





College or University: \_\_\_\_\_

Address: \_\_\_\_\_

Did You Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Diploma, Degree or Certificate Earned: \_\_\_\_\_

Major and Minor Subjects: \_\_\_\_\_

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College or University: \_\_\_\_\_

Address: \_\_\_\_\_

Did You Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Diploma, Degree or Certificate Earned: \_\_\_\_\_

Major and Minor Subjects: \_\_\_\_\_

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Technical School: \_\_\_\_\_

Address: \_\_\_\_\_

Did You Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Diploma, Degree or Certificate Earned: \_\_\_\_\_

Major and Minor Subjects: \_\_\_\_\_

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Technical School: \_\_\_\_\_

Address: \_\_\_\_\_

Did You Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Diploma, Degree or Certificate Earned: \_\_\_\_\_

Major and Minor Subjects: \_\_\_\_\_

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**(C) SPECIAL SKILLS AND QUALIFICATIONS**

List any correspondence courses, seminars, workshops, training, and skills acquired that might relate to this training. Also summarize special job-related skills and qualifications acquired from employment or other experiences.

**(D) CLERICAL, ADMINISTRATIVE AND FISCAL POSITIONS ONLY**

Typing Ability: Yes \_\_\_\_\_ No \_\_\_\_\_ WPM \_\_\_\_\_

Computer Experience. Explain your familiarity with word processing, spreadsheets, data management and other software programs.

**Financial Experience.** Explain your familiarity with bookkeeping, payroll and accounting procedures.

### **(E) EMPLOYMENT HISTORY**

Beginning with your present or most recent employment, list all your employers for at least the last ten years. Be complete and use additional sheets if necessary. Please include volunteer work.

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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?

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Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

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(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?

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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)

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2) **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Association:** \_\_\_\_\_  
**Contact Phone Number:** \_\_\_\_\_  
(Area Code)



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

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### **(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.*

***Please see page 10 for Signature Notice***

**(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.

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(Signature of Applicant)

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(Date)