

Chaska Police

Citizen Academy

Name: _____ Date of birth: _____

Address: _____ City, Zip _____

Phone: (H) _____ (W) _____ (C) _____

DL # _____

Employer: _____ Occupation: _____

Have you been arrested for any offense other than traffic? _____

If yes, what for? _____

When? _____ Where? _____

E-Mail Address _____

Briefly list or describe any civil activities and or organizations you are

Involved in: _____

What experience have you had with law enforcement? Positive Negative
(circle one)

Briefly explain: _____

Briefly explain your interest in the Citizen Academy: _____

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

I understand that the Chaska Police Department must conduct a background check to determine my suitability to participate in the citizen's academy. I hereby authorize representatives of the Chaska Police Department to access any records necessary to determine my suitability to participate in the citizen's academy. Potential records checks include, but are not limited to, law enforcement agency records, driver's license records, and criminal records. This authorization will be valid for 90 days.

Signed: _____ Date: _____

Questions: Contact Officer Janke 952.448.4200

Please return this application to the Chaska Police Department via:

Drop or Mail: Two City Hall Plaza, Chaska, MN 55318

Fax: 952.448.2307