

City of St. Paul Park
600 Portland Avenue
St. Paul Park MN 55071
(651) 459-9785

Date Rec'd: _____
Time: _____

**APPLICATION FOR EMPLOYMENT
FULL TIME POLICE OFFICER**

Applicants must have a MN Police Officer Standard & Training Board Peace Officer license, or be eligible for licensing by the application deadline date (Submit proof when turning in this application). Applications will be reviewed and ranked regarding education, experience, and training, for future consideration.

It is our policy to provide equality of opportunity in employment. The information requested by this application is either public or private data (see below for definitions) and will be used only in conjunction with your possible employment. You may refuse to supply the data requested in this form, however, such refusal may eliminate you from consideration for the employment position you are seeking with this application. You are encouraged to attach any additional information, which you believe qualifies you for the position.

PLEASE PRINT IN INK OR TYPE.

The following information is Public Data on individuals, which is accessible to the public unless otherwise indicated.

Date Available: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street Address City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

P.O.S.T. License # _____

Full Time Part Time

Eligible to be licensed: _____
(POST Letter) *Date*

Are you at least 21 years old? Yes No

EDUCATION INFORMATION

School Name	Address	Course of Study	Degree and Date Received
High School:			
College:			
Graduate School:			
Technical/Vocational:			
Other:			

EMPLOYMENT HISTORY

Please list past employers beginning with your most recent/current employment. If necessary, attach separate sheet(s) of paper for additional employers.

Employer: _____ Phone: _____

Address: _____
Street City State Zip

Dates Employed: From _____ To _____ Full Time Part Time
Month/Year Month/Year

Job Title: _____ Immediate Supervisor: _____

Duties Performed: _____

Starting Wage: _____ per/ _____ Final Wage _____ per/ _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____
Street City State Zip

Dates Employed: From _____ To _____ Full Time Part Time
Month/Year Month/Year

Job Title: _____ Immediate Supervisor: _____

Duties Performed: _____

Starting Wage: _____ per/ _____ Final Wage _____ per/ _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____
Street City State Zip

Dates Employed: From _____ To _____ Full Time Part Time
Month/Year Month/Year

Job Title: _____ Immediate Supervisor: _____

Duties Performed: _____

Starting Wage: _____ per/ _____ Final Wage _____ per/ _____

Reason for Leaving: _____

EMPLOYMENT HISTORY, cont'd

1. May we contact the employers you have listed? Yes No
If no, please indicate which one(s) and the reason why.

2. Were you ever dismissed or asked to resign from any employment? Yes No
If yes, state the reason(s) and the employer(s) involved.

3. Were you ever refused employment? Yes No
If yes, state by whom and for what reason.

4. Please list the police agencies with which you are beyond the initial application stage.

5. Were you ever eliminated as a candidate by an organization/agency/department during the final selection stage? Yes No If yes, please explain the reason(s) why you were eliminated

KNOWLEDGE SKILLS AND ABILITIES

Specialized Skills (check all that apply):

- | | | | |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Radar | <input type="checkbox"/> LIDAR | <input type="checkbox"/> PBT | <input type="checkbox"/> Tri Tech |
| <input type="checkbox"/> SFST/DTID/OPUE | <input type="checkbox"/> OPUE | <input type="checkbox"/> First Aid/CPR | Other (list): |
| <input type="checkbox"/> Ticket Writer | <input type="checkbox"/> Typing w.p.m. _____ | <input type="checkbox"/> CJIS | _____ |
| <input type="checkbox"/> Dictation | <input type="checkbox"/> MS Outlook | <input type="checkbox"/> MS Word | _____ |
| <input type="checkbox"/> MS Excel | <input type="checkbox"/> DMT | <input type="checkbox"/> Copier | _____ |

Memberships/Associations:

RELATED LAW ENFORCEMENT EXPERIENCE

Include paid and any volunteer work, including police reserve, community service officer, military police, corrections, etc., **not** included in "Employment History" section.

Agency/Department Name: _____

Address: _____
Street *City* *State* *Zip*

Position Held _____ From _____ To _____
Month/Year *Month/Year*

Responsibilities/Duties:

Agency/Department Name: _____

Address: _____
Street *City* *State* *Zip*

Position Held _____ From _____ To _____
Month/Year *Month/Year*

Responsibilities/Duties:

Agency/Department Name: _____

Address: _____
Street *City* *State* *Zip*

Position Held _____ From _____ To _____
Month/Year *Month/Year*

Responsibilities/Duties:

OTHER RELATED TRAINING/EDUCATION

List trainings and education associated with law enforcement, such as first aid, fire training, computer skills, etc... List any current licenses, registrations, or certificates you possess which may relate to this position.

School Name: _____
Address: _____
Street City State Zip
Class(es) Attended:

Dates Attended: _____ Hours Attended: _____

School Name: _____
Address: _____
Street City State Zip
Class(es) Attended:

Dates Attended: _____ Hours Attended: _____

School Name: _____
Address: _____
Street City State Zip
Class(es) Attended:

Dates Attended: _____ Hours Attended: _____

List Licenses and Certificates Received

_____	_____	_____
<i>License/Certificate</i>	<i>Issuing Organization</i>	<i>Expiration Date</i>
_____	_____	_____
<i>License/Certificate</i>	<i>Issuing Organization</i>	<i>Expiration Date</i>
_____	_____	_____
<i>License/Certificate</i>	<i>Issuing Organization</i>	<i>Expiration Date</i>

DRIVING RECORD

Driver's License Number: _____ State: _____ Class: _____
Expiration Date: _____ List Endorsements: _____

1. Have you ever had a driver's license issued by another name? Yes No
If yes, list other name(s): _____

2. Have you ever had a driver's license issued by another state? Yes No
If yes, list other state(s): _____

3. Have your driver's license privileges ever been denied, suspended, revoked, or the status placed on court probation by Minnesota or another State? Yes No If yes, list dates and describe circumstances:

4. Do you have any restrictions on your license? Yes No If yes, list: _____

5. Have you ever received a traffic citation/ticket (excluding parking tickets)? Yes No
If yes, list all traffic citations (excluding parking citations) received. List the date, violation(s), issuing agency, county of the court, penalty/fine imposed and/or other disposition.

6. List and describe circumstances of each motor vehicle crash you were involved in, stating if you received a traffic citation, what the violation was, city and state of occurrence, and if anyone sustained injuries:

REFERENCES

Please list three references, not related to you by blood or marriage, and not connected with your present employment.

Name: _____	Phone: _____		
Address: _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
How do you know this person: _____			
Name: _____	Phone: _____		
Address: _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
How do you know this person: _____			
Name: _____	Phone: _____		
Address: _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
How do you know this person: _____			

CONVICTION INFORMATION

The existence of a criminal record will not automatically disqualify you from consideration for employment.

Did you ever receive a conviction as an adult for a criminal violation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, complete the following:			
<i>Convicted Offense</i>	<i>Conviction Date</i>	<i>County/State</i>	<i>Disposition</i>
<i>Convicted Offense</i>	<i>Conviction Date</i>	<i>County/State</i>	<i>Disposition</i>
<i>Convicted Offense</i>	<i>Conviction Date</i>	<i>County/State</i>	<i>Disposition</i>

AUTHORIZATION (PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY)

I certify the information contained in this application (and accompanying resume) is correct and I have not omitted any information. I understand falsification or omission of information may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I acknowledge I have received a copy of the job description summary for the position for which I am applying. I further acknowledge my understanding that employment with the City of Saint Paul Park is “at will,” and either the City of Saint Paul Park or I may terminate employment at any time, with or without notice.

I authorize the schools, references, and my prior employers listed above to provide my record, reason for leaving, and all other information they may have concerning me and I release all parties from any and all liability or claim for damage whatsoever that may result therefrom. However, I understand if, in the Employment Experience section I have answered “No” to contacting any of the employers, contact will not be made without my specific authorization.

I also understand it is my responsibility to notify the City of Saint Paul Park in writing of any changes to information reported in this application or accompanying resume.

Signature

Date

MINNESOTA DATA PRACTICES ACT

The Minnesota Data Practices Act seeks to protect the privacy of individuals about whom government agencies and their subdivisions, and agencies under contract with the government collect data. The Act also facilitates a release of information which is public. The information on this sheet applies to your current and future contacts with the City of St. Paul Park, whether the contact is in person, by mail, or by phone.

The Act requires that whenever the city asks you to provide information which is private or confidential, that you be told:

1. The purpose and intended use of the data within the City;
2. The legal requirements, if any, of providing the information;
3. The consequences of providing or refusing to provide the information requested;
4. The identity of other persons or agencies authorized by statute to receive the information.

I. Purpose of the information collected:

1. Determine whether you meet City requirements pertaining to the eligibility for employment.
2. Evaluate the employment application.
3. Investigate the accuracy of all information and statements contained in the application.
4. Investigate and collect background information pertaining to you to determine your qualifications and fitness for employment with the City.

II. Legal Requirements

You are not legally required to provide the information requested. If you do not provide the information requested, the City will not be able to determine your eligibility for employment and your application will, in all likelihood, be denied.

III. Sharing of Information

The data provided pursuant to the employment application may be shared with officers and employees of the City who have a need to know such information in order to process and make a decision on a recommendation concerning your employment, and ultimately a determination by the governing body concerning your employment.

1. This information may be provided to others in the following circumstances:
 - a. To individuals, persons, agencies, institutions or organizations you authorize sharing the information with by means of a valid consent for release of information.
 - b. To appropriate law enforcement personnel who are acting in an investigation on proceedings relating to the application.
 - c. To a Court pursuant to a valid court order.

IV. Other Rights:

You have the right to know what information is maintained about you; you have the right to view all public and private information about you maintained by the City, and this includes the right for you to authorize other persons or agencies to view it.

1. You have the right to have the data to which you have accessed explained to you.
2. You have the right to request copies of the information to which you have access, but you may be charged a reasonable fee for the cost of the copies.
3. You have the right to challenge the accuracy or completeness of any private information in your records. If you want to challenge any information, you must write to the City. You may also talk to the individual at the City with whom you are working. Your challenge will be answered within thirty (30) days.
4. You have the right to insert your own explanation of anything you object to in your records. That explanation will be attached anytime the information is shared with another agency. You have the right to appeal decisions made by the City about the accuracy to completeness of your records to the Commissioner of Administration, Data Privacy Act, State of Minnesota, 51 Sherburne Avenue, St. Paul, MN 55155.

If you do not understand this document, or if you have further questions, you should discuss these with the City staff person to whom you provided the statement.

I have read this explanation of my privacy rights and understand the purposes and consequences of giving the information and who is authorized to use it.

Applicant Signature

Date

VETERANS' PREFERENCE

Complete this form ONLY if you are claiming Veterans' Preference

Copy of Veteran's DD214 must be attached (Veteran is defined by MN Statute 197.447) or other military documents to substantiate the service information requested on this form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at (651) 430-6895.

City of St. Paul Park operates under a point preference system which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted 5 points. Disabled veterans eligible for such preference may use the 5 points preference only for the first promotion after securing City employment.

To qualify for preference for a **competitive exam**, you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, **or** by reason of disability incurred while serving on active duty, **or** after having served the full period called or ordered for federal active duty **and** be a United States citizen or resident alien. Veterans' preference may be used by the surviving spouse of a deceased veteran, who died

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

Name: _____
Address: _____
Phone: _____

Social Security #: _____
Position for which you applied: _____
Closing Date: _____
Are you a Citizen or Resident Alien? _____

VETERAN (10 points):

(DD214 or DD215 must be submitted to receive points)

Honorably discharged veteran Yes No

DISABLED VETERAN (15 points):

(DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

Percent of Disability: _____%

Have you ever been promoted in the City of St. Paul Park employment?..... Yes No

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):

(DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: _____

Have you remarried? Yes No

SPOUSE OF DISABLED VETERAN (15 points):

(DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

How does Veteran's disability prevent performance of a stated job "requirement". Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

AFFIDAVIT: I hereby claim Veterans' Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' preference verification documents and submit them to the City of St. Paul Park by the required application deadline date.

Signature

Date

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by MN Statute 197.477, and to certain spouses of deceased or disabled veterans subject to provisions of MN Statute 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien,
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the DD214 or DD215. The copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
(DD214 "Member-1" copy will not be accepted)
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of active duty for training purposes does not qualify for disabled veteran preference per MN Statutes 197.455 and 197.447.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's DD214 or DD215, USDVA verification that veteran died on or as a result of active duty, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of St. Paul Park. Please contact our office at (651) 459-9785 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference in public employment.