



SOUTH LAKE MINNETONKA POLICE DEPARTMENT

**24150 Smithtown Road
Shorewood, Minnesota 55331
(952) 474-3261**



APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

Applying for the position of Chief of Police

(A) GENERAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____
(Street Address Including Apartment Number if Applicable)

(City) (State) (Zip Code)

Home Phone #: _____ Mobile Phone #: _____

E-Mail: _____ Social Security # _____
(Where You Can Be Contacted) (Last Four Digits)

Are you a United States Citizen or if not, do you have permission to work in this country?

Yes _____ No _____

Do you presently have a Driver's License?

Yes _____ No _____ State: _____ DL Number: _____

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 eligibilty? _____

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: _____

Did You Graduate? Yes _____ No _____

College or Technical School: _____

Address: _____

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

Diploma, Degree or Certificate Earned: _____

Major and Minor Subjects: _____

College or Technical School: _____

Address: _____

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

Diploma, Degree or Certificate Earned: _____

Major and Minor Subjects: _____

College or Technical School: _____

Address: _____

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

Diploma, Degree or Certificate Earned: _____

Major and Minor Subjects: _____

College or Technical School: _____

Address: _____

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

Diploma, Degree or Certificate Earned: _____

Major and Minor Subjects: _____

(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) EMPLOYMENT HISTORY

Beginning with your present or most recent employment, list your last three positions.

Name of Employer: _____

Address: _____

Phone Number: _____

Dates of Employment: From _____ To _____

Job Title: _____ Immediate Supervisor: _____

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

Reason for leaving?

Name of Employer: _____

Address: _____

Phone Number: _____

Dates of Employment: From _____ To _____

Job Title: _____ Immediate Supervisor: _____

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

Reason for leaving?

Name of Employer: _____

Address: _____

Phone Number: _____

Dates of Employment: From _____ To _____

Job Title: _____ Immediate Supervisor: _____

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

Reason for leaving?

(E) 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:

(F) 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.

(G) 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)



SOUTH LAKE MINNETONKA POLICE DEPARTMENT

NOTICE CONCERNING APPLICATION DATA



APPLICATION DATA:

Our application requests that you furnish both public and private data about yourself as defined by, and pursuant to the Minnesota Government Data Practices Act (Chapter 13 of Minnesota Statutes). This information will be maintained through the time of your appointment with the South Lake Minnetonka Police Department and thereafter. If appointed, the South Lake Minnetonka Police Department may request that you supply this information at additional times in the future for the purposes indicated below. This information may also need to be updated periodically.

PURPOSE AND INTENDED USE:

The information collected in your application will be used to identify you, analyze your suitability for employment and facilitate contact with you. If appointed, the information will also be used to establish and maintain benefit and employee records. The South Lake Minnetonka Police Department may, in the future, make additional requests for this same information to facilitate administration of employee benefits, records and services. Updated information will be used to maintain the accuracy of the application information.

MAY YOU REFUSE OR ARE YOU REQUIRED TO SUPPLY THE DATA:

Supplying the data is not legally required.

KNOWN CONSEQUENCES ARISING FROM SUPPLYING OR REFUSING TO SUPPLY THE REQUESTED DATA:

Refusal to supply the information requested may affect the ability to evaluate your application or to appoint you to the position. Supplying the requested data will assist us in evaluating your application and, if appointed, the status of your position and benefits. Refusal to supply updated information may affect the status of your position and benefits.

IDENTITY OF OTHER PERSONS OR ENTITIES AUTHORIZED TO RECEIVE THE DATA:

The data may be distributed to and used by personnel of the South Lake Minnetonka Police Department and/or indirectly in the appointment of, and maintenance of records on employees and members of their boards and commissions. The data may be used and disseminated to individuals or agencies specifically authorized access to the data by local, state or federal law or when approved by the State Commissioner of Administration or by you. The data may be used and disseminated to other entities providing or administering employee benefits and services, including, but not limited to, the South Lake Minnetonka Police Department insurance providers.

The above information, as included in the application, will become part of our permanent records and may be reviewed by you upon request.

I have read and understand the provisions stated above regarding the use of information being requested of me as an applicant, employee, volunteer and/or member of a Board or Commission associated with the South Lake Minnetonka Police Department.

Print Name: _____
Last Name First Name Middle Name

Signature: _____ **Date:** _____