

EMPLOYMENT – Start with present or most recent employer

Company Name	Telephone
Address	Employed (Mo/Year) From: To: Weekly Pay Start: Last:
Name of Supervisor	Reason for Leaving
State Job Title & Describe Your Work	

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May we contact your present employer? Yes _____ No _____

Have you been convicted of a crime of violence as defined in Minnesota Statute 624.713 in Minnesota or elsewhere and not either (1) been restored to your civil rights at least 10 years ago or (2) completed your sentence at least 10 years ago? _____

If yes: Conviction Date (Month/Year) _____
Crime _____
Place of Conviction (City/County/State) _____

Have you been confined or committed to a hospital, mental institution or sanitarium in Minnesota or elsewhere as mentally ill, mentally deficient or dangerous to the public as defined in Minnesota Statute 253A.02? _____

If yes: From (Month/Year) _____ To (Month/Year) _____
Place (Institution) _____ City/State _____

Have you been convicted in Minnesota or elsewhere of unlawful use, possession or sale of a controlled substance (other than a conviction for a possession of a small amount of marijuana) as defined in Minnesota Statute 152.01? _____

If yes: Date (Month/Year) _____
Crime _____
Place of Conviction (City/County/State) _____

Have you ever had or consulted a physician for any major injury or illness? _____

If yes, please explain:

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize you to obtain an investigative consumer report containing personal information obtained through personal interviews with my neighbors, friends and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

Signature _____

Date _____

AUTHORIZATION

TO PHYSICIANS AND PRACTITIONERS, HOSPITALS AND OTHER INSTITUTIONS:

In connection with an application, I hereby authorize you, by this form (or by photocopy hereof) to give the Medical Director of St. Paul Park any information you may have (including your conclusions) regarding my condition at the time of observation by you.

Date: _____

Signature: _____

Printed Name: _____

Address: _____

PROTECTED INFORMATION FORM

Please read carefully the Data Practices Advisory form attached. After reading, please sign and date the form. **Mail both the signed Data Practices Advisory and the completed Protected Information form to:**

Officer Bob Felix
St. Paul Park Police Department
600 Portland Avenue
St. Paul Park MN 55071

*****These forms must be mailed separately from the application form*****

Full Name: _____

Date of Birth: _____

Race: _____ Sex _____

List any and all other names by which you are or have been known.

1. _____

2. _____

3. _____

4. _____

5. _____

DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION FORM

The Minnesota Government Data Practices Act requires you to be informed that the following information which you have been asked to provide on the attached form is considered private data:

1. Your full name
2. Any and all previous names by which you are known regardless of whether or not they were your legal names
3. Your date of birth
4. Your race
5. Your sex

You are not legally required to provide the requested information. However, if you do not, we will be unable to conduct the necessary background inquiries and will not be able to process your application or consider you for appointment to the Police Reserve.

The information obtained by use of protected class data will be available to you and those in the appointing authority who have a bona fide need for the data.

The data may also be used for other purposes necessary for the administration of law, rule or ordinance, but will be disseminated only as required by law.

If you are eligible for appointment to the position of Volunteer Police Reserve, your name becomes public.

I have read and understand the information stated above.

Signature

Date

Name: _____

**ST. PAUL PARK POLICE RESERVE
BACKGROUND SCREENING FORM**

1. Please list some of the reasons why you are applying for the Police Reserve.

- 1. _____

- 2. _____

- 3. _____

- 4. _____

Additional comments may be supplied on the back of this sheet.

2. Have you ever considered, or are you currently seeking a career in law enforcement?

Yes _____ No _____. If yes, answer Question 2a. If no, skip to Question 3.

2a. What steps have you taken to this date in your efforts to fulfill your law enforcement career goals?

3. Have you ever applied with any other law enforcement agency for a volunteer, part-time or full-time position? Yes _____ No _____. If yes, list the law enforcement agencies applied with. This includes state and federal law enforcement agencies. Please include all dates.

_____ _____
_____ _____

4. Have you ever submitted to a background investigation conducted by another law enforcement agency for employment purposes? Yes _____ No _____. If yes, list the law enforcement agencies which completed the background investigation. This includes all state and federal law enforcement agencies. Please include all dates.

_____ _____
_____ _____

5. Have you ever been or are you currently a member of another law enforcement agency? Yes _____ No _____. If yes, indicate your position by completing the checklist and indicate which agency. Please include all dates.

	Law Enforcement Agency	Dates
_____ Explorer Post	_____	_____
_____ College Internship	_____	_____
_____ Police Reserve Member	_____	_____
_____ Police Dispatcher	_____	_____
_____ Clerical	_____	_____
_____ Community Service Officer	_____	_____
_____ Police Officer	_____	_____
_____ State Law Enforcement Agency	_____	_____
_____ Military Police	_____	_____
_____ Federal Law Enforcement Agency	_____	_____
_____ Other Position _____	_____	_____

6. As an adult, have you ever been arrested, charged, convicted, or detained for any violation of criminal law? (This includes any plea bargain or negotiated settlement of any violation of criminal law.) Yes _____ No _____. If yes, please list the original charge.

Date	Violation	Location	Court Disposition	Agency Concerned

7. Have you ever received a traffic citation? Yes _____ No _____. If yes, complete the information below.

Date	Violation	Location	Court Disposition	Agency Concerned

8. Have you ever been fingerprinted? Yes _____ No _____. If yes, fill in the following:

When	Where	Reason for Fingerprinting

9. Do you drink alcoholic beverages? Yes _____ No _____. If yes, to what degree?

10. Have you ever used marijuana? Yes _____ No _____. If yes, what were the circumstances?

11. Have you ever used any other non-prescriptive drugs? Opiates, pills, etc? Yes _____ No _____.
If yes, under what circumstances?

12. Do you possess a Minnesota driver's license? Yes _____ No _____. Has your license ever
been revoked or suspended? Yes _____ No _____. If yes,
When _____ Where _____ Why _____
13. Have you ever possessed a driver's license from a different state or country? Yes _____ No _____.
If yes, indicate when and in which state or country.

14. Do you have any first aid training? Yes _____ No _____. If yes, check the appropriate
courses and indicate date of certificate.
- | | | |
|-------|----------------------------|------------|
| _____ | CPR | Date _____ |
| _____ | Basic First Aid | Date _____ |
| _____ | Advanced First Aid | Date _____ |
| _____ | First Responder | Date _____ |
| _____ | Crash or Injury Management | Date _____ |
| _____ | EMT | Date _____ |
| _____ | EMT/Paramedic | Date _____ |

Please return this application either by mail or in person to:

ATTN: Officer Bob Felix
St. Paul Park Police Department
600 Portland Avenue
St. Paul Park MN 55071

****Please remember to complete and MAIL the "Data Practices Advisory" and "Protected Information Form" separately from this application.**

CITY OF ST. PAUL PARK RESERVE POLICE OFFICER

The City of St. Paul Park and the St. Paul Park Police Department are now accepting applications for the position of Reserve Police Officer.

This is a non-sworn, voluntary position for individuals who are interested in a law enforcement career or are interested in serving and interacting with the community.

Specific duties related to this position include: riding along with licensed police officers and assisting them with their duties, patrolling the city with other reserve officers in a squad car, and performing crowd control during civic events and parades. This position requires a minimum of eight (8) hours of volunteer time per month. Uniforms will be provided.

Interested applicants must be:

- 18 years of age or older
- Possess a valid MN driver's license
- Be a high school graduate or GED
- Live within 30 minutes of St. Paul Park
- Pass a background check and written and oral examinations

If you are interested in working for a great community and gaining valuable experience in public safety and community service, applications may be obtained at the City of St. Paul Park, 600 Portland Avenue, St. Paul Park MN 55071; by phone (651) 459-9785; or visit our website at www.stpaulpark.govoffice.com.

Applications must be returned to City Hall.

If you have any questions, please call Officer Bob Felix at (651) 459-9785.