



New Hope Police Reserve Application

Please complete and return to:
New Hope Police Reserves
4401 Xylon Ave North
New Hope, MN 55428-4843
Or, email cswaja@newhopemn.gov

Date Of Application: ___/___/___

Name(first)_____ Middle_____ Last_____

Address:_____ City_____ Zip_____

Date of Birth ___/___/___ Drivers license number _____

Phone Number(day) ___-___-___ Evening ___-___-___ Other ___-___-___

Email address _____

Current Employment History

Employer's Name: _____

Address: _____

City: _____ Zip _____ Phone Number ___-___-___

Supervisor's Name _____ Employment date ___/___/___

May we contact your employer? _____yes _____no

Background

Do you have any physical or health limitations which may affect your performance as a New Hope Police Reserve? _____

If yes, please explain: _____

Please list any skills or training that you have received that may relate to this position: _____

Have you ever been convicted of as an adult for a criminal violation _____yes _____no

If yes explain date, location, nature of offense, and disposition _____

Please tell us why you would like to become a New Hope Police Reserve? _____

I hereby certify that all answers to all the above questions are true and correct. I understand that any false statements contained in this application may cause rejection of this application or removal from the New Hope Police Reserves.

Signature _____ Date available ___/___/___