It is your responsibility to complete this page for our scoring purposes. You will need to supply documentation for all educational degrees, certifications that you indicate you have acquired and veterans preference points you claim.

YOUR NAME: _____

MINIMUM REQUIREMENTS

___ MN POST Licensed ___ Eligible to be Licensed thru __/__/__ ___ MN POST Board Approved Reciprocity

LAW ENFORCEMENT EDUCATION

___ 2-Year Degree/Vocational Program
___ 4-Year Degree
___ Graduate Degree

LAW ENFORCEMENT EXPERIENCE

___ Full-time Peace Officer
___ Part-time Peace Officer
___ CSO, Dispatcher, Corrections Officer, Posse, Special Deputy

CERTIFICATIONS

CERT.		CERT.	
_____	Accident Reconstruction	_____	Field Training Officer
_____	Armorer	_____	Firearms Instructor
_____	BCA Supervision Training	_____	First Responder / EMT
_____	Corner House	_____	Interview & Interrogation
_____	DARE Instructor	_____	Monadnock Baton / PPCT Instructor
_____	Datamaster Operator	_____	Standardized Field Sobriety Testing
_____	Defensive Tactics Instructor	_____	Taser Instructor
_____	DRE Narcotics Investigation		

Others:

_____ _____ _____ _____

COMMUNITY SERVICE VOLUNTEER -

Describe Volunteer Activity	Major Responsibilities	Weekly Hours	Dates of Service
_____	_____	_____	__/__ to __/__
_____	_____	_____	__/__ to __/__
_____	_____	_____	__/__ to __/__
_____	_____	_____	__/__ to __/__

VETERANS PREFERENCE

Veteran Or Disabled Veteran

APPLICATION FOR EMPLOYMENT

It is this employer's policy to make reasonable accommodations for persons with disabilities in the hiring process. If your disability prevents you from reading or filling out this form, please let us know, and we will provide assistance.

Specific Position For Which You Are Applying ________________ **Date Of Application** ____ / ____ / ____

Last Name ________ **First Name** ________ **Middle Name** ________

Street Address ________ **City** ________ **State** ____ **Zip Code** ____

Are You 18 Years of Age or Over? ________ **If No, Date of Birth** ____ / ____ / ____

Home Phone ________ **Cell Phone** ________ **Business Phone** ________

Driver's License: State ________ **Number** ________ **Class** ________

Education: Did You Graduate From High School? ________ **GED?** ________

Name & Location of High School Attended ________________

How Many Years of Education Have You Had? (Circle one) 10 11 12 13 14 15 16 17 18 19 20 20+

P.O.S.T. License Number ________ **Date Your P.O.S.T. License Eligibility Expires** ____ / ____ / ____

If Licenced Out Of State, Give the Date You Successfully Completed the Reciprocity Exam ____ / ____ / ____

* *

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the hiring process. Certain information is not public. It will be released only to you or to persons within the organization who need to know in order to perform their job duties. If you are employed, the data will be available to the Internal Revenue Service and the Social Security Administration for payroll and tax purposes.

Private Data	Why we ask for it?	Are you legally obligated to provide it?	What may happen if you don't provide it?
Date of Birth (If under 18)	To comply with child labor laws	Yes	May be cause for application rejection
Mailing Address	To be able to send you notices	Yes	May be cause for application rejection
Driver's License	Job requires driver's license	No	We may not be able to employ you
Home/Cell Phone Number	Enables contact to determine your availability for possible interviews	No	We might not be able to contact you
Sex, Racial/Ethnic Group Handicapped Status	To be able to make Equal Opportunity reports as required by law	No	We will not be able to determine whether our process results in unfair discrimination or to take affirmative action in hiring
Conviction Record	To determine if we can legally accept your application and whether your record may be a job-related consideration	Yes	We will not be able to make determinations as required by law.

EDUCATION - COLLEGE, UNIVERSITY, TECHNICAL SCHOOL

Name _____ Location _____

Did you graduate? _____ Certificate or Degree _____

Course of Study _____

* *

Name _____ Location _____

Did you graduate? _____ Certificate or Degree _____

Course of Study _____

* *

Name _____ Location _____

Did you graduate? _____ Certificate or Degree _____

Course of Study _____

LIST PAID EMPLOYMENT HISTORY BEGINNING WITH MOST RECENT EMPLOYMENT

Employing Firm _____

Address _____ City/State/Zip _____

Phone Number _____ Supervisor & Title _____

Your Title _____ Number & Type of Positions You Supervised _____

Principal Responsibilities _____

_____

_____

Full Time _____ Part Time _____ Length of Employment: From ____/____/____ To ____/____/____

Reason for Leaving _____

May we contact your present Employer? _____ If no, explain _____

* *

Employing Firm _____

Address _____ City/State/Zip _____

Phone Number _____ Supervisor & Title _____

Your Title _____ Number & Type of Positions You Supervised _____

Principal Responsibilities _____

_____

_____

Full Time _____ Part Time _____ Length of Employment: From ____/____/____ To ____/____/____

Reason for Leaving _____

May we contact your present Employer? _____ If no, explain _____

Employing Firm ____

Address ______________________ City/State/Zip ____________________

Phone Number ____________ Supervisor & Title ______________________

Your Title ____________ Number & Type of Positions You Supervised ______________

Principal Responsibilities ____

____

____

Full Time ______ Part Time ______ Length of Employment: From ___/___/___ To ___/___/___

Reason for Leaving ____

May we contact your present Employer? ________ If no, explain ____________________

* *

Employing Firm ____

Address ______________________ City/State/Zip ____________________

Phone Number ____________ Supervisor & Title ______________________

Your Title ____________ Number & Type of Positions You Supervised ______________

Principal Responsibilities ____

____

____

Full Time ______ Part Time ______ Length of Employment: From ___/___/___ To ___/___/___

Reason for Leaving ____

May we contact your present Employer? ________ If no, explain ____________________

* *

Employing Firm ____

Address ______________________ City/State/Zip ____________________

Phone Number ____________ Supervisor & Title ______________________

Your Title ____________ Number & Type of Positions You Supervised ______________

Principal Responsibilities ____

____

____

Full Time ______ Part Time ______ Length of Employment: From ___/___/___ To ___/___/___

Reason for Leaving ____

May we contact your present Employer? ________ If no, explain ____________________

CHARACTER REFERENCES

Give us the names of three people (outside of relatives) who can be contacted regarding your qualifications, work habits, and character.

Name	Present Address	Phone	Position / Relation to Your Work

OTHER INFORMATION

Have you ever been arrested or charged with any crime or violation of the law for which a jail sentence could have been imposed?

Yes _____. No _____

If "Yes", please explain and provide the name that the charge(s) was filed under.

_____

_____

_____

_____

Information concerning this question does not automatically bar you from employment but may be used to evaluate your suitability for the position. (This would include any charge which would have been annulled, sealed, set aside, purged, or having been pardoned pursuant to the law.)

If you are hired for this position, you may be required to undergo a physical and psychological examination at this employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations need to be made for you.

This employer does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its programs or activities. It is the policy of this employer to provide reasonable accommodations to the known physical and mental limitations of qualified disabled applicants and employees in order for them to perform the essential functions of the job in question.

Veteran's preference points are awarded to qualified Veterans and spouses of deceased or disabled Veterans subject to the provisions of Minnesota Statute 43A.11. If you are claiming Veteran's Preference you MUST SUBMIT A DD214 (member copy which indicates your character of service).

Are you eligible and applying for Veteran's preference points? _____

If yes: Active duty veteran? _____
Disabled veteran (must supply disability letter) _____
Spouse of disabled veteran who because of disability cannot qualify for this position _____
Spouse of deceased veteran _____

In accordance with the Immigration Reform and Control Act of 1986, this employer hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

Minn. Stat. Sec. 518.611, Subd. 8 requires employers to obtain information from all new employees regarding court-ordered child support obligations that are required by law to be withheld from income. Failure to provide said documentation will result in dismissal.

This employer has the right to verify information provided in the application. False information may be grounds for rejecting this application or for dismissal following employment.

In connection with this application for employment, I authorize the employer and any agent acting on its behalf to conduct an inquiry into job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance, such as transcripts. Moreover, I hereby release the employer and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

_____ Yes
_____ Yes, but not present employer until job is offered.
_____ No (We may be unable to hire you without this information.)

I declare that I am able to perform all the essential job functions of the position for which I am applying.

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information above.

Signature (Do not print) _____ Date _____ / _____ / _____

AN EQUAL OPPORTUNITY EMPLOYER