



Ortonville Police Department

225 NW 3rd Street
Ortonville, MN 56278

Ph: (320) 839-6161
Fax: (320) 839-3099

Application for Employment

Applicant is applying for the position of _____ within the Ortonville Police Dept.

Directions:

1. Print clearly and give complete and accurate information. If you do not you may be removed from further consideration.
2. If you find that, there is no space to answer a specific question, provide as much information as permits. You may then continue your response on additional sheets of paper. Please include the number of the question and maintain the same format as the form.
3. Read and sign attached "Notice to Applicants" before beginning.
4. Please submit a cover letter and resume with this application.
5. Applications must be returned to above address

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(NUMBER AND STREET ADDRESS)

(CITY) (STATE) (ZIP)

TELEPHONE NUMBER: Home: (____) _____

Cell: (____) _____

Other: (____) _____

Are you 18 years or older? _____ Yes _____ No

Are you currently eligible for a Peace Officer License? _____ Yes _____ No
If yes, when does your eligibility lapse? _____ (attach proof of eligibility)

Are you currently licensed as a Peace Officer? _____ Yes _____ No
If yes, attach copy of your Peace Officer License certificate and current Officer License Renewal card.

Date Application Received _____
(OPD USE ONLY)

WORK EXPERIENCE:

Give your present or most recent employment first. Be complete. Applicants are eligible only if it can be determined from their application that they meet the minimum qualifications for the position. Indicate name under which you were employed if other than present name.

**Attach additional sheets if necessary.

Complete the following employment information for a period not to exceed eight (8) years. If you are completing information beyond a period of eight years indicate length only. Do not include exact dates.

Present Employer: _____ Phone: () _____

Immediate Supervisor: _____ Phone: () _____

Address: _____
(Street) (City) (State) (Zip Code)

Dates of Employment: From _____ To _____ Position: _____
Month/Year Month/Year

Full time _____ Hours/Week Starting Salary: _____

Part-Time _____ Hours/Week Last Salary: _____

Duties and/or reason for leaving: _____

May we contact this employer? _____ Yes _____ No

Present Employer: _____ Phone: () _____

Immediate Supervisor: _____ Phone: () _____

Address: _____
(Street) (City) (State) (Zip Code)

Dates of Employment: From _____ To _____ Position: _____
Month/Year Month/Year

Full time _____ Hours/Week Starting Salary: _____

Part-Time _____ Hours/Week Last Salary: _____

Duties and/or reason for leaving: _____

May we contact this employer? _____ Yes _____ No

EDUCATION:

1. List in chronological order, with the most recent first, all of the schools you have attended (High School, College, Vocational/Technical College).

Name of School: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: () _____ From (Mo./Yr.): _____ To (Mo./Yr.): _____

Last Grade or Term: _____ Date of Graduation: _____

Degree(s) Received: _____

Name of School: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: () _____ From (Mo./Yr.): _____ To (Mo./Yr.): _____

Last Grade or Term: _____ Date of Graduation: _____

Degree(s) Received: _____

Name of School: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: () _____ From (Mo./Yr.): _____ To (Mo./Yr.): _____

Last Grade or Term: _____ Date of Graduation: _____

Degree(s) Received: _____

Name of School: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: () _____ From (Mo./Yr.): _____ To (Mo./Yr.): _____

Last Grade or Term: _____ Date of Graduation: _____

Degree(s) Received: _____

EMPLOYEE CERTIFICATION

BEFORE SIGNING THIS APPLICATION READ THE FOLLOWING WAIVER CAREFULLY

1. I have read and understand the job announcement for the position I am applying for.
2. I certify that all the information I have provided is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal if I am hired.
3. I authorize the Chief of Police of the City of Ortonville to verify this information to determine whether I am qualified for the position for which I am applying.
4. I hereby authorize all current and previous employers to release job related information upon the written request of the Chief of Police of the City of Ortonville. However, I understand that if, in the work experience section, I have answered “no” to the question “may we contact this employer” contact with my current employer will not be made without my specific authorization.
5. I understand that it is my responsibility to notify the Chief of Police of the City of Ortonville in writing of any changes to information reported on this application.
6. As part of this application and in consideration of being permitted to take the examination for the position(s) herein applied for, including such practical demonstration tests the Chief of Police shall deem necessary to determine my personal fitness, skill and eligibility, I, the undersigned applicant do hereby expressly and voluntarily release, relinquish and forever discharge the City of Ortonville, its agent, officer or employees from any and all claims, demands or causes of action, including specifically all acts of active and passive negligence on the part of the city, its agents, officers or employees for any damages or injury that I might sustain in connection with, or by reason of, my participating in said examination, it being understood that I do hereby voluntarily assume all risks of whatever nature in connection therewith.

SIGNATURE

DATE

NOTICE TO APPLICANTS

Important facts concerning information provided on your application.

This application is to assist the City of Ortonville Police Department in determining whether to select you for employment as:

Certain information requested on the application is classified as private data under the Minnesota government data practices act (M.S.13.04 Subd. 2), may be released only to you, to those in appointing authority 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 disclosures. The public data you provide is available to anyone who requests it and consists of all data furnished in the employment process, which is not designated in this notice as private data.

Before you are certified as eligible for appointment or considered as a finalist for the position the following information on this form is private: name, your address, and your telephone number, your eligibility for licensure as a peace officer, your status with respect to peace officer licensure, date of birth, sex and racial / ethnic group. When you are certified as eligible or considered as a finalist, your name becomes public. For this purpose, the MGDPA defines a finalist as an individual who is selected to be interviewed prior to selection.

You are not legally required to provide any of the requested information. However, if you do not do so we will not be able to process your application or consider you for appointment to a position.

We ask for this information for the following reasons:

1. To distinguish you from other applications and identify you in our personnel files
2. To enable us to verify that you are the individual who takes the exam
3. To enable us to contact you when additional information is requested, send you notices and or schedule you for interviews
4. To determine if you meet the minimum peace officer licensing requirements
5. To enable us to ensure your rights to equal opportunities and to meet affirmative action goals
6. To meet federal reporting requirements and
7. To make processing of your application and or employment more efficient

Furnishing date of birth, sex and racial / ethnic group is voluntary but refusal to supply other requested information will mean that your application for employment may not be complete.

If you are hired by the city of Ortonville, 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 furnishing in order to participate in the city health and life insurance plans will be classified as private as will payroll deductions.

This application for employment shall be considered active for a period not to exceed 90 days. Any applicant wishing to be considered for employment beyond this period shall inquire as to whether or not applications are being accepted at that time.

I have read and understand the information stated above.

SIGNATURE

DATE