

CITY OF ROBBINSDALE POLICE OFFICER JOB APPLICATION

Date Received _____

Mailing Address:
4100 Lakeview Avenue North
Robbinsdale, MN 55422-2280
Main: (763) 537-4534

HR Fax: (763) 531-1291
Website Address: www.robbinsdalemn.com

Last Name	First Name	Middle Name	Date Available for Work:	Today's Date		
Street Address		City	State	Zip Code		
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Other: (____) _____ - _____			Social Security Number (Optional)			
Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state birthdate: ____/____/____			Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a United States Citizen or legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>						
Have you been previously employed by the City of Robbinsdale? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date(s) and position(s) held:						
Do you have any relatives working for the City of Robbinsdale? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list names and relationship to you:						
Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			High School Name & Location: _____			
Type of School	Name & Location	From	To	Major	Degree, Certificate or Credits Earned	G.P.A.
College/University						
College/University						
Graduate School						
Police Academy						
Other						

POST CERTIFICATION: Are you currently Minnesota P.O.S.T. licensed or eligible for Minnesota P.O.S.T. licensing? (Please check one)

YES, I am currently licensed. Please indicate license # _____ Expiration _____

YES, I am eligible for P.O.S.T. licensing with a test date of _____ from the Minnesota P.O.S.T. Board.

NO, I am not licensed or not currently eligible for licensing.

WORK EXPERIENCE: List complete employment history, beginning with most recent first. Include paid and unpaid experience. **DO NOT USE "SEE RESUME" OR SIMILAR.** Attach additional sheets, if needed.

Employer _____ Phone (_____) _____ - _____
 Address _____
 Supervisor's Name _____ Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

 May we contact this employer? Yes No If No, please indicate reason: _____

Dates Employed (MO/YR):
 From _____ To _____
 Total (Years/Months) _____
 Hours Worked Per Week _____
 Last Salary _____
 Reason for Leaving or Seeking Other Employment: _____

Employer _____ Phone (_____) _____ - _____
 Address _____
 Supervisor's Name _____ Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

 May we contact this employer? Yes No If No, please indicate reason: _____

Dates Employed (MO/YR):
 From _____ To _____
 Total (Years/Months) _____
 Hours Worked Per Week _____
 Last Salary _____
 Reason for Leaving or Seeking Other Employment: _____

Employer _____ Phone (_____) _____ - _____
 Address _____
 Supervisor's Name _____ Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

 May we contact this employer? Yes No If No, please indicate reason: _____

Dates Employed (MO/YR):
 From _____ To _____
 Total (Years/Months) _____
 Hours Worked Per Week _____
 Last Salary _____
 Reason for Leaving or Seeking Other Employment: _____

Employer _____ Phone (_____) _____ - _____
 Address _____
 Supervisor's Name _____ Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

 May we contact this employer? Yes No If No, please indicate reason: _____

Dates Employed (MO/YR):
 From _____ To _____
 Total (Years/Months) _____
 Hours Worked Per Week _____
 Last Salary _____
 Reason for Leaving or Seeking Other Employment: _____

Employer _____ Phone (____) _____ - _____	Dates Employed (MO/YR):
Address _____	From _____ To _____
Supervisor's Name _____ Supervisor's Title _____	Total (Years/Months) _____
Your Job Title _____	Hours Worked Per Week _____
Specific Duties _____	Last Salary _____
_____	Reason for Leaving or Seeking Other Employment: _____
_____	_____
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please indicate reason: _____	_____
_____	_____

EMPLOYMENT INFORMATION CONTINUED:

1. May we contact the employers you have listed? Yes No If No, please indicate which one(s) and the reason why.

2. Have you ever been dismissed or asked to resign from any employment? Yes No If Yes, state the reason(s) and the employer(s) involved. _____

3. Have you ever been refused employment? Yes No If Yes, state by whom and for what reason. _____

4. Please list the police agencies with which you are beyond the initial application stage. _____

5. Have you ever been eliminated as a candidate by an organization during the final selection stage? Yes No If Yes, please explain the reason(s) why you were eliminated. _____

KNOWLEDGE, SKILLS AND ABILITIES SECTION

Specialized Skills (Check all that apply):

<input type="checkbox"/> Radar	<input type="checkbox"/> PC	<input type="checkbox"/> Typing W.P.M. _____	Other (list): _____
<input type="checkbox"/> PBT	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Dictation	_____
<input type="checkbox"/> Intoxilyzer	<input type="checkbox"/> Excel	<input type="checkbox"/> Copier	_____
<input type="checkbox"/> CJIS	<input type="checkbox"/> MSWord	<input type="checkbox"/> Calculator	_____

Memberships/Associations

Internships (List any internships you have completed and what you learned from them).

Other Qualifications (Summarize special job-related skills and qualifications acquired from employment, education or other experience).

State any additional information you feel may be helpful to us in considering your application. _____

PERSONAL REFERENCES: List five (5) personal references (not relatives, former employers, fellow employees, or school teachers), who are property owners, business or professional men and/or women of good standing in the community and who have known you for more than five (5) years.

Name	Residence	Home Phone	# of Years Acquainted	Business Address	Business Phone

RESIDENCES: List all your residences for the past 15 years, starting with the most recent and working backward. Add as many separate sheets as necessary.

From	To	Address	Property Owner	Property Owner Address (if different than yours)

DRIVER RECORD			
Driver's License Number	State	Expiration Date	Class: A ___ B ___ D ___ CDL ___
List any endorsements:			
Have you ever had a driver's license issued by another name? ___Yes ___No If Yes, list other name(s): _____ _____			
Have you ever had a driver's license issued by another state? ___Yes ___No If Yes, what state(s): _____ _____			
Has your driver's license ever been suspended, revoked or placed on court probation by another state? ___Yes ___No If Yes, list and describe circumstances. _____ _____			
Do you have any restrictions on your license? ___Yes ___No If Yes, please list: _____ _____			
Have your driving privileges ever been denied, suspended or revoked? ___Yes ___No If Yes, give dates and complete reasons. _____ _____			
Have you ever received a traffic summons (traffic ticket) (exclude parking violations)? ___Yes ___No If Yes, please list as well as you can recall, all traffic violations (excluding parking violations) you have received. Give in each case, the date, nature of violation, name and location of the court, penalty imposed or other disposition. _____ _____			
List and describe circumstances of each motor vehicle accident in which you have been involved. State if you received a traffic summons and if any injuries resulted. _____ _____			

FAIR CREDIT REPORTING ACT DISCLOSURE: In connection with your application for employment, an investigation may be made in which “consumer reports” are obtained from a consumer reporting agency. Such reports may include information concerning your credit worthiness, credit capacity, character, general reputation, personal characteristics, or mode of living. Examples of such reports include, but are not limited to: your credit history and a criminal background check. Upon written request, you will be provided with a disclosure of the nature and scope of the consumer report.

The City of Robbinsdale will not use the information contained in the consumer report and/or investigative consumer report in violation of any applicable federal or state law or regulation.

If any consumer reports and/or investigative consumer reports indicate that any adverse action should be taken, including the denial of your application for employment, you will be provided with a copy of the report(s) and the “Summary of Your Rights Under the Fair Credit Reporting Act” per the Fair Credit Reporting Act.

The information contained herein is considered private data and will be used only to determine your suitability for employment. Providing this information is strictly voluntary and you are not required by law to furnish any of the information requested herein. However, if you do not furnish it we may have difficulty determining your suitability for employment. The information provided herein will be accessible only to you, appropriate staff of the City of Robbinsdale, or as provided for by Minnesota Statutes. By law, I understand that I have the right to receive a free copy of my consumer report and/or investigative consumer report from the consumer reporting agency if one is obtained, upon my written request for this information.

I hereby authorize the City of Robbinsdale to obtain “consumer reports” and/or “investigative consumer reports” in connection with processing my application for employment. I further authorize the appropriate individuals, companies, institutions or agencies, including consumer reporting agencies, to release this information.

Applicant Name (printed): _____

Applicant Signature: _____ **Date:** _____

APPLICANT’S STATEMENT

I certify that I have read the “Notice to Applicant” regarding the MN Data Practices Act, and understand my rights as a subject of data. I authorize that a transcript may be requested where necessary to verify any education record. I hereby expressly authorize the collection, use and release of any and all information concerning me, which relates to my employment. I hereby release the City of Robbinsdale, with which I am seeking employment, from any liability that may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless my present and past employers from any liability whatsoever arising out of its release of information pursuant to this release.

I understand that if offered a position, I must submit to and pass a drug screen and will be required to submit to and pass a background investigation, psychological examination, a physical examination and/or a physical agility test.

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 this application will be grounds for disqualification for employment or in the event of employment, dismissal from employment upon discovery of the information.

By signing this form I hereby acknowledge I have read and understood the above statements. ***Failure to sign this form may result in rejection of your application.***

Signature of Applicant

Date

EQUAL EMPLOYMENT/AFFIRMATIVE ACTION DATA

The purpose of collecting the data requested below is to comply with State and Federal Equal Opportunity Employment reporting and other legal requirements. Periodic reports are made to the government using the following information. ***This form will be filed separate from your application and it will not be used in our recruitment evaluation process.*** The following information is requested for reporting purposes only. Please note that your cooperation in providing the following data is ***voluntary*** and inclusion or exclusion of data will not affect any recruitment selection decisions.

Name	Social Security Number	
Address		
City	State	Zip Code

Title of Position Applying For:		Today's Date	
Date of Birth (mo/day/yr): _____/_____/_____		Age: _____	Sex: _____ Female _____ Male
<i>Please check one of the following:</i> <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Black (non-Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other			
<i>Please check if any of the following are applicable:</i> <input type="checkbox"/> Disabled Individual <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran			

REFERRAL SOURCE

How were you made aware of this employment opportunity?

Internet (specify site): _____
 Newspaper (Specify paper): _____
 Employment Agency (List name): _____
 Employee Referral (Provide name): _____
 Community Agency Referral (specify name): _____
 Walk-In
 City of Robbinsdale web site
 Other Source: _____

THIS FORM WILL BE SEPARATED FROM YOUR APPLICATION FORM.

**CITY OF ROBBINSDALE
 CONSENT TO OBTAIN CERTAIN DATA FOR EMPLOYMENT**

I have been informed that in order to process my application for a position with the City of Robbinsdale, it will be necessary to obtain data about me which may be kept by any county, city, school district or other educational institution, or other political subdivisions, and the State of Minnesota. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The data provided will be investigated by the Chief of Police who shall then submit a recommendation for approval or denial based upon the applicant's eligibility.

I understand that the following types of data are among those pertinent to the review of my application: Educational Records, Military Records, Employment Data, Arrest Records, Conviction Records, Drivers License Records.

PLEASE PRINT LEGIBLY OR TYPE

Applicant Full Name (NO initials or nicknames)		Resident Address (include city and zip code)	
Drivers License No:	State Issued:	Date of Birth:	
Position applied for:			

LIST ANY CONVICTIONS FOR CRIMINAL OFFENSES:

(Do not list petty misdemeanor traffic offenses.)

Description of Violation (including municipality, etc. where occurred)	Date of Violation
_____	_____
_____	_____

The following states, counties, cities, school districts and other political subdivisions may have such data on me (please list): _____

I hereby consent to the release of such data from said resources to the City of Robbinsdale Police Department. In giving my consent, I understand that while the data gathered will be used for the limited purpose of evaluating my application, the data once gathered will be subject to classification under the Minnesota Government Data Practices Act and if classified as public, may be released by the City of Robbinsdale without my consent or further release by me. The consent that I hereby give, shall remain in effect until such time as a final determination of my application, or one year from this date, whichever shall occur first.

 Applicant Signature _____
Date

Police Chief Report/Recommendation: _____ Approved _____ Denied
 If denied, reason: _____