

**City of
St. Paul Park**

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

**Volunteer Employment Application
Police Reserve**

We welcome you as an applicant for employment with the City of St. Paul Park. It is the City's policy to provide equal opportunity in employment. The City will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for information regarding what is considered public and private information as an applicant, and if you are selected for the position, as an employee.

The City of St. Paul Park accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact City Clerk at (651) 459-9785.

Please print in blue or black ink

Position applied for:	Date of application:
Have you ever applied for employment with us before: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	
Are you legally eligible to work in the United States in the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No (proof of citizenship or work eligibility will be required as a condition of employment)	
Will your continued employment require employer sponsorship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state your date of birth:	
Are you related to anyone currently working in any position (full-time, part-time, seasonal or appointed committee member) for the City? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? Relationship:	

PERSONAL DATA

Last Name	First Name	Middle
Street Address		
City State, Zip Code		
Phone Number	Alternate Phone	
E-mail Address		

EDUCATIONAL HISTORY

	Educational Institutions	Years Completed	Did you Graduate?	Degree/Certificate Major or Course
High School	Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State:			
College or University	Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State:			
Other School	Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State:			
Other School	Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State:			

LICENSES/CERTIFICATIONS— Do you have a valid Driver’s License? Yes No If so, list the state, number, class and expiration date. If relevant, list other current professional registrations, license or certificates you have.

License/Certificate/Registration	Date Issued	Date of Expiration

MILITARY EXPERIENCE

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to apply for Veteran’s Preference points? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you must complete the application for Veteran’s Preference points, and submit the application and required documentation to the City by the application deadline of the position for which you are applying.)
Describe your duties:

OTHER EXPERIENCE—Describe any other training, experience, or volunteer work that is relevant to the position for which you are applying.

EMPLOYMENT HISTORY—List present to most recent employer first. “See Resume” is not an acceptable response for any entries in this application.

Company Name:	Telephone with area code
Street Address:	Employed—(Month and year) From to
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Describe your work:	
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name:	Telephone with area code
Street Address:	Employed—(Month and year) From to
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Describe your work:	
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name:	Telephone with area code
Street Address:	Employed—(Month and year) From to
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Describe your work:	
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Have you ever been terminated from a previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, state the name and address of company, date of termination, and reason for termination (do not include lay-off or staff reduction).</p>

REFERENCES—Please provide the name, address and phone number of three references who are **not** related to you and are **not** previous employers.

Name	Phone Number With area code
Address, City, State and Zip	Relationship
Name	Phone Number With area code
Address, City, State and Zip	Relationship
Name	Phone Number With area code
Address, City, State and Zip	Relationship

CONVICTION INFORMATION

The City of St. Paul Park conducts criminal history background checks on all regular full-time or part-time employees and other positions that work with children or vulnerable adults. I understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the City of St. Paul Park in writing of any changes to information reported in this application for employment.

DRUG & ALCOHOL TESTING

I, the undersigned, understand that at any time before or during employment I may be subject to drug and alcohol screening. I further understand that refusing to supply the required sample or producing a confirmed positive drug or alcohol test that indicate presence of illegal drugs or alcohol may result in the rejection of my application or termination of employment.

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

I acknowledge that I have received a copy of the job description summary for the position(s) for which I am applying.

With my signature below, I am providing the City of St. Paul Park authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact your current employer?", contact with my current employer will not be made without specific authorization.

I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the City of St. Paul Park in writing of any changes to information reported in this application for employment.

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

PROTECTED INFORMATION FORM

Please read carefully the Data Practices Advisory form attached. After reading, please sign and date the form. **Mail both the signed Data Practices Advisory and the completed Protected Information form to:**

St. Paul Park Police Department
ATTN: Ofc. Matthew Bagan
600 Portland Avenue
St. Paul Park MN 55071

*****These forms must be mailed separately from the application form*****

Full Name: _____

Date of Birth: _____

Race: _____ Sex _____

List any and all other names by which you are or have been known.

1. _____

2. _____

3. _____

4. _____

5. _____

Name: _____

**ST. PAUL PARK POLICE RESERVE
BACKGROUND SCREENING FORM**

1. Please list some of the reasons why you are applying for the Police Reserve.

- 1. _____

- 2. _____

- 3. _____

- 4. _____

Additional comments may be supplied on the back of this sheet.

2. Have you ever considered, or are you currently seeking a career in law enforcement?

Yes _____ No _____. If yes, answer Question 2a. If no, skip to Question 3.

2a. What steps have you taken to this date in your efforts to fulfill your law enforcement career goals?

3. Have you ever applied with any other law enforcement agency for a volunteer, part-time or full-time position? Yes _____ No _____. If yes, list the law enforcement agencies applied with. This includes state and federal law enforcement agencies. Please include all dates.

_____ _____
_____ _____

4. Have you ever submitted to a background investigation conducted by another law enforcement agency for employment purposes? Yes _____ No _____. If yes, list the law enforcement agencies which completed the background investigation. This includes all state and federal law enforcement agencies. Please include all dates.

_____ _____
_____ _____

5. Have you ever been or are you currently a member of another law enforcement agency? Yes _____ No _____. If yes, indicate your position by completing the checklist and indicate which agency. Please include all dates.

	Law Enforcement Agency	Dates
_____ Explorer Post	_____	_____
_____ College Internship	_____	_____
_____ Police Reserve Member	_____	_____
_____ Police Dispatcher	_____	_____
_____ Clerical	_____	_____
_____ Community Service Officer	_____	_____
_____ Police Officer	_____	_____
_____ State Law Enforcement Agency	_____	_____
_____ Military Police	_____	_____
_____ Federal Law Enforcement Agency	_____	_____
_____ Other Position _____	_____	_____

6. As an adult, have you ever been arrested, charged, convicted, or detained for any violation of criminal law? (This includes any plea bargain or negotiated settlement of any violation of criminal law.) Yes _____ No _____. If yes, please list the original charge.

Date	Violation	Location	Court Disposition	Agency Concerned

7. Have you ever received a traffic citation? Yes _____ No _____. If yes, complete the information below.

Date	Violation	Location	Court Disposition	Agency Concerned

8. Have you ever been fingerprinted? Yes _____ No _____. If yes, fill in the following:

When	Where	Reason for Fingerprinting

9. Do you drink alcoholic beverages? Yes _____ No _____. If yes, to what degree?

10. Have you ever used marijuana? Yes _____ No _____. If yes, what were the circumstances?

11. Have you ever used any other non-prescriptive drugs? Opiates, pills, etc? Yes _____ No _____.
If yes, under what circumstances?

12. Do you possess a Minnesota driver's license? Yes _____ No _____. Has your license ever
been revoked or suspended? Yes _____ No _____. If yes,
When _____ Where _____ Why _____
13. Have you ever possessed a driver's license from a different state or country? Yes _____ No _____.
If yes, indicate when and in which state or country.

14. Do you have any first aid training? Yes _____ No _____. If yes, check the appropriate
courses and indicate date of certificate.
- | | | |
|-------|----------------------------|------------|
| _____ | CPR | Date _____ |
| _____ | Basic First Aid | Date _____ |
| _____ | Advanced First Aid | Date _____ |
| _____ | First Responder | Date _____ |
| _____ | Crash or Injury Management | Date _____ |
| _____ | EMT | Date _____ |
| _____ | EMT/Paramedic | Date _____ |

Please return this application either by mail or in person to:

ATTN: Officer Matthew Bagan
St. Paul Park Police
Department 600 Portland Ave
St. Paul Park MN 55071

****MAIL the "Data Practices Advisory" and "Protected Information Form" separately from this application.**