



**SOUTH ST PAUL
POLICE DEPARTMENT**

125 3rd Avenue North
South St. Paul, Minnesota 55075

William M. Messerich
Chief of Police

Phone: (651) 554-3300
Fax: (651) 554-3301
Emergency Dial 911

Name: _____
Last First Middle (Full) Maiden Name (If Applicable)

Date of Birth: _____ Drivers License Number: _____

Address: _____

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

E-mail Address: _____

I am over 18 years of age and I currently live and/or work in the City of South St. Paul: Yes___ No___

Employer: _____ Position: _____

Criminal History:

Have you ever been convicted of a criminal offense? (Criminal conviction does not automatically disqualify an applicant).

No_____ Yes_____ (Please explain on a separate piece of paper, including charges and disposition, and attach to this application)

I agree to allow the South St. Paul 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)

Return completed applications to: South St. Paul Police Department
Sgt. Richard Schwab
125 3rd Avenue North
South St. Paul MN 55075

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 into this program.

Completed applications are due no later than August 18th, 2018.