applicant, which could reveal grounds for rejection.

Applicant's Signature _____ Date _____

Incomplete and/or unsigned applications will not be considered.

All applicants must be at least 18 years of age.

Return completed applications to:

Deputy Joel Svenby
 Citizen Law Enforcement Academy
 Hennepin County Sheriff's Office
 350 South 5th Street
 Minneapolis, MN 55415

ACADEMY STAFF USE ONLY

Date Received _____ Received By _____

Criminal History Check Completed _____

Records Check Completed _____

Approved or Declined _____

Completed By and Date _____