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# *Crookston Police Department*

321 West Robert • Crookston, MN 56716 • (218) 281-3111 • (218) 281-1410 (fax)

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Dear Applicant:

Thank you for your interest in becoming an officer with the Crookston Police Reserve.

The Reserve was founded in 1964 as part of the Civil Defense and is now an extension of the Crookston Police Department. The Reserve assist the Police Department in different areas of law enforcement. The Reserve also assist the community for public dances, sporting events, parades, bike patrol, foot patrol, flood control, and emergency management. Most of your time will be volunteer, but you will be compensated for certain events. Uniforms and equipment will be issued at the time of your appointment.

To be considered for a position as a Police Reserve Officer, applicants must meet the following initial requirements;

1. Be 19 years of age and of good moral character.
2. Reside within a 25 mile radius of Crookston (certain, specific exceptions may be granted on an individual basis).
3. Be a US citizen and posses a valid Minnesota Driver's License.
4. Not been convicted of any felony including pardons and expungements.
5. No history of a felony or gross misdemeanor drug conviction.
6. No history of a criminal sexual conduct conviction.
7. Not been convicted of assaulting or fleeing a police officer.
8. Not been convicted of Domestic Assault or Assault (Minnesota Statutes 609.221 through 609.2242).
9. Not been convicted of Theft, any level.
10. Successfully complete an application background check by the Crookston Police Department.
11. Not misrepresent or falsify any information to the Crookston Police Department with reference to this application.

Successful applicants appointed to the position of a Police Reserve Officer will have additional requirements to be met over a one year probationary period. They are as follows:

1. Must complete a Field Training Program with a designated Crookston Police Field Training Officer within three months of appointment.
2. Must complete 24 hours of ride time and/or service in excess of the Field Training Program.
3. Must attend at least six monthly meetings/training annually.
4. Must expect to work Ox Cart Days.
5. Must be knowledgeable in basic CPR and first aid.

Above all, you will be representing the Crookston Police Department and will be expected to conduct yourself as such both on and off duty. Activities unbecoming of an officer will not be tolerated. Confidentiality is of the utmost importance. Any breach of confidentiality will be investigated and, if proven, will be grounds for dismissal.

If you are able to meet the above requirements, the Crookston Police Reserve will welcome your application. We are sure you will find it rewarding and challenging.

# Crookston Police Reserve

## Officer Application

321 West Robert St. Crookston, MN 56716  
 (218) 281-3111 (218) 281-1410 (fax)

**Important:** Various Federal and State laws prohibit discrimination because of age, race, color, religious creed, national origin, ancestry, sex, physical handicap, or military status.

(Please Type or Print)

Date of Application		Email Address (primary)			
Last Name		First Name		Middle Name	
Address		City		State	Zip
Home Phone		Work phone		Cell phone	
Social Security Number - - -		Date of Birth (necessary to complete background check)			
Do you have a valid MN driver's license?	Yes	No	License Number:		License Class:

Have you previously applied with the Crookston Police Reserve? \_\_\_\_\_

The Crookston Police Reserve is a volunteer organization made up of civic-minded citizens who volunteer their time to the city of Crookston and it's Police Department. Members are encouraged to volunteer as many hours per month as they can. Most reserve members put in an average of 100 hours per year.

How many hours a month would you be able to volunteer? \_\_\_\_\_

What prompts you to make application to the Police Reserve? \_\_\_\_\_

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Do you have any relatives or acquaintances on the Police Reserve? If so, please give name and relationship.

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**Education:**

	High School				Undergraduate College/University				Graduate/Professional			
School name and address												
Years completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma Yes or No Degree of Study												
Describe any specialized training or skills.												

**Emergency Medical Certification:**

Certification Type	Yes	No	Date of Certification
CPR			
First Responder			
EMT			
Other			

**Communication:**

Police Reserve activities require that all members have the ability to read and write reports in English. Applicants should be able to produce accurate reports of their activities and observations.

Are you able to read and write in the English language? \_\_\_\_\_

Are you able to type using a computer? \_\_\_\_\_

Are you familiar with a word processing program such as MS Word? \_\_\_\_\_

**Physical Ability:**

Some Police Reserve activities require Officers to stand for long periods of time, walk several blocks without resting, and possibly run short distances. Are you physically capable of fulfilling these physical duties of a Police Reserve Officer?	Yes	No
Do you have any existing conditions that may limit your activities as a member of the Police Reserve? If yes, explain:		

**Employment Experience:** (most recent first)

Present Employer	Type of work performed
Address	
Telephone	
Supervisor	
Position	
Employer	Type of work performed
Address	
Telephone	
Supervisor	
Position	
Employer	Type of work performed
Address	
Telephone	
Supervisor	
Position	

Do you have any job-related training in the United States Military?	Yes	No
If Yes describe.		

List any professional, trade, business or civic activities including other volunteer organizations, and offices held within those organizations.

**References:** List four not related to you, none should be listed as Supervisor under the employment section.

Name	Address	Years Associated
Contact Numbers	Best Time to Contact	
Name	Address	Years Associated
Contact Numbers	Best Time to Contact	
Name	Address	Years Associated
Contact Numbers	Best Time to Contact	
Name	Address	Years Associated
Contact Numbers	Best Time to Contact	

**Criminal History:**

All reserve members must submit to a criminal history background check.

By signing this application you authorize the Crookston Police department to complete these checks.

Have you ever been convicted of any misdemeanor, gross misdemeanor or felony crimes as of your 18 <sup>th</sup> birthday, not including misdemeanor traffic offenses? If yes please explain:

**Applicant's Statement**

I hereby certify that the information contained in this application is correct and I have not omitted any information. I understand that falsification or omission of information may result in immediate termination.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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## GENERAL AUTHORIZATION AND RELEASE (TYPE 1)

Pursuant to Minnesota Statute 13.05, Sub.4, Minnesota Data Practices Act

I \_\_\_\_\_ hereby authorize and grant my informed consent to permit you,  
(Applicant)

\_\_\_\_\_, to release and make available to the  
(Leave Blank)

Crookston Police Department and/or it's agents and/or representatives data classified as private and copies thereof including any information pertaining to my employment, credit history, education, academic achievement, attendance, athletics, personal history, work performance, background investigations, polygraph examinations, internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed which concerns me and may be in your possession. The data, which I authorize to be released, consists of private data, as defined by MN Stat. 13.02, Sub.12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data, which has been collected, created, received, retained, or disseminated in whatever form, which in any way relates to my dealing with you or your agency. I understand that I am not legally required to authorize the release of this data; however, failure to do so is grounds for exclusion from the selection process. I also understand that the purpose of permitting the Crookston Police Department to have access to this information is to determine my suitability for employment with that department. The information I provide may be shared with the staff and/or other representatives of the City of Crookston who require this information to fulfil the responsibility of their positions. I further understand that this information may be subsequently utilized for other purposes relating to my possible employment with the department, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

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

A photocopy of this authorization will be treated in the same manner as an original.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

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

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## Release of Drivers License Data

I, \_\_\_\_\_ give the Crookston Police Department my written  
(Applicant)  
authorization to obtain all data contained in my \_\_\_\_\_ Drivers License Record.  
(STATE)

\_\_\_\_\_  
Full name as it appears on license, (please print)

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date of Expiration

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date