

If applicable, are you currently licensed or eligible to be licensed as a Peace Officer in Minnesota?

Yes ____ No ____ If not, what is your anticipated date of eligibility? _____

What type of work are you applying for?

Full-Time ____ Part-Time ____ Temporary ____ Seasonal ____

Are you willing and available to work overtime and shift work?

Yes ____ No ____

When would you be available to start work?

Have you served a sentence in jail or been convicted for a misdemeanor, gross misdemeanor or felony for which a jail sentence could have been imposed?

Yes ____ No ____

If yes, please give a complete explanation. Information concerning this question will not be used to automatically bar you from employment.

(B) EDUCATION AND TRAINING

How many years of school have you completed? (Please Circle Below).

9 10 11 12
(High School)

13 14 15 16
(College/University)

MA or PhD
(Post Graduate)

High School: _____

Address: _____

Did You Graduate? Yes ____ No ____

Diploma, Degree or Certificate Earned: _____

Major and Minor Subjects: _____

College or University: _____

Address: _____

Did You Graduate? Yes _____ No _____ Number of Credits : _____

Diploma, Degree or Certificate Earned: _____

Major and Minor Subjects: _____

College or University: _____

Address: _____

Did You Graduate? Yes _____ No _____ Number of Credits: _____

Diploma, Degree or Certificate Earned: _____

Major and Minor Subjects: _____

Technical School: _____

Address: _____

Did You Graduate? Yes _____ No _____ Number of Credits: _____

Diploma, Degree or Certificate Earned: _____

Major and Minor Subjects: _____

Technical School: _____

Address: _____

Did You Graduate? Yes _____ No _____ Number of Credits: _____

Diploma, Degree or Certificate Earned: _____

Major and Minor Subjects: _____

Name of Employer: _____

Address: _____

Phone Number: _____
(Area Code)

Dates of Employment: From _____ To _____

Job Title: _____ Immediate Supervisor: _____

Status: Full-Time _____ Part-Time _____ Volunteer _____ Last Salary _____

Specific Duties: _____

May we contact this employer? Yes _____ No _____ If no, why? _____

Reason for leaving? _____

Name of Employer: _____

Address: _____

Phone Number: _____
(Area Code)

Dates of Employment: From _____ To _____

Job Title: _____ Immediate Supervisor: _____

Status: Full-Time _____ Part-Time _____ Volunteer _____ Last Salary _____

Specific Duties: _____

May we contact this employer? Yes _____ No _____ If no, why? _____

Reason for leaving? _____

Name of Employer: _____

Address: _____

Phone Number: _____
(Area Code)

Dates of Employment: From _____ To _____

Job Title: _____ Immediate Supervisor: _____

Status: Full-Time _____ Part-Time _____ Volunteer _____ Last Salary _____

Specific Duties: _____

May we contact this employer? Yes _____ No _____ If no, why? _____

Reason for leaving? _____

Name of Employer: _____

Address: _____

Phone Number: _____
(Area Code)

Dates of Employment: From _____ To _____

Job Title: _____ Immediate Supervisor: _____

Status: Full-Time _____ Part-Time _____ Volunteer _____ Last Salary _____

Specific Duties: _____

May we contact this employer? Yes _____ No _____ If no, why? _____

Reason for leaving? _____

(F) MILITARY SERVICE

Have you served in the U.S. Armed Forces?

Yes _____ No _____

If yes, please answer the following questions:

Branch of Service: _____ **Rank:** _____

Dates of Service: From _____ To _____

Status of Final Discharge: _____

Describe your duties and any specialized training: _____

(G) PROFESSIONAL REFERENCES

List 3 people who know you well, preferably from a work environment, who can be contacted at this time. Do not refer to a relative.

1) **Name:** _____

Address: _____

Association: _____

Contact Phone Number: _____
(Area Code)

2) **Name:** _____

Address: _____

Association: _____

Contact Phone Number: _____
(Area Code)

3) **Name:** _____
Address: _____
Association: _____
Contact Phone Number: _____
(Area Code)

(H) VETERAN'S PREFERENCE

Do you wish to claim Veteran's Preference?

Yes _____ No _____

If so, please check the preference you are claiming:

_____ **Veteran** (defined as person separated under honorable conditions who has served on active duty for a least 181 days, or honorably discharged by reason of disability incurred on active duty).

_____ **Disabled Veteran** (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces, which disability is currently existing).

_____ **Spouse of deceased veteran.**

_____ **Spouse of disabled veteran who is unable to use preference due to disability.**

Note: If you elect to use a veteran's preference you will be required to present documentation establishing your right to claim the preference.

(I) NOTICE - SIGNATURE

The facts set forth in my application are true and complete. I understand that if employed, false statements on this application shall be considered cause for dismissal. I authorize investigation of all statements and materials contained in this application which the South Lake Minnetonka Police Department (SLMPD) may deem relevant to my employment for a paid or volunteer position. I also authorize my current and previous employers or other persons having information concerning me or my record to report such information to the SLMPD. I release each person from all claims or liabilities whatsoever on account of making such inquiries or making such disclosures.

I understand that nothing contained in this employment application or in the granting of an interview, and no policies, procedures or manuals that I might receive, are intended to create an employment contract between the SLMPD and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the SLMPD unless made in writing.

If requested, I agree to submit to a medical and psychological examination at the expense and choice of the SLMPD prior to final acceptance of employment. I understand that such medical and psychological examinations are to determine my fitness for employment in the event I am employed.

(Signature of Applicant)

(Date)