



Hennepin County Sheriff's Office

CITIZEN 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 Academy _____

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

If so, by whom? _____

Have you ever attended another citizen or police academy? _____

If so, 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 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:

Sergeant Joel Svenby
Joel.Svenby@hennepin.us
Hennepin County Sheriff's Office
350 S. Fifth Street, Room 6
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 _____