

APPLICATION FOR KASSON POLICE RESERVE UNIT

Date of Application: \_\_\_\_\_

Applicant's Full Name (Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_

Social Security # \_\_\_\_\_

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

If related to anyone on the Police Department, state the name and relationship:

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Describe Education (type and location) you have received. Include any college, trade school or business school you may have attended and the dates.

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Describe your employment history listing employer, location and type of position you hold. List your last three employers and the dates of employment.

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References: List three persons not related to you whom you have known at least one year. List their names, addresses and phone numbers.

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Why are you interested in joining the Kasson Police Reserve Unit?

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Describe what you think the Kasson Police Reserve is / does and what you think you can do for the reserve.

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Describe any medical training you might have (i.e. First Aid course, First Responder course, EMT etc.)

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Describe how many hours per week/month you would be available to work. If you are married, discuss the impact this will have on your family and your availability to work.

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

Return completed application to the Police Chief, City Hall, 401 5<sup>th</sup> St. S.E. Kasson, MN 55944 by 5:00 p.m.

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OFFICE USE ONLY, DO NOT WRITE IN THIS SPACE

D.L. Check \_\_\_\_\_ NCIC Check \_\_\_\_\_ Accepted \_\_\_\_\_ Denied \_\_\_\_\_