

## INSTRUCTIONS FOR COMPLETING APPLICATION FORM

If you do not provide complete information, you may receive an inaccurate score or be removed from further consideration. So that your application will be processed accurately, please do the following:

- 1. Complete application accurately and legibly.
- 2. Work Experience Section: List your present or most recent experience first, including all job-related volunteer and/or unpaid experience.

If you attach additional information sheet(s), include <u>all</u> the information requested on the application, i.e., organization, position title, length of employment, total time, hours per week, major activities and percentages. If hours per week vary, please use the average number of hours per week.

Resumes are accepted if they are required per the job announcement. Please do not submit personal information, i.e. birth date, marital status, activities, etc. This information will automatically be removed from your resume.

To receive proper credit under work experience list the five most important and/or time-consuming duties on <u>each</u> position. Do not include unimportant job duties which are performed only occasionally.

Do not write "see prior applications."

- 3. Your application and supporting material becomes the property of the Proctor Police Department and cannot be returned.
- 4. The only adjustments you may make on your application after the closing date for filing is your name, address, telephone number or availability information.

All applicants for police officer shall be subject to a thorough background investigation including fingerprinting. Employment of any applicant for police officer shall depend upon his or her successful completion of a written test, a physical (medical) examination, a psychological evaluation, and an oral interview.

POLICE * PROCTOR *		<b>APPLICATION FOR</b> The City of Proctor P 100 Pion Proctor, MI	Police Department k Drive	Phone: (218) 624-7788
Position Applying For			May we call	you at work? Yes No
Last Name		First Name		Middle Name
Street Address				Home Phone
City		State Are you 18 yea	Zip	Cell Phone
Email Address Are you a United States		or older?	Yes No	Work Phone
do you have permissior country? Did you graduate from	to work in this	FORM	OST Number (If availa <b>AL EDUCATION</b>	ble) Eligible to be POST licensed Yes*/ No *Please attach eligibility letter.
Name	۲ School L	ligh School/University/Col	lege/Technical/Profes Degree/Certificate	sional Major/Minor/ Graduate Yes/No
		RECO	RD	
If yes, provide details of job related, they will no <b>ATTENTION - THIS STATE</b> FOLLOWING STATEMENTS I understand and agree th	n a separate sheet an it disqualify you. EMENT MUST BE SIGNI CAREFULLY BEFORE Yo at I may be required to s) at such time as design	OU SIGN THIS APPLICATION. take one or more physical exa	all convictions. IF it is <b>ON THIS APPLICATION</b> aminations as a conditio	s determined they are not Yes No NIS PUNISHABLE BY LAW. READ THE n of hiring or continued employment. I agree to officers, agents or employees from any claim

I hereby authorize the City of Proctor and any agent acting on its behalf to conduct an inquiry into any job related information contained in this application, including, but not limited to, my records maintained by any educational institution relating to academic performance. I hereby authorize all current and previous employers (unless noted otherwise on the reverse side of form) to release any information in their files pertaining to my employment history, including, but not limited to, the nature of my employment, attendance records, performance reviews and disciplinary actions. I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection, or dismissal if employed. I have read the Tennessen Warning (page3) and agree to supply the information on this form with full knowledge of the meaning of that warning.

Signature of Applicant

position May	May we contact your present employer? Yes No				
May	May we contact your previous employer? Yes No				
Name of Employer			Email Address		
Address (City, State, Zip)					
Phone Number			Position		
Duties					
Dates of Employment (Fro	om)	(То)	Name of Supervisor		
Reason for Leaving					
Name of Employer			Email Address		
Address (City, State, Zip)					
Phone Number			Position		
Duties					
Dates of Employment (Fro	ates of Employment (From) (To) Name of Supervisor				
Reason for Leaving					
		]			
Name of Employer			Email Address		
Address (City, State, Zip)		]			
Phone Number			Position		
Duties					
Dates of Employment (Fro	vm)	(To)	Name of Supervisor		
Reason for Leaving					
Name of Employer			Email Address		
Address (City, State, Zip)					
Phone Number			Position		
Duties	Duties				
Dates of Employment (Fro	m)	(To)	Name of Supervisor		
Reason for Leaving					

position May	EMPLOYMENT HISTORY Provide a complete description of all qualifying experience, paid and/or volunteer, starting with the most recent position held. (Please refer to instructions on page 1.) May we contact your present employer? Yes No				
May	May we contact your previous employer? Yes No				
Name of Employer			Email Address		
Address (City, State, Zip)					
Phone Number			Position		
Duties					
Dates of Employment (Fro	om)	(To)	Name of Supervisor		
Reason for Leaving					
Name of Employer			Email Address		
Address (City, State, Zip)					
Phone Number			Position		
Duties					
Dates of Employment (Fro	ates of Employment (From) (To) Name of Supervisor				
Reason for Leaving					
			]		
Name of Employer			Email Address		
· · [	Address (City, State, Zip)				
Phone Number			Position		
Duties					
Dates of Employment (Fro	om)	(To)	Name of Supervisor		
Reason for Leaving					
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Address (City, State, Zip)					
Phone Number			Position		
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Dates of Employment (Fro	om)	(То)	Name of Supervisor		
Reason for Leaving	eason for Leaving				



## **EMPLOYMENT HISTORY**

Provide a complete description of all qualifying experience, paid and/or volunteer, starting with the most recent position held. (Please refer to instructions on page 1.)

Name of Employer	Email Address
Address (City, State, Zip)	
Phone Number	Position
Duties	
Dates of Employment (I	From) (To) Supervisor
Reason for Leaving	
	<b>VOLUNTEER OR UNSALARIED EXPERIENCE</b> List here any volunteer of unpaid experience, starting with the most recent position held. May we contact someone from the company or organization? Yes No
Name of Organization	
Address (City, State, Zip)	
Phone Number	
Duties	
Name of Organization	
Address (City, State, Zip)	
Phone Number	
Duties	
	Please list below any certifications, licenses, trainings or awards you may have received

<b>REFERENCES</b> (List 3)	
Name, Address, Telephone	

	<ul> <li>Name, Address, receptone</li> </ul>					
1						
2						
3						
	MILITARY SERVICE					

Are you a veteran?	□Yes	🗌 No	Branch of Service	Current Military Status

What was your area of specialization?

CLAIM FOR VETERAN'S PREFERENCE: To be considered for veteran's preference, date of entry into the military service must be prior to December 31, 1976, pursuant to Minnesota Statutes 43A.11, Subd. 1. A person who is eligible to receive a monthly veteran's pension based on length of service will not qualify for preference. To qualify for preference you must have been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty of 181 consecutive days or by reason of disability incurred while serving on active duty, and be a United States citizen or be the spouse of a deceased veteran or be the spouse of a disabled veteran who, because of such disability, is unable to qualify or earn a living.

Do you qualify for veteran's preference based on the eligibility requirements above? (If yes, you will be required to furnish additional information.)

## **TENNESSEN WARNING**

This application is to assist in the process for possible employment. Certain information requested on the application is private, that is, it may be released only to you or to city departments where you may be considered for employment. Names of applicants become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

Private Data	Why we ask for it	Are you legally	What may happen if you do not provide the required information?
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application
Social Security Number	To distinguish you from all other applicants and to make processing more efficient.	No	
Street Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application
Telephone	To be able to contact you to determine availability interviews.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Conviction Record	To determine whether we may legally accept an application from you and to determine whether your record may be a job related conviction.	Yes	We will not be able to make determinations required by law.