



420 N. Pokegama Ave
 Grand Rapids, MN 55744
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www.cityofgrandrapidsmn.com

Police Reserve Officer Application

Full Name:		Address:	
Home phone:		Work Phone:	
Social Security #:	Date of Birth:	Driver's license #:	
Emergency contact name:		Emergency contact phone #:	
Present occupation or profession:			
Are you aware of any physical disabilities that would prevent you from performing the duties of a Reserve Officer? YES NO If yes, please explain:			
<u>Education</u>			
High school graduate: YES NO			
<u>Post-secondary education</u>			
Years completed:		List degrees:	
Are you a certified Police Officer: YES NO			
Do you have a current First Aid Certificate: YES NO			
List your hobbies, special skills and abilities related to this position:			