

CITY OF BIG LAKE

Police Department
790 Minnesota Ave
Big Lake, MN 55309

Phone: 763-251-2996



OFFICE USE ONLY

Received: _____
Interviewed: _____
Response: _____

EMPLOYMENT APPLICATION

Reserve Officer

We welcome your application for employment. Please furnish us with complete information to assist us in giving your application full consideration. Additional information which further qualifies you for the position may be attached to this application.

The City of Big Lake's policy is to provide equal employment opportunities to all. The City of Big Lake does not discriminate in employment on the basis of race, color, creed, religion, national origin, gender, marital status, status with regard to public assistance or disability in the admission or access to, or treatment of employment in its program or activities.

LAST NAME FIRST NAME MIDDLE NAME

PRESENT ADDRESS

DAY PHONE CELL PHONE EMAIL ADDRESS

SOCIAL SECURITY NUMBER: _____ - _____ - _____

NOTE: Your Social Security number is used to distinguish you from other applications, verify education, and make processing more efficient. Providing this information is VOLUNTARY (you are not legally required to do so) and will be maintained a private data.

Are you able, eligible with or without reasonable accommodations, to perform the essential functions of the job for which you are applying for? _____ YES _____ NO

Are you legally permitted to accept permanent employment in the United States:
_____ YES _____ NO (Proof will be required upon employment)

EDUCATION

Did you graduate from high school or receive a GED? _____ YES _____ NO

School attended: _____

Name / Address of College or University	Did you receive Degree/Certificate	Name of Degree or Certificate Received	MAJOR

VOLUNTEER EXPERIENCE AND ACTIVITIES

(Exclude organizations, the name or character of which indicates race, color, creed, age, religion, national origin, gender, marital status, political affiliation or personal disability)

Volunteer Activity	Major Responsibilities	YEARS From / To

MILITARY SERVICE

(Complete this section if you served in the U.S. Armed Forces)

Describe your duties and ANY special training:

Branch of Service: _____

Rank: _____

Status of Final Discharge: _____

EMPLOYMENT RECORD

(Most recent first)

Are you presently employed? YES NO May we contact your present employer? YES NO

PRESENT EMPLOYER	ADDRESS	PHONE #

Dates Employed: _____ to _____
Month/Year Month/Year

Job Title _____

Nature of Duties: _____

Supervisor/Title: _____

Reason for leaving or seeking change in employment: _____

PREVIOUS EMPLOYER	ADDRESS	PHONE #

Dates Employed: _____ to _____
Month/Year Month/Year

Job Title _____

Nature of Duties: _____

Supervisor/Title: _____

Reason for leaving or seeking change in employment: _____

EMPLOYMENT (CONTINUED)

PREVIOUS EMPLOYER	ADDRESS	PHONE #

Dates Employed: _____ to _____
Month/Year Month/Year

Job Title _____

Nature of Duties: _____

Supervisor/Title: _____

Reason for leaving or seeking change in employment: _____

PREVIOUS EMPLOYER	ADDRESS	PHONE #

Dates Employed: _____ to _____
Month/Year Month/Year

Job Title _____

Nature of Duties: _____

Supervisor/Title: _____

Reason for leaving or seeking change in employment: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

GENERAL INFORMATION

What office machines do you operate proficiently? _____
 In what computer software programs are you proficient? _____

What trade or professional licenses or certificates do you currently possess?

Type: _____ Expiration Date: _____
 Type: _____ Expiration Date: _____

Do you have a valid Minnesota Driver License? ____ YES ____ NO Number _____

Do you have a valid Commercial Driver License? ____ YES ____ NO Number _____

PROFESSIONAL REFERENCES

List three (3) people who know you well, preferably from a work environment, who can be contacted at this time. DO NOT USE RELATIVES

Name	Business / Employer	Contact Number

The City of Big Lake has adopted a drug and alcohol policy. As a job applicant for ANY Public Safety positions, you are subject to testing under the policy and may be asked to provide a urine specimen after you have received a conditional offer of employment. You may legally refuse to undergo a drug and alcohol test. If you refuse, the City's conditional offer of employment may be withdrawn. If you undergo an initial screening test with a positive test result, a confirmatory test verifying that result MUST be performed.

You have the right to explain a confirmatory test's positive result within (3) working days after receiving notice. You have the right to request and pay for the confirmatory retest of the original sample within (5) working days after receiving notice. If the confirmatory retest does not confirm the original positive result, no adverse personnel action based on the confirmatory test will be taken against you. A job applicant who receives a positive test result, fails or refuses a confirmatory test, does not request in writing a confirmatory retest within (5) working days after notice, may be refused employment and will be notified of the reason for such refusal. Except as otherwise noted, the job applicant has no additional right of appeal within the City of Big Lake.

The full Drug and Alcohol personnel policy is available for review in the Administration office at the City Hall, 160 Lake Street North, during regular business hours. A job applicant receiving a conditional offer of employment will be given a full policy at least (1) day prior to testing.

*****IMPORTANT: READ BEFORE SIGNING*****

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 matters contained in this application which the City of Big Lake may deem relevant to my employment and I authorize all my previous employers or other persons having information concerning me or my record to report such information to the City of Big Lake. I release each person from all claims or liabilities whatsoever on account of making such inquiry or making such disclosure.

I understand that nothing contained in this employment application or in the granting of an interview, and no city policies, procedures, or manuals that I might receive, are intended to create an employment contract between the city and me for 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 guaranty is binding upon the city unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice, and the city retains similar right.

I agree to submit to a physical examination at the City of Big Lake's expense by a doctor designated by the City of Big Lake prior to final acceptance of employment, if requested and at subsequent intervals as the employer may direct, it being understood that such medical examination are to determine my physical fitness for employment or continued employment in the event I am employed.

Signature of Applicant _____ Date _____

CITY OF BIG LAKE VETERAN'S PREFERENCE APPLICATION

Are you a veteran, a disabled veteran, or a spouse of a deceased or disabled veteran:

NO If "NO", sign and date at the bottom of this application.

YES If "YES", complete the remainder of this application.

Veteran's Preference Points Application Instructions:

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statute 43A.11. To be eligible for Veteran's preference points, you must:

1. Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who, because of disability, is not able to qualify; AND
2. NOT be currently receiving or eligible to receive monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's preference points without it. If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

Veteran's Preference Points Application Information:

Are you applying for Veteran's Preference Points?

NO If "NO", sign and date at the bottom of this application.

YES If "YES", complete the remainder of this application and attach you DD214 or other documentation, which must be received no later than seven (7) calendar days after the application for the position.

Veteran: Self Spouse If spouse, veteran's name: _____

Branch of Service: _____ Period of Active Duty: FROM: _____ TO: _____

Rank of Discharge: _____ Type of Discharge: _____ Date of Final Discharge: _____ Service Number: _____

Are you receiving or eligible for Military Pension? YES NO

Do you have a commendable service-related disability? YES NO

Preference Requested: Veteran Disabled Veteran Spouse of Disabled Veteran Spouse of deceased Veteran

Your Veteran's Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.

Supporting documentation: Is attached Will be submitted within seven (7) days of application deadline

Signature of Applicant _____
Date _____

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 City's authority under, the Minnesota Government Data Practices Act (Chapter 13 of Minnesota Statutes). This information will be maintained through the time of your appointment with the City of Big Lake and thereafter. If appointed, the City 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 appointment, and facilitate contact with you. If appointed, the information will also be used to establish and maintain benefit and employee records. The City 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 Requested Data?

Supplying the data is not legally required

Known Consequences Arising from Supplying or Refusing to Supply Requested Data

Refusal to supply the information requested may affect the ability to evaluate your application or to appoint you 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 or Entities Authorized to Receive the Data

The data may be distributed to and used by personnel of the City of Big Lake who are involved directly and/or indirectly in the appointment of, and maintenance of records on employees and members of boards and commissions. The data may be used and disseminated to individuals or agencies specifically authorized access to the data by state, local, 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 City of Big Lake 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, and/or member of a Board of Commission of the City of Big Lake.

Signature of Applicant _____ Date _____

CITY OF BIG LAKE WAIVER AND RELEASE OF INFORMATION

I, _____, hereby give permission to release information, both public and private data, and opinions about me, my performance, reputation, and character to the City of Big Lake.

This release includes ALL information gathered on me including, but not limited to:

- dates of employment
- title classification
- my job performance, reputation, and character
- absenteeism information
- punctuality information
- results of my performance reviews
- disciplinary information
- whether employer would hire me again

I release ALL parties and whoever speaks for them with no conditions whatsoever from ANY liability for giving the references and furnishes information.

A copy of this authorization will be treated in the same manner as the original.

Signature _____ Date _____

Printed Name _____

CITY OF BIG LAKE AUTHORIZATION AND RELEASE OF DRIVER INFORMATION

Full Name (first, middle, last): _____

Driver License Number: _____

Date of Birth: _____

Automobile Insurance Information

Name of Company: _____

Policy Number: _____

Expiration Date: _____

Please list ALL addresses from current and proceeding (10) years

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Signature of Applicant _____ Date _____

**CITY OF BIG LAKE
GENERAL AUTHORIZATION AND RELEASE
PURSUANT TO MINNESOTA STATUTE 13.05 SUBD.4
MINNESOTA DATA PRACTICES ACT**

TO: City of Big Lake Police Department and
Minnesota Bureau of Criminal Apprehension

I _____, hereby authorize and grant my informed consent to permit you to release to and make available to the City of Big lake, Minnesota and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data that I authorize to be released consists of private data as defined by Minnesota Statute 13.02, subdivision 12, and has been collected by you as a result of my contacts and associations with you and/or your representatives. The information for which released is authorized is criminal history information about me that is collected or maintained by the Bureau of Criminal Apprehension and that relates to a background check crime as defined in Minnesota Statutes, section 299C.61, subdivision 2. I understand that the purpose of permitting the City of Big lake to have access to this information is to determine my suitability for employment with that city. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the city, including verification of my records and analysis by consultants to the city who may review my suitability for employment.

By signing this authorization, I hereby release the Bureau of Criminal Apprehension from ANY and ALL liability which otherwise may or do accrue as a result of the release of ANY and ALL data, regardless of its accuracy. I also release the City of Big lake from ANY and ALL liability for its receipt and use of data received pursuant to this consent.

This authorization shall be valid for a period of ONE year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of Big lake or to you of that fact. A copy of this authorization will be treated in the same manner as the original.

Signature _____ Date _____

Printed Name _____ Date of Birth _____

Other Names _____ Date of Birth _____
(Maiden, Alias, Former)

Address _____ Ethnic Category: _____ White (not of Hispanic origin)
_____ Black (not of Hispanic origin)
_____ Hispanic
_____ Asian or Pacific Islander
_____ American Indian or
_____ Alaskan Native

Subscribed and sworn to me before this _____ day of _____, _____

Notary Public