



**WEST HENNEPIN PUBLIC SAFETY 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 West Hennepin Public Safety Department and thereafter. If appointed, the West Hennepin Public Safety 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 West Hennepin Public Safety 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 West Hennepin Public Safety 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 West Hennepin Public Safety 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 West Hennepin Public Safety Department.**

**Print Name:** \_\_\_\_\_  
Last Name First Name Middle Name

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# WEST HENNEPIN PUBLIC SAFETY DEPARTMENT

1918 County Road 90  
Maple Plain, MN 55359  
(763) 479-0500



## APPLICATION FOR EMPLOYMENT

*(Equal Opportunity Employer)*

**Applying for the position of:** \_\_\_\_\_

### Directions:

- Type or print clearly and give complete and accurate information. If you do not, you may be removed from further consideration.
- If you find that there is not enough space to answer a specific question, provide as much information as space permits. You may then continue your response on additional sheets of paper referencing the topic and using the same format as on the form. You may submit a resume and supporting documentation in support of but not in lieu of filling out this application completely.
- Read and sign the attached advisory before beginning.
- Be sure to sign this application and return it to the address above. If you have any questions, please call (763) 479-0500.

### (A) GENERAL INFORMATION

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
(Street Address Including Apartment Number if Applicable)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Home Phone #:** \_\_\_\_\_ **Mobile Phone #:** \_\_\_\_\_  
(Area Code) (Area Code)

**E-Mail:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
(Where You Can Be Contacted) (Last 4)

**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 Valid 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 eligibility? \_\_\_\_\_

**What type of work are you applying for?**

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_

**Are you willing and available to work overtime and shift work?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**When would you be available to start work?**

\_\_\_\_\_

**Have you ever been arrested, charged, convicted, or have pending any violation of law or traffic regulation or ordinance? (This includes traffic tickets such as speeding, ect.)**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give a complete explanation. Information concerning this question will not be used to automatically bar you from employment.

Agency Arresting	City & State	Violation	Date&Disposition

Details:

**(B) EDUCATION AND TRAINING**

**How many years of school have you completed? (Please Circle Below).**

9	10	11	12	13	14	15	16	MA	or	PhD
(High School)				(College/University)				(Post Graduate)		

High School: \_\_\_\_\_

Address: \_\_\_\_\_

Did You Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

Diploma, Degree or Certificate Earned: \_\_\_\_\_

Major and Minor Subjects: \_\_\_\_\_

\_\_\_\_\_

College or University: \_\_\_\_\_

Address: \_\_\_\_\_

Did You Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Diploma, Degree or Certificate Earned: \_\_\_\_\_

Major and Minor Subjects: \_\_\_\_\_

---

---

College or University: \_\_\_\_\_

Address: \_\_\_\_\_

Did You Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Diploma, Degree or Certificate Earned: \_\_\_\_\_

Major and Minor Subjects: \_\_\_\_\_

---

---

Technical School: \_\_\_\_\_

Address: \_\_\_\_\_

Did You Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Diploma, Degree or Certificate Earned: \_\_\_\_\_

Major and Minor Subjects: \_\_\_\_\_

---

---

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) CLERICAL, ADMINISTRATIVE AND FISCAL POSITIONS ONLY**

Typing Ability: Yes \_\_\_\_\_ No \_\_\_\_\_ WPM \_\_\_\_\_

Computer Experience. Explain your familiarity with word processing, spreadsheets, data management and other software programs.

**Financial Experience.** Explain your familiarity with bookkeeping, payroll and accounting procedures.

### **(E) EMPLOYMENT HISTORY**

Beginning with your present or most recent employment, list all your employers for at least the last ten years. Be complete and use additional sheets if necessary. Please include volunteer work.

---

---

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(Area Code)

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Status: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Volunteer \_\_\_\_\_ Last Salary \_\_\_\_\_

Specific Duties:

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

Reason for leaving?

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(Area Code)

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Status: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Volunteer \_\_\_\_\_ Last Salary \_\_\_\_\_

Specific Duties: \_\_\_\_\_

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

Reason for leaving?

---

---

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(Area Code)

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Status: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Volunteer \_\_\_\_\_ Last Salary \_\_\_\_\_

Specific Duties: \_\_\_\_\_

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

Reason for leaving?

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(Area Code)

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Status: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Volunteer \_\_\_\_\_ Last Salary \_\_\_\_\_

Specific Duties:

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

Reason for leaving?

---

---

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(Area Code)

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Status: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Volunteer \_\_\_\_\_ Last Salary \_\_\_\_\_

Specific Duties:

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

Reason for leaving?



## **(F) 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:**

## **(G) PROFESSIONAL REFERENCES**

**List 3 people who know you well, preferably from a work environment, who can be contacted at this time. Do not refer to a relative.**

1) **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Association:** \_\_\_\_\_  
**Contact Phone Number:** \_\_\_\_\_  
(Area Code)

---

---

2) **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Association:** \_\_\_\_\_  
**Contact Phone Number:** \_\_\_\_\_  
(Area Code)

3) **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Association:** \_\_\_\_\_  
**Contact Phone Number:** \_\_\_\_\_  
(Area Code)

---

---

**(H) 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 at 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.*

***Please see page 10 for Signature Notice***

**(I) 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 West Hennepin Public Safety Department (WHPS) 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 WHPS. 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 WHPS 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 WHPS unless made in writing.

If requested, I agree to submit to a medical and psychological examination at the expense and choice of WHPS 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)





# WEST HENNEPIN PUBLIC SAFETY DEPARTMENT

## Police Officer Employment Application

### Supplemental Training Form



Please document on this form any relevant specialized training you have acquired **BEYOND** the academic and skills development courses included in your schooling to become eligible to be licensed as a police officer in Minnesota.

Last Name	First Name	Middle Name
-----------	------------	-------------

#### Law Enforcement Training/Certification

*Please check those that apply:*

Firearms Instructor	_____	Emergency Vehicle Operators Course	_____
Defensive Tactics Instructor	_____	Pursuit Intervention Techniques (PIT)	_____
Field Training Officer	_____	SWAT/Emergency Response Unit	_____
Taser Instructor	_____	DataMaster DMT-G Operator	_____
Interview/Interrogation Techniques	_____	DARE/CounterAct Instructor	_____
Standardized Field Sobriety Testing ( <i>SFST with drinking test subjects</i> )	_____	Drugs That Impair Driving (DTID)/ARIDE	_____

#### Emergency Medical Training/Certification

*Please check those that apply:*

Basic First Aid	_____	First Responder/EMR	_____
Advanced First Aid	_____	Emergency Medical Technician (EMT)	_____
Automated External Defibrillator (AED)	_____	Paramedic/Nurse	_____

#### Other Specialized Training - Do Not Include Training You Took in Skills