



Albert Lea Police Department

411 South Broadway Avenue

Albert Lea, MN 56007

507-377-5780

CITIZENS ACADEMY APPLICATION

Full Name: _____ Birth date: _____
Last First MI

Address: _____
Street Address Apartment/Unit#

City State Zip

Phone: () _____ Email: _____

Years of Residence: _____ (If less than three years, please list previous address below)

Address: _____
Street Address Apartment/Unit#

City State Zip

Are you a citizen of the United States? Yes No

Have you ever been convicted of a felony? Yes No If yes, please explain:

CURRENT EMPLOYMENT

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

EDUCATION

High School: _____ City/State: _____

College: _____ City/State: _____

Why are you interested in participating in the Citizens Academy?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my release.

Signature: _____ Date: _____

PLEASE READ AND SIGN THE BACK OF THIS FORM

TENNESSEN WARNING

In accordance with the [Minnesota Government Data Practices Act](#), we are required to inform you of your rights as they pertain to the private information we collect from you. The information we collect from you is classified by law as either public (any one can see it), private (the public is not given access, but you are), or confidential (even you cannot see the information). As a public employee or an applicant for public employment, most of the data we maintain about you is public according to Minnesota Statutes, section 13.43, subdivisions 2 and 3. The information we request from you may be used for one or more of the following purposes:

- To distinguish you from all other applicants
- To determine your eligibility for acceptance into the Citizens Academy;
- To contact you or other significant persons in an emergency;
- To compile Equal Opportunity and Affirmative Action reports.

Information which you are asked to provide generally is not required by statute. However, it generally is to your benefit to provide it. Without the requested information, this agency may not be able to determine your eligibility for acceptance.

If you have any questions about this notice, contact Officer Kristen Steinberg. The information on this form applies to your future contacts with this agency whether the contact is in person, by mail, or by phone.

Applicant: I have read and understand the above Tennessee Warning.

_____/____/____
Print Name/Applicant Signature Date

How to submit this application

- Email to Officer Kristen Steinberg: ksteinberg@ci.albertlea.mn.us
- Mail to the Albert Lea Police Department: 411 South Broadway Ave., Albert Lea, MN 56007
- Drop off at the Albert Lea Police Department in the Freeborn County Government Center: 411 South Broadway Ave., Albert Lea, MN 56007