

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