



CITY OF DULUTH  
POLICE DEPARTMENT

2030 N. Arlington Ave, Duluth, Minnesota 55811  
Phone: (218) 730-5040 Fax: (218) 730-5911

---

Citizen Police Academy Application

**This form must be completely filled out or it will be rejected**

Full Name (middle & maiden name also) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Driver's License # \_\_\_\_\_

HS Diploma or GED? \_\_\_\_\_ Name/Location of High School \_\_\_\_\_

Name/Location of College(s) Attended \_\_\_\_\_

Degree/Major \_\_\_\_\_

How did you find out about the Citizen Police Academy? \_\_\_\_\_

What do you expect to gain from attending this program? \_\_\_\_\_

Have you ever been charged with or convicted of an offense other than a minor traffic offense? \_\_\_\_\_

If yes, what were you charged with, where and when? \_\_\_\_\_

Present Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Your title \_\_\_\_\_ Employment Dates \_\_\_\_\_

Personal Reference \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Names of any Duluth Police Officers you are acquainted with \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

This information will be used to run a criminal background on you. Application is good for one year.

**Return to Citizens Police Academy, Duluth Police Department, 2030 N. Arlington Avenue, Duluth, MN 55811 or email to [police@duluthmn.gov](mailto:police@duluthmn.gov)**