



INVER GROVE HEIGHTS POLICE DEPARTMENT

Sean Folmar, Interim
Chief of Police

8150 Barbara Avenue
Inver Grove Heights, Minnesota 55077-3412

Phone: (651) 450-2525
Fax: (651) 450-2543
Emergency Dial 911

Name: _____
Last First Middle (FULL) Maiden name (if applicable)

Date of Birth: _____ Driver's License Number: _____

Address: _____

City: _____ State: _____ Phone (H): _____ (W): _____

E-mail Address: _____ **Polo Shirt size** _____

I am over 18 years of age and I currently live and/or work in the city of Inver Grove Heights. Yes No

Criminal History:

Have you ever been convicted of a criminal offense? (*A criminal record does not automatically disqualify an applicant.)

Yes No

If yes, Date:

Charge:

Nature of offense:

I agree to allow the Inver Grove Heights Police Department to run a Criminal Background Check on me for the purposes of determining my suitability for this program. I hereby acknowledge that I have completed the above information fully and accurately.

(Signature of Applicant)

(Date)

Please mail or deliver to: Inver Grove Heights Police Department
Attn: Sgt. John Decker
8150 Barbara Ave
Inver Grove Heights, MN 55077

This application must be completed in full in order for us to perform a background check. If you do not complete this in full you will not be accepted in to this program.

Completed applications are due no later than Friday, January 20, 2017.