



List any special courses, seminars, workshops, training sessions, etc. that might relate to this position. Also, list any licenses or certificates relating to this position. If you expect to complete an educational program in the near future, please indicate type of degree or program and your expected completion date.

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**EXPERIENCE** (Please list employers beginning with your present or most recent employment. Add additional sheets if necessary to provide all employers in last 10 years)

1. Employer's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_ Dates Employed (mm/yy) \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
City State Zip  
Immediate Supervisor \_\_\_\_\_ May we contact this employer for references?  Yes  No  
Salary: Start \_\_\_\_\_ End \_\_\_\_\_  Full Time  Part Time Hours per Week \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2. Employer's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_ Dates Employed (mm/yy) \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
City State Zip  
Immediate Supervisor \_\_\_\_\_ May we contact this employer for references?  Yes  No  
Salary: Start \_\_\_\_\_ End \_\_\_\_\_  Full Time  Part Time Hours per Week \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. Employer's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_ Dates Employed (mm/yy) \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
City State Zip  
Immediate Supervisor \_\_\_\_\_ May we contact this employer for references?  Yes  No  
Salary: Start \_\_\_\_\_ End \_\_\_\_\_  Full Time  Part Time Hours per Week \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

List any other skills or experience which relate to this position. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LICENSES: (All licenses must include license number to receive points)**

1. Drivers License: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_
2. POST License Number: \_\_\_\_\_ If Eligible check here: \_\_\_\_\_
3. First Responder: \_\_\_\_\_ Lic. # \_\_\_\_\_ State: \_\_\_\_\_
4. Taser Instructor: \_\_\_\_\_ POST Course #: \_\_\_\_\_
5. Firearms Instructor: \_\_\_\_\_ POST Course #: \_\_\_\_\_
6. Use of Force/Defensive Tactics Instructor: \_\_\_\_\_ POST Course #: \_\_\_\_\_
7. Other: \_\_\_\_\_
8. Other: \_\_\_\_\_
9. Other: \_\_\_\_\_

**REFERENCES: (Must have three; prefer one law enforcement and one non-law enforcement professional)**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**I hereby certify that all answers to the above questions are true and I agree and understand that any false statements contained in this application may cause rejection of this application or termination of employment without notice or benefits.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Revised 12/06

\*\*\*\*\*Make sure to include copies of the list below in your application! \*\*\*\*\*

1. Your driver's license.
2. POST License or Eligibility Letter.
3. Any license you have listed in the application.
4. Any training you have received.
5. Cover letter and resume.

MAPLETON POLICE DEPARTMENT  
SURVEY

(Attachment of Application)

In addition to completing the application form, please answer the following questions:

1) Please indicate the highest level of your law enforcement work experience.

\_\_\_\_\_ Internship

\_\_\_\_\_ Community services officer/police reserves/civilian law enforcement

Please describe: \_\_\_\_\_  
\_\_\_\_\_ )

\_\_\_\_\_ Employment as a licensed *part-time* law enforcement officer

\_\_\_\_\_ Number of years or months

\_\_\_\_\_ Employment as a licensed *full-time* law enforcement officer

\_\_\_\_\_ Number of years or months

\_\_\_\_\_ Average hours/week

\_\_\_\_\_ Other employment that you consider to be related to law enforcement.

Please describe: \_\_\_\_\_  
\_\_\_\_\_ )

2) Please indicate any additional law enforcement training and/or certification.

\_\_\_\_\_ certified intoxilyzer operator

\_\_\_\_\_ certified firearms/use of force instructor

\_\_\_\_\_ K-9 or DARE Training

\_\_\_\_\_ advanced standardized field sobriety testing training

\_\_\_\_\_ specialized investigative training (please specify: \_\_\_\_\_  
\_\_\_\_\_ )

\_\_\_\_\_ other specialized training (please specify: \_\_\_\_\_  
\_\_\_\_\_ )

3) Do you speak and understand any language other than English (including sign language)?

\_\_\_\_\_ (Please specify \_\_\_\_\_)

4) List any volunteer or leadership experience.

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You may list additional items by attaching additional sheets if necessary.

## Notice to Applicants

In accordance with the Minnesota Government Data Practices Act, the City of Mapleton is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available only to you and to other persons in the City of Mapleton who have a bona fide need for the data, but not to the public. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice of private data.

The following information which you might be asked to provide in the employment process is considered private data:

- Name
- Home Address
- Home Phone Number
- Social Security Number
- Date Of Birth
- Conviction Record
- Sex
- Age Group
- Racial/Ethnic Group
- Disability

Public Data includes:

- Veteran Status
- Education and training
- Job History
- Rank on eligible list
- Relevant test scores
- Work Availability

As an applicant, your name becomes public when you are certified as eligible for appointment to a position or when applicants are considered by the appointing authority to be finalists for a position with the City of Mapleton. "Finalist" means an individual who is selected to be interviewed by the appointing authority prior to selection.

We ask for this information for the following reasons:

- to distinguish you from all other applicants and identify you in our personnel files
- to enable us to verify that you are the individual who takes examinations, if any examination is given
- to enable us to contact you when additional information is required, send you notices and/or schedules for your interviews
- to determine if you meet the minimum age requirements (if any)
- to determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position you applied for
- to enable us to ensure your rights to equal opportunities
- to meet federal reporting requirements
- to make processing more efficient

The data supplied will be used only for the purpose of your employment application with the City of Mapleton.

**FURNISHING SOCIAL SECURITY NUMBER, DATE OF BIRTH (UNLESS A MINIMUM AGE IS REQUIRED), SEX, AGE GROUP, RACIAL/ETHNIC AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.**

If you are hired by the City of Mapleton, you will be legally required to supply your social security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration, and will enable us to compute your salary deductions. Insurance data which you will be required to furnish in order to participate in City health and life insurance plans will be classified as private as will payroll deduction data (when needed).

I declare that I have read and understand the information given above regarding the Minnesota Data Practice Act.

\_\_\_\_\_  
Applicants Printed Name

\_\_\_\_\_  
Applicants Signature

DATE: \_\_\_\_\_

CITY OF MAPLETON--AFFIRMATIVE ACTION SURVEY

The City of Mapleton is committed to provide equal opportunity to all qualified applicants in recruitment, selection and promotion without regard to race, color, religion, age, national origin, sex, veteran status or disability. Completion of this form will assist us in complying with Federal regulations. Submission of this information is VOLUNTARY and is not considered in employment decisions. This form will be kept separate from the employment application form.

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Sex:    \_\_\_ Male    \_\_\_ Female

Race/Ethnicity:

\_\_\_ American Indian or Alaskan Native - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment

\_\_\_ Asian or Pacific Islander - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands (including China, Japan, Korea and the Philippine Islands.)

\_\_\_ Black or African American - A person having origins in any of the Black racial groups of Africa.

\_\_\_ White, Not of Hispanic Origin - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_ Hispanic or Latino (All races) - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

## VETERANS PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veterans' preference points, you must:

1. Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; and
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veterans points without it.

**YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.**

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

**ARE YOU APPLYING FOR VETERANS BONUS POINTS? \_\_\_\_\_ YES \_\_\_\_\_ NO**

If you answered "YES", your DD214 or other documentation must be received no later than seven (7) calendar days after the application deadline for the position.

### VETERANS PREFERENCE POINTS APPLICATION

Veteran: \_\_\_\_\_ Self \_\_\_\_\_ Spouse \_\_\_\_\_ If spouse, veteran's name: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Period of Active Duty: From: \_\_\_\_\_ to \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Date of Final Discharge: \_\_\_\_\_ Service No.: \_\_\_\_\_

Are you receiving or eligible for a military pension? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a compensable service-related disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

Preference requested: \_\_\_\_\_ Veteran \_\_\_\_\_ Disabled Veteran  
\_\_\_\_\_ Spouse of Disabled Veteran \_\_\_\_\_ Spouse of Deceased Veteran

Your Preference Points application cannot be considered without supporting documentation (see instructions above). **If the supporting documentation is not attached, it will be not be considered for any points.**

Supporting documentation: \_\_\_\_\_ is attached \_\_\_\_\_ will be submitted within 7 days of application deadline.

**APPLICANT NAME:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**5 points** \_\_\_\_\_