DEPARTMENT OF PUBLIC SAFETY

POLICE EXPLORER APPLICATION

PERSONAL				
Last Name	MI	First Name		
Street Address		City	State	Zip Code
Phone: (H)		Phone: (W)		
Phone: (M)		Mobile Phone Provider:		
E-mail address:				

LICENSES, REGISTRATION OR CERTIFICATES			
Please list any other licenses, registrations or certificates that are required, pertinent, or relevant to the position for which you are applying. Please include a photocopy.			
License/Registration/Cert.	Licensing Agency	Expiration Date	License#

EXPERIENCE IN COMMUNITY SERVICE		
Organization (Most recent first)	Dates Employed: From:	To:
Address:	Supervisor:	Telephone:
Description of Duties:		
Organization:	Dates Employed: From:	To:
Address:	Supervisor:	Telephone:
Description of Duties:		
Organization:	Dates Employed: From:	To:
Address:	Supervisor:	Telephone:
Description of Duties:		
Organization:	Dates Employed: From:	To:
Address:	Supervisor:	Telephone:
Description of Duties:		

BACKGROUND		
Have you ever been convicted of a misdemeanor/felony(s)?	_____Yes	_____No
If yes, please explain (date, charge, sentence)		
All applicants shall be subject to a background check prior to becoming an active volunteer.		

My signature below certifies that all statement made on this application are true, complete, and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of this application can disqualify me from consideration or results in dismissal upon discovery. Furthermore, my signature below provides my authorization to the City of Mankato to do reference checks to determine my suitability for volunteer placement.

I understand that this an application for volunteer placement with the City of Mankato's Department of Public Safety. This form is not an application for employment with the City of Mankato.

Signature	Date:
Signature of Legal Guardian:	Date:

Please return his completed application form to:

Department of Public Safety

710 South Front Street

Mankato, MN 56001

MANKATO DEPARTMENT OF PUBLIC SAFETY

SUPPORT SERVICES

710 South Front Street

Mankato, MN 56001

507-387-8750

Date: _____

Last Name of Subject (please print): _____

First Name (please print): _____

Middle Name(full) (please print): _____

Maiden, Alias, or Former Names used: _____

Date of Birth: _____ Sex (M or F): _____

I hereby authorize and grant my informed consent to permit the City of Mankato access to data classified as private which concerns me. The data which I authorize to be released consists of private data, as defined in MN Statue 13. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in any form. I understand that the purpose of permitting the City of Mankato to have access to this information is to determine my suitability for acceptance into the Mankato Police Explorer Program.

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

Signature: _____ Date: _____

If Applicant is under 18:

Parent Name (please print) _____

Parent Signature _____ Date: _____