

# MONTEVIDEO POLICE DEPARTMENT

## Application for Employment

Full Name:		
Last	First	Middle
Address:		
Street	City/State	Zip
Contact Numbers: <input type="checkbox"/> Home: <input type="checkbox"/> Cell: <input type="checkbox"/> Other:		
Check which number is preferred for contacting.		
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date you can start:
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		DL #: _____ State Issued: _____                      Class: _____

### EDUCATION:

TYPE OF SCHOOL	NAME/ADDRESS OF SCHOOL	# Of Years	DEGREE	MAJOR/AREA OF STUDY
High School				
College/University				
College/University				
Technical				
Other				
Areas of Special Study, Skills, Workshops, or Certifications:				

### VETERANS PREFERENCE:

Are you a Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Disabled Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a widow/widower of a Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a spouse/widow/widower of a Disabled Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If answered yes to any of the above, please see attached sheet (Veterans Preference Points Application Instructions.)		

**EMPLOYMENT HISTORY:** Please list past employment, beginning with your most recent employment.

Employer:		
Mailing Address:	Telephone:	
Position Held:	From: To:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Duties Performed:	Immediate Supervisor:	

May we contact your present employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please explain:
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Employer:		
Mailing Address:	Telephone:	
Position Held:	From: To:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Duties Performed:	Immediate Supervisor:	

Employer:		
Mailing Address:	Telephone:	
Position Held:	From: To:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Duties Performed:	Immediate Supervisor:	

Have you ever been fired or disciplined to the extent you were demoted or sent home without pay? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:
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If necessary, please use an additional sheet.

**CHARACTER REFERENCES:** Please list three references. Do not list relatives.

NAME	ADDRESS	PHONE	RELATIONSHIP	YRS. KNOWN

**IMPORTANT - READ BEFORE SIGNING:**

I certify that the facts contained in the application are true and complete to the best of my knowledge. I understand that, if employed, a falsified statement on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, and I release all parties from liability for any damage that may result from furnishing same to you.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The police civil service commission will continue the evaluation process for the top 10 applications (or top 10%, whichever is greater) according to the initial evaluation.

**DO NOT WRITE BELOW THIS LINE**

***Police commission ONLY***

**INITIAL EVALUATION**

- Does the applicant meet the minimum requirements for the job as noted in the job description and supplemental applicant/evaluation form: Yes \_\_\_\_\_  
No \_\_\_\_\_  
70 points: \_\_\_\_\_  
(Must receive 70 points to continue)
- Points for education and experience as noted in the supplemental application/evaluation form: 15 points: \_\_\_\_\_
- Veteran or widow/widower of veteran 10 points: \_\_\_\_\_
- Disabled veteran or spouse/widow, widower of disabled veteran. 5 points: \_\_\_\_\_

**RANK:** \_\_\_\_\_

**100- maximum points:** \_\_\_\_\_

**MONTEVIDEO POLICE DEPARTMENT**  
**Supplemental Application Form**

NAME: \_\_\_\_\_

Date: \_\_\_\_\_

**PART I (Minimum Requirements)** (Applicants **MUST** meet minimum requirements to be considered for the position.)

A) What type of degree to you have?

- ☐ Associate degree with course work in law enforcement or criminal justice.  
☐ Associate degree (related field) \_\_\_\_\_.  
(or)  
☐ 4-year degree from an accredited college or university.  
List degree \_\_\_\_\_.

B) I am licensed, or eligible to be licensed, as a peace officer within 1 month of appointment: ☐ Yes ☐ No

C) I am able to meet all state mandated certifications and medical requirements: ☐ Yes ☐ No

D) I possess or can obtain within 1 month a valid Minnesota Class D driver's license: ☐ Yes ☐ No

**PART II (Preferred Requirements):**

E) 4-year degree: List degree \_\_\_\_\_.

F) I have had three (3) or more years previous experience as a police officer, correctional officer, or probation officer: ☐ Yes ☐ No

G) Are you bilingual? ☐ Yes ☐ No

If YES, rate your proficiency (circle one)

- 1 - Elementary (basic needs)  
2 - Limited (social & limited work)  
3 - Professional (structural accuracy for most conversations)  
4 - Fluent/Native

Which language: \_\_\_\_\_

H) Are you proficient in sign language? ☐ Yes ☐ No

**PLEASE INCLUDE A RESUME.**

**Thank you for your interest in the MPD.**