

ANOKA COUNTY SHERIFF'S OFFICE
EXPLORER POST 444
APPLICATION

Please fill out completely and return to: Sgt. Tony Nelson
13301 Hanson Blvd NW
Andover, MN 55304
Tony.Nelson@anokacountymn.gov
Phone: (763) 324-5034
Fax: (763) 324-5090

Date of Application: _____ **Note:** Applications and your last report card are due to ACSO

Name: (First) _____ (Middle) _____ (Last) _____

Address: _____ City: _____ Zip: _____

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

Phone Numbers: Home: _____ Work: _____ Cell: _____ Email: _____

School: _____ Grade: _____ Age: _____

In case of an emergency: Parents Name: _____ Address (if different from Phone: _____

listed above): _____ Email: _____

EMPLOYMENT HISTORY

Present: Employers Name: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Supervisors Name: _____ Employment Date: _____

Previous: Employers Name: _____ Phone#: _____

Address: _____ City: _____ Zip: _____

Supervisors Name: _____ Employment Date: _____

May we contact your present employer? _____

May we contact your school? _____

BACKGROUND

Do you have any physical or health limitations which may affect your performance? _____

If yes, include an explanation _____

Please list any skills or training that might relate to this position: _____

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

Signature: _____

Parent Signature (if under 18): _____ Date: _____