City of Fridley Police Department
Citizen's Academy Application

6431 University Avenue N.E. Main (763) 572-3629
Fridley, Minnesota 55432 Fax (763) 572-3651
www.ci.fridley.mn.us

*See Tennessen warning on reverse side of this application

APPLICATION INFORMATION

Last Name: First Name: Middle:

Date of Birth: Are you a Fridley resident? Y N

Do you work in Fridley Y N If yes, where?

CURRENT ADDRESS

Street Address:

City: State: Zip Code:

Home Phone: Daytime Phone:

CONVICTION INFORMATION

Have you ever been convicted as an adult for a criminal violation? Y N

If yes, date and place:

Nature of offense:

Disposition:

Drivers License Information

Minnesota drivers license number: Class:

I hereby certify that all answers to the above questions are true and I agree and understand that any false statements contained in this application may cause rejection of this application. I am aware that the above information will be used in obtaining a criminal history.

Signature Date

FRIDLEY POLICE PARTNERING WITH THE COMMUNITY

Don Abbott, Director of Public Safety

Tennessen Warning:

Information requested on your application is private and may be released only to you (MSS:12.04 Sub 2). Private data contained include:

- Name: You must provide your name. This is used to identify you from other applicants. Also used in background check. Failure to provide this may result in delay in processing or rejection of application.
- Location of employment: Needed to determine eligibility. If you live in Fridley, employment information is needed. If you do not live in Fridley but work in the city, you are eligible for this program. Failure to provide this information may result in a delay in processing or rejection of the application.
- Local/permanent address/home telephone: Used to contact you regarding your application's status. You are not required to provide this information. Failure to provide this information may result in a delay of processing or notifying you of your application's status.
- License Information: Used for background check. You are required to provide this information. Failure to provide this information may result in your rejection as an applicant.
- Date of Birth: Used for background investigation and to check minimum age requirements for the program. Failure to provide this information may result in rejection of your application.

I have read and understand the above advisory

_____ Signature

____/____/____ Date

Thank you for your interest in the Fridley Police Citizen's Academy program.

Fridley Police Department

BACKGROUND INVESTIGATION CONSENT RELEASE

As an applicant for a business license, occupational license, employment or volunteer position, or independent contractor with the City of Fridley, I hereby give my informed consent for a personal background investigation to be conducted by the Fridley Police Department in accordance with Fridley City Code Chapter 8. The background investigation shall involve a check of criminal history records, driver license records, driver license status and predatory offender registry records concerning me, including but not limited to, information related to offenses which may have occurred when I was a juvenile. The information derived from the background investigation shall be used in the determination of whether my application is to be approved. I understand that I am under no legal obligation to consent to such investigation but my refusal to so consent may be the basis for denying my application. I affirm that the information I provide on this form is true and correct. I hereby release the City of Fridley from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent. This authorization shall be valid for a period of twelve (12) months from the date of signature, but I reserve the right to, at any time prior to that expiration, cancel the authorization by providing written notice to the City.

TYPE OR PRINT LEGIBLY – COMPLETE ALL REQUESTED INFORMATION

Type of Business License or Occupation License Applied For	or	Position Applied For
Name of Business or Occupation To Be Licensed		City Department ○ Recreation ○ Public Works ○ Finance ○ Fire ○ Police ○ HR/City Mgmt ○ Community Dev.

First Name		Middle Name		Last Name		
Maiden, Previous and/or Alias Name						
Date of Birth	Age	Place Of Birth		Sex	○ Male ○ Female	Race
Home Address						
City/State/Zip						
Driver's License Number				State Of Issue		

Have you ever been convicted of an offense relating to the type of license or position applied for, or of an offense involving alcohol or drug use, or of an offense involving intent to harm persons or things, or of an offense relating to theft or fraud? ☐ YES ☐ NO

If yes, list jurisdiction, date, type of violation and disposition (use other side of form if necessary)

TENNESSEN WARNING: In connection with your application, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine your eligibility for the license or position sought.
2. You are not legally obligated to supply the requested information.
3. The consequence of supplying the requested information is that the information or further investigation could cause your application to be denied.
4. A criminal charge, arrest, or conviction will not necessarily be a disqualifier unless the crime(s) for which convicted relate directly to the license or employment sought, as per Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for denial of the application.
5. Other government agencies necessary to process your application are authorized to receive the information provided.
6. The City may be required by law to furnish some of this information to other government agencies.

The undersigned acknowledges that he/she has read and understood the contents of this notice.

Signature of Applicant	Date
Printed Name of Parent or Guardian of Applicant Who Is Under 18 Years of Age	
Signature of Parent or Guardian of Applicant Who Is Under 18 Years of Age	Date

DO NOT WRITE BELOW THIS LINE - POLICE DEPARTMENT USE ONLY

Comments:

Date Records Checks Run ☐ Police Tech Initials ☐ Reviewed By ☐