



WEST HENNEPIN PUBLIC SAFETY DEPARTMENT

PRELIMINARY APPLICATION

What Recruitment Track are you pursuing?

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: (____) _____ Date of Birth ____/____/____

E-mail address _____

Any other names or aliases used? _____

SOCIAL SECURITY NUMBER: _____

1. Do you have a valid driver's license? _____ State _____

2. Current Occupation: _____

Days/Hrs. of Employment: _____

Employer: _____

Address: _____

Phone: _____

3. What date are you available to work? _____

4. 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, etc.)

Yes No

If so, indicate the following:

a. _____
AGENCY ARRESTING CITY & STATE VIOLATION DATE & DISPOSITION

b. _____
AGENCY ARRESTING CITY & STATE VIOLATION DATE & DISPOSITION

c. _____
AGENCY ARRESTING CITY & STATE VIOLATION DATE & DISPOSITION

5. Have you served in the military? Yes No

If yes: Branch of Service: _____
Dates of Service: _____
Type of Discharge: _____

6. Secondary Education: Are you a high school graduate or do you have a GED Certificate: Yes No

High School Attended _____ GED Diploma From _____

7. Post-Secondary Education: College Attended: _____
Total Years Completed _____ Degree(s) Received _____

8. What types of certification do you have?
(Examples: BCA certification, TAC, etc) _____

9. What other responsibilities or training do you have? _____

10. Do you speak any foreign languages?
(Fluent/Good/Fair) _____
(Speak/Read/Write) _____

11. Please give the names of two character references (no relatives):

NAME _____
ADDRESS _____
PHONES _____(HM) _____(WK)

NAME _____
ADDRESS _____
PHONES _____(HM) _____(WK)

12. List your last two employers:

NAME _____
ADDRESS _____
PHONE _____ SUPERVISOR _____
DATES OF EMPLOYMENT _____
JOB DUTIES _____

NAME _____
ADDRESS _____
PHONE _____ SUPERVISOR _____
DATES OF EMPLOYMENT _____
JOB DUTIES _____

13. Please list any special education, abilities, or club affiliations which may aid you in your duties.

14. Do you acknowledge the following? (Mark with an X if you do.)

- I will be subject to a complete investigation of my background.
- I will be willing be to wear required police clothing.
- I will be prohibited from wearing the police clothing except when working or within a reasonable time before and after work has ended.
- I may be required to report for various unscheduled hours.
- I will be required to obey the rules and regulations of the public safety department.
- Final appointing authority for this position rests with the Public Safety Director.
- This is a Preliminary Application only.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

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 14 of Minnesota Statutes). This information will be maintained through the time of your appointment with the West Hennepin Public Safety Department (WHPSD) and thereafter. If appointed, the 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. WHPSD 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 Use 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 and used by WHPSD personnel and/or directly 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, WHPSD 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 of Commission associated with the West Hennepin Public Safety Department.

PRINT NAME: _____

DATE: _____

SIGNATURE: _____