

**Eagan Police Department - Citizen Academy Application
(Please PRINT clearly)**

Full Legal Name: _____
Last First Middle

Preferred Name: _____
(This is the name that will appear on your program ID and name tent in class.)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Email Address: _____
(We use email to correspond with program participants. We will send confirmation and correspondence to this address regarding the program.)

I live in Eagan I work in Eagan - Business Name: _____

I am over 18 years of age and I agree to allow the Eagan Police Department to run a Criminal Background Check on me for the purpose of determining my suitability for this program. (Please note: A criminal record does not automatically disqualify an applicant.)

(Signature of Applicant) Date of Birth

Please return this application along with a photocopy of your driver's license or state identification card to the Eagan Police Department. The application must be completed in full for us to perform a background check.

*** Please print out this application and fill it out **completely**. Mail or drop off this application, along with a copy of your driver's license to:

Eagan Police Department
Crime Prevention Unit
3830 Pilot Knob Rd.
Eagan, MN 55122