

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 #: Class:
		State Issued:

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:	
Salary: Start \$ _____ / End \$ _____		

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:	
Salary: Start \$ _____ / End \$ _____		

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

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:

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

1. 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)
2. Points for education and experience as noted in the supplemental application/evaluation form: 15 points: _____
3. Veteran or widow/widower of veteran 10 points: _____
4. 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.