



# 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:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **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 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.

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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 \_\_\_\_\_

### (A) GENERAL INFORMATION

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

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

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

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

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

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 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? \_\_\_\_\_

**Have you served a sentence in jail or been convicted for a misdemeanor, gross misdemeanor or felony for which a jail sentence could have been imposed?**

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

If yes, please give a complete explanation. Information concerning this question will not be used to automatically bar you from employment.

## **(B) EDUCATION AND TRAINING**

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

9 10 11 12

13 14 15 16

MA or PhD

(High School)

(College/University)

(Post Graduate)

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

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

College or Technical School: \_\_\_\_\_

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

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

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

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

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College or Technical School: \_\_\_\_\_

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

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

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

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

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College or Technical School: \_\_\_\_\_

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

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

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

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

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College or Technical School: \_\_\_\_\_

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

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

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

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

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## **(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) EMPLOYMENT HISTORY**

Beginning with your present or most recent employment, list your last three positions.

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

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

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

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

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

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

Reason for leaving?

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

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

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

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

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

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

Reason for leaving?

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

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

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

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

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

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

Reason for leaving?

## (E) 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:**

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## (F) 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 a 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.*



## **(G) 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 the 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 the 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 the WHPS unless made in writing.

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

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(Signature of Applicant)

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(Date)



## Sworn Officer Supplemental Questionnaire West Hennepin Public Safety Department

Please complete the following information. This form, along with a **cover letter** and **resume** must be turned in with your **application**.

We welcome your interest in advancing your career with the West Hennepin Public Safety Department. Please furnish us with as complete information as possible so that we may give you full consideration. In addition to this questionnaire, you may attach further information, which you believe qualifies you for the position as a Sworn Officer.

The West Hennepin Public Safety Department will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, gender, sexual orientation, disability, age, marital status, membership or activity in a local commission, or status with regards to public assistance. Applicants will be scored and evaluated based on skills, experience and/or job knowledge and selected on the basis of merit. **Note: providing a false or misleading information or omitting required information** in completing the Employment Application or Supplemental Questionnaire will result in elimination from the selection process or discharge if discovered subsequent to employment.

First Name	Last Name	MI
<b>MINIMUM SELECTION STANDARDS (PER MINNESOTA RULES 6700.0700)</b>		
Are you a citizen of the United States?		YES      NO
Do you possess a valid driver's license from Minnesota or a contiguous state?		YES      NO
Have you ever been convicted of any of the following offenses? <ul style="list-style-type: none"> <li>• A felony in this state or in any other state or federal jurisdiction</li> <li>• An offense in any other state or federal jurisdiction which would have been a felony if committed in Minnesota             <ul style="list-style-type: none"> <li>○ MSS § 609.224 (assault in the 5<sup>th</sup> degree),</li> <li>○ MSS § 609.2242 (domestic assault),</li> <li>○ MSS § 609.231 (mistreatment of residents or patients),</li> <li>○ MSS § 609.2325 (abuse of a vulnerable adult),</li> <li>○ MSS § 609.233 (neglect of a vulnerable adult),</li> <li>○ MSS § 609.2335 (financial exploitation of a vulnerable adult),</li> <li>○ MSS § 609.234 (failure to report maltreatment of a vulnerable adult),</li> <li>○ MSS § 609.324 (prostitution related prohibited acts),</li> <li>○ MSS § 609.465 (presenting false claims),</li> <li>○ MSS § 609.466 (medical assistance fraud),</li> <li>○ MSS § 609.52 (theft),</li> <li>○ MSS § 609.72, subdivision 3 (disorderly conduct against a vulnerable adult),</li> </ul> </li> <li>• Any state or federal narcotics or controlled substance law</li> <li>• Any of the crimes listed in another state or federal jurisdiction, or under a local ordinance that would be a conviction if committed in Minnesota</li> </ul>		YES      NO
Do you have a <b>MN POST Board Peace Officer License</b> or will you be eligible for a MN POST Board Peace Officer License prior to appointment?		YES      NO

**REJECTION CRITERIA**

Have you ever been convicted of a gross misdemeanor offense?	YES	NO
Once in the last 5 years or twice ever, have you been convicted of DUI, DWI, BAC over .08, or Implied Consent Test Refusal?	YES	NO
Have you ever resigned in lieu of termination or been fired, discharged, or dismissed by an employer for lying, cheating or theft related conduct?	YES	NO

**BACKGROUND ISSUES**

Have you ever resigned in lieu of termination or been fired, discharged, or dismissed by an employer? <b>Explain in detail:</b>	YES	NO
Have you ever been subject to disciplinary action by an employer? <b>Explain in detail:</b>	YES	NO
Have you ever received an undesirable discharge from the military or an honorable discharge that indicated you were not eligible for reenlistment? <b>Explain:</b>	YES	NO
In the last 3 years, have you ever been convicted of a misdemeanor offense (including traffic tickets and driver's license offenses)? <b>Identify all convictions:</b>	YES	NO
In the last 3 years, have you had any "At Fault" motor vehicle accidents? <b>Explain:</b>	YES	NO