



**EDUCATION, TRAINING AND SKILLS**

High School (Indicate name and location of high school attended)	Did you graduate: Yes <input type="checkbox"/> No <input type="checkbox"/> Successful completion of High School Equivalent: Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/> If no, identify highest grade completed:
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Colleges/University Trade School	City/State	Dates of Attendance	# of Credits	Degrees Completed	Major	Minor

Are you currently a licensed peace officer in the State of Minnesota: Yes  No   
 If yes, License Number: \_\_\_\_\_

If you are not currently licensed as a peace officer in the State of Minnesota, please answer the following questions:

- a. Have you received certification for the law enforcement skills required to become a licensed peace officer in the State of Minnesota? Yes  No
- b. Do you have an Associate of Arts Degree in law enforcement from a Minnesota accredited college or university? Yes  No
- c. Do you have a Bachelor of Arts Degree in law enforcement from a Minnesota accredited college or university? Yes  No  If yes, list the institution from which the degree was received.
- d. Please list any other information that would indicate that you are eligible to be licensed as a peace officer in the State of Minnesota:

Describe your education in the law enforcement profession beyond the Associate of Arts Degree in law enforcement. Be specific: name of college or university, coursework, degree received, etc.

List your sworn law enforcement experience.

<u>EMPLOYER</u>	<u>JOB TITLE</u>	<u>FULL/PART TIME</u>	<u>DATES EMPLOYED</u>

List non-sworn paid law enforcement experience (e.g. Community service, animal control, crime prevention, etc.)

List all volunteer law enforcement experience.

<u>EMPLOYER</u>	<u>JOB TITLE</u>	<u>FULL/PART TIME</u>	<u>DATES EMPLOYED</u>
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Please circle your training in First Aid.

BASIC FIIRST AID/CPR	1 <sup>ST</sup> RESPONDER	EMT
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Describe special certifications that you have earned that relate to the law enforcement profession. Be specific: (e.g. Certified in Use of Force, Certified in the use of an ASP, Chemical Agents, etc.)

Describe special instructor certification that you have earned that relates to the law enforcement profession. Be specific: (e.g. Firearms Instructor, Use of Force Instructor, DARE and/or GREAT Instructor, Intoxilyzer Operator, etc.)

Statement of Interest: Give a brief statement of why you are interested in and feel qualified for the position.

Three (3) references, other than supervisors. Include full name, address and phone number.

**READ THIS APPLICATION AND YOUR ANSWERS BEFORE SIGNING BELOW**

By signing this application, I certify that all information on this form is true to the best of my knowledge, and any omissions or misstatements of facts may be cause for rejection of this application or discharge from City service. I also authorize the City of Belle Plaine Human Resources Department or its Designee, to make all necessary and appropriate investigations to verify the information concerning my employment that is allowable by law.

I acknowledge that none of the statements made in the application are intended to be, or should be construed as a contract between the City and myself. I authorize my current employer, if so indicated, to provide my record, reason for leaving and all other information they may have concerning me and I release all parties from any and all liability and claims for damage whatsoever that result therefrom.

It is my responsibility to keep the Human Resources Department advised about any changes of address or phone number.

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

\*\*If submitting application **electronically**, please type your name in the Signature space above, and check this box in lieu of your signature:

**FOR OFFICE USE ONLY**

Training and Experience Rating \_\_\_\_\_

Oral Interview \_\_\_\_\_

Medical Examination \_\_\_\_\_

Psychological Evaluation \_\_\_\_\_

Physical Agility \_\_\_\_\_

**CITY OF BELLE PLAINE**  
Affirmative Action Applicant's Information

**Section I:**

All applicants for a position with the City of Belle Plaine are requested to complete this section. Completion is voluntary and this form will not be filed with your application. It will be used by the Human Resources Department to compile summary data for the purpose of completing necessary governmental reports relative to affirmative action and equal employment opportunity and for the City's use in monitoring its recruitment process. This form may be returned under separate cover.

Place an "X" in front of your appropriate gender in Section A, and in front of the racial/ethnic group listed under Section B which best applies to you.

A. Gender:             Female     Male

B. Racial/Ethnic Group:

American Indian or Alaskan Native             Black (non-Hispanic origin)             White (non-Hispanic origin)  
 Asian or Pacific Islander                             Hispanic

C. Title of Position applied for: \_\_\_\_\_

D. How did you hear about this position? \_\_\_\_\_

**Section II:**

**VETERAN'S PREFERENCE**

**COMPLETE THIS SECTION ONLY IF YOU ARE A VETERAN AND CLAIMING VETERAN'S PREFERENCE:**

You must submit a photocopy of your **DD214** or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed.

The City of Belle Plaine awards preference points to qualified veterans. Five (5) preference points are granted for non-disabled veterans on open vacancies. Ten (10) points are added if the veteran has a permanent service-connected compensable disability as certified by the Veterans Administration.

To qualify for preference, you must have served on active duty in any branch of the Armed Forces of the United States for 181 consecutive days or more, and have been honorably discharged; you must be a citizen of the United States and currently not receiving a monthly veteran's pension based exclusively on length of service. Veteran's preference may be used by the surviving spouse of a deceased veteran and by the spouse of a disabled veteran who, because of the disability, is unable to qualify.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If your **DD214** form is submitted to the Human Resources Department separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

Name (Last, First, Initial)	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address and Phone Number	Position Title

**Active Duty Information:** (Note: a photocopy of your **DD214** form must accompany this claim).

Have you (or your disabled or deceased spouse) served on active military duty without interruption for 181 days or more?

Yes     No

Are you receiving or are you eligible to receive a monthly veteran's pension based exclusively on length of military service?

Yes     No

**For Disabled Veterans:** (Letter from VA as proof of disability must be submitted to receive points):

Permanent:     Yes     No                    Currently existing:     Yes     No

**For Spouses of Disabled veterans:**

Spouse's Present Occupation \_\_\_\_\_

(NOTE: Letter from VA in proof of disability must be submitted).

**AFFIDAVIT** I hereby claim veteran's preference for this vacancy and certify that all the information given is true, complete and correct to the best of my knowledge. I hereby authorize the Veterans Administration to release information necessary to process this application to the City of Belle Plaine Human Resources Department.

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

\*\*If submitting application **electronically**, please type your name in the Signature space above, and check this box in lieu of your signature:

## DATA PRACTICES ADVISORY

This Advisory is pursuant to Minnesota Statute Section 13.04, Subdivision 2.

Certain information requested on the employment application is classified as private data under the Data Practices Act (DPA) and may be released only to you, to those in the City of Belle Plaine, whose jobs reasonably require access to the data, to those authorized by state or federal law to have access to the data and to those for whom you provide a written informed consent authorizing disclosure. The public data you supply is available to anyone who requests it.

Before you are certified as eligible for appointment or considered as a finalist for the position, the following information is private: name, home address, telephone number, social security number, date of birth, conviction record, sex and age group. When you are certified as eligible or considered as a finalist, your name becomes public. For this purpose, the DPA defines a finalist as an individual who is selected to be interviewed prior to selection.

Before you are certified as eligible for appointment or considered a finalist for a position, only the following information you may have been asked to provide is public: Veteran's status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. If you are certified as eligible or become a finalist, your name becomes public.

Please be advised that as part of your employment application, the Belle Plaine Police Department may perform a background investigation. This check may involve a computerized history check through the State of Minnesota to insure there are no felony or gross misdemeanor convictions; a warrant check to insure there are no warrants for arrest, and driver's license check through the State of Minnesota to insure that you have a valid driver's license and the status of your driving record. A criminal conviction does not automatically disqualify you from employment.

We ask for this information for the following reasons:

1. To distinguish you from all other applicants and identify you in our personnel files;
2. To enable us to verify that you are the individual who has applied for the position;
3. To enable us to contact you when additional information is required, send you notices and/or schedule you for interviews;
4. To determine if you meet the minimum requirements for the position;
5. To determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position You applied for;
6. To enable us to ensure your rights to equal opportunities;
7. To meet federal reporting requirements; and
8. To make processing more efficient.

FURNISHING SOCIAL SECURITY NUMBER, DATE OF BIRTH (UNLESS A MINIMUM AGE IS REQUIRED) SEX AND AGE GROUP DATA IS VOLUNTARY; HOWEVER, REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION MEANS THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

If you are hired by the City of Belle Plaine, 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.

**CITY OF BELLE PLAINE  
INFORMED CONSENT/RELEASE OF INFORMATION**

I hereby authorize The Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City Administrator of the City of Belle Plaine, or designee to inspect and gather information retained by local, county, state, and federal agencies.

The following named individual has made application with the City of Belle Plaine for the position of

\_\_\_\_\_.

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

\_\_\_\_\_  
(Maiden, Alias or Former Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Sex: M or F)

\_\_\_\_\_  
(Social Security Number - Optional)

\_\_\_\_\_  
(Drivers License Number)

I realize that I am not legally required to sign this form, however, if I choose not to, the City of Belle Plaine will not be able to determine whether my conviction record, if any, is a job related consideration. In the event the City of Belle Plaine determines that my conviction record is a job related consideration, I will be notified in writing and will be given any rights to processing of complaints or grievances afforded by Minnesota Statute, Chapter 364. I understand that information disclosed to the City of Belle Plaine may be released only pursuant to the statutory provisions of Minnesota Statute, Chapter 13.

I authorize references and current and/or former employers, if so noted on application, to release data, including performance evaluations and complaints against me, to the City of Belle Plaine; and authorize contacted persons to respond to any questions asked of them.

I release those persons, employers, and organizations from any liability for damage in providing this information to the City of Belle Plaine.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
\*\*\*\*(Notary)

\_\_\_\_\_  
\*\*\*\*(Signature of Notary)

\*\*\*\*Must be Notarized and signed by Notary in order for a criminal history to be completed.  
The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

(This Informed Consent meets the criteria set out in Minnesota Statutes 13.05, Subdivision 4, Paragraph D)

## TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, The City of Belle Plaine is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public. The personal information we collect about you is private. Minnesota Statutes 130.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the City of Belle Plaine. All data collected is considered private except for the following:

1. Your Veteran's status
2. Relevant test scores
3. Your rank on our eligibility list
4. Your job history
5. Your education and training
6. Your work availability

Your name is considered private information, however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of the City of Belle Plaine. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, appropriate City employees, and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the City of Belle Plaine in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the City of Belle Plaine to monitor protected class employment and to meet federal state and local reporting requirements.

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

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Applicant's Printed Name

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Applicant's Signature

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Date

\*\*If submitting application **electronically**, please type your name in the Signature space above, and check this box in lieu of your signature: