

Police Officer Application Form

Required Supplemental Application Form

Applicant Name: _____

POLICE OFFICER

YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED AS AN APPLICANT.

Please note:

This supplemental form will be used to rank applicants, so please be complete and accurate in your responses.

1. Are you currently POST Board licensed? (*choose one*) **YES** **NO**

If yes, please list POST license number: _____

If no, list your POST Board licensure test date: _____

2. Do you possess a valid MN Driver's License? (*choose one*) **YES** **NO**

3. List your education and degrees held:

<u>Organization</u>	<u>Degree Achieved</u>	<u>Duration</u>
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4. Please list your experience with the following computer software programs and your proficiency with each program. Please list and rank any additional program experience. Please rank all programs 1 to 5, with 1 being lowest proficiency to 5 being highest proficiency.

a. Word Proficiency _____

b. Excel Proficiency _____

c. Access Proficiency _____

d. List other software in which you are proficient: Proficiency _____

5. Have you been involved in the Police, Criminal Justice or Public Safety field either as an employee or volunteer?

(choose one) **YES** **NO**

If yes, please explain your police/criminal justice/public safety experience:

Organization Describe duties performed FT, PT or Volunteer? Duration

6. (a) What do you think is the key to providing quality customer service?

(b) Describe how you have demonstrated this in your past work history.

Organization Describe customer service duties Duration

7. Do you possess any verifiable experience in conflict resolution?

(choose one) **YES** **NO**

If yes, please list your certification(s) or classes taken:

8. Are you able to communicate in a second language (ASL-American Sign Language- or speak another language than English) and/or do you have experience working with diverse populations?

(choose one) **YES** **NO**

If yes, please specify your second language experience

Please describe your experience working with diverse populations:

Organization (if applicable) Describe experience Duration

9. Do you possess any of the following licensures?

(For any certifications checked, please list the certification period with start and expiration dates.)

 Certified Traffic RADAR or LIDAR Operator _____

- First Aid and CPR _____
- S.F.S.T (Standardized Field Sobriety Training) _____
- OPUE (Occupant Protection Usage and Enforcement) _____
- Other position relevant licensure: (list: _____)

10. Do you have any experience in records management and Data Practices?
 (choose one) **YES** **NO**
 If yes, please detail below your records management and data practices experience and software used.

<u>Organization</u>	<u>Duties Performed</u>	<u>Duration</u>
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11. **Other qualifications:**
 Summarize special job-related skills and qualifications acquired from employment, education or other experience.

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in my application for employment or this addendum will be grounds for disqualification for employment, or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

I further understand that if offered a position, I must submit to and pass a controlled substance screen and will be required to submit to and pass a criminal background check, and employment reference checks.

By my signature on this form, I hereby acknowledge that I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant's signature: _____

Date: _____

TENNESSEN WARNING FOR EMPLOYEES

In accordance with the Minnesota Government Data Practices Act, we are required to inform you of your rights as they pertain to the private information we collect from you. The information we collect from you is classified by law as either public (any one can see it), private (the public is not given access, but you are), or confidential (even you cannot see the information). As a public employee or an applicant for public employment, most of the data we maintain about you is public according to Minnesota Statutes, section 13.43, subdivisions 2 and 3.

The information we request from you may be used for one or more of the following purposes:

- To distinguish you from all other applicants or employees and identify you in our personnel files;
- To determine your eligibility for employment or promotion;
- To contact you or other significant persons in an emergency;
- To enroll you and your family members for health insurance;
- To enroll you for pension plans;
- To account for wages paid;
- To justify travel expense reimbursement;
- To account for other employer paid fringe benefits;
- To compile Equal Opportunity and Affirmative Action reports.

Information which you are asked to provide generally is not required by statute. However, it generally is to your benefit to provide it. Without the requested information, this agency may not be able to determine your eligibility for employment or promotion, compute your wages, or grant you other fringe benefits.

Federal law permits government agencies to require an individual to provide his/her social security number for the administration of any tax. Please be aware when you are asked to give your social security number on Revenue forms, this collection is mandated by section 1211 of the Tax Reform Act of 1976 and also Minnesota Statutes, section 270.65. This information will be shared with the State Department of Revenue, the Internal Revenue Service, security tax programs. In most other cases the disclosure of your social security number is voluntary. If it is required by law, we will inform you of the statute which require collection.

The information you provide may be shared with this department's payroll and personnel staff and the Ramsey County Human Resources Department staff who require the information to do their jobs, supervisory staff, Ramsey County Accounting Payroll Staff, Ramsey County Attorney's Office, insurance contractors, PERA, IRS, and the State Departments of Revenue, Finance, Economic Security, Employee Relations, and Labor and Industry.

Information may also be shared with other agencies authorized by law to receive specific data relating to:

1. Absent/non-supportive parents;
2. Civil/human rights complaints;
3. Worker's Compensation;
4. Unemployment Compensation;
5. Labor contracts (to the extent specified in Minnesota Statutes, chapter 179);
6. Employee assistance programs;
7. Child/vulnerable adult abuse.

If you have any questions about this notice, Human Resources staff will explain it to you. The information on this form applies to your future contacts with this agency whether the contact is in person, by mail, or by phone.

Employee/Applicant: I have read and understand the above Tennesen Warning.

Print Name

Employee/Applicant Signature

___/___/___
Date