

Caledonia Police Reserves
 304 East Main Street
 Caledonia MN 55921
 1-507-725-3889



APPLICATION FOR CALEDONIA POLICE RESERVES



PERSONAL		
LAST NAME	FIRST	M.I.
ADDRESS		
DATE OF BIRTH:		PLACE OF BIRTH:
HOME #	CELL #	WORK#
EMAIL:		REFERRED BY:

EDUCATION			
	ADDRESS	MAJOR STUDIES	DEGREE, DIPLOMA LICENSE, CERTIFICATE
HIGH SCHOOL			
COLLEGE/ UNIVERSITY			
VOCATIONAL, BUSINESS, OTHER			
SPECIAL KNOWLEDGE, SKILLS, QUALIFICATIONS:			
U.S. MILITARY SERVICE			RANK

HOURS AVAILABLE FOR DUTY

REFERENCES			
NAME	RELATIONSHIP	CONTACT INFORMATION	MAY WE CONTACT?
		ADDRESS:	Y
		PHONE:	N
		ADDRESS:	Y
		PHONE:	N
		ADDRESS:	Y
		PHONE:	N

DRIVERS LICENSE NUMBER: _____

WILL YOU BE ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS FOR THE POSITION YOU ARE APPLYING FOR WITH OR WITHOUT REASONABLE ACCOMMODATION? Y / N

HAVE YOU EVER BEEN INDICTED OR CONVICTED OF ANY FELONY? _____

WHY DO YOU WANT TO BECOME A MEMBER OF THE CALEDONIA POLICE RESERVES?

IN CONSIDERATION OF THE PRIVILEGE OF ACCOMPANYING MEMBER OF THE CALEDONIA POLICE DEPARTMENT AS THEY PERFORM THEIR DUTIES AS THE TRANSPORTATION FURNISHED ME, I, THE UNDERSIGNED HEREBY SPECIFICALLY RELEASES AND RELIEVES FROM CIVIL LIABILITY ARISING OUT OF ANY PROPERTY DAMAGE OR PERSONAL INJURY SUFFERED THEREBY, THE CITY OF CALEDONIA, THE DEPARTMENT INVOLVED, AND THE EMPLOYEES OF SAID CITY.

SIGNATURE

DATE

PLEASE MAIL OR DELIVER TO THE CALEDONIA POLICE DEPARTMENT
304 EAST MAIN STREET
P.O. BOX 232
CALEDONIA, MN 55921

Caledonia Police Reserves

304 East Main Street
Caledonia MN 55921

DATA PRACTICE RELEASE FORM

General Authorization and Release
Minnesota Data Practices Act

I _____ hereby authorize and grant my informed consent to permit you
(FULL NAME – first, middle, last)

_____, to release to and make available to the **CALEDONIA POLICE DEPARTMENT** and it's background investigator data classified as private and copies thereof including any information pertaining to my employment, history, work performance, background investigations, polygraph examinations, internal affairs investigations, and discipline, including any files which are deemed to be confidential and or sealed which concerns me and may be in your possession.

The data which I authorize to be released consists of private data, as defined in MSS 13.02 (subd 12) and has been collected by you as a result of my contacts and associations with you and or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that I am not legally required to authorize this release of data: However failure to do so is grounds for exclusion from the selection process.

I also understand that the purpose of permitting the Caledonia Police Department to have access to this information is to determine my suitability for employment. The information I provide may be shared with the staff and or representatives of the Caledonia Police Department who require this information to fulfill the responsibilities of their positions. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the Caledonia Police Department, including verification of my records and analysis by consultants to the Department who may review my suitability for employment.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the Caledonia Police Department or to you of that fact.

Applicant's Signature

Date _____

Applicant's printed name

DOB: _____