



# APPLICATION FOR EMPLOYMENT

## City of North Mankato Police Department

1001 Belgrade Avenue | North Mankato, MN 56003

507.625.7883 | 507.625.1327 (fax)

The City of North Mankato welcomes you as an applicant for employment. The City's policy is to provide equal opportunity employment. This policy prohibits discrimination on the basis of race, color, creed, religion, national affiliation, sex, marital status, status with regard to public assistance, disability or age. This policy applied to all phases of full, part-time, temporary and seasonal employment.

The information contained in this application will be considered confidential and used only in conjunction with your possible employment.

This application must be completed by the applicant. Please print or write clearly (do not type). Any misstatement or omission of information, or failure to complete tasks, meet appointments, or follow procedures as directed may subject you to disqualification.

### APPLICANT INFORMATION

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

Social Security No. \_\_\_\_\_ ó \_\_\_\_\_ ó \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year  
(Required for Security Check)

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_

Are you a citizen of the United States? YES NO

Do you have a valid driver's license? YES NO

Driver's License # \_\_\_\_\_ Issuing State: \_\_\_\_\_

Have you ever been convicted of a crime other than traffic violations?                      YES                      NO

If yes, describe below:

<b>Date</b>	<b>Place</b>	<b>Nature of Offense</b>

**EDUCATION AND TRAINING**

Are you a high school graduate?    YES    NO

Do you have a G.E.D. certificate?    YES    NO

<b>TYPE OF SCHOOL</b>	<b>NAME OF SCHOOL</b>	<b>Degree / Certification</b>	<b>Major Subject (s)</b>
High School			
Vocational / Technical			
College or University			
Other			

Are you currently a licensed peace officer in the State of Minnesota?    YES    NO

Are you currently POST licensable in the State of Minnesota?    YES    NO

List most recent accredited training programs (if any) you have taken:

<b>Date</b>	<b>Location</b>	<b>Type of Course</b>

**WORK EXPERINCE**

Place of Employment: _____		
Address: _____		Employment Dates
		<b>From</b> <b>To</b>
		_____
Your last job title: _____		Last Supervisor: _____
Reason for leaving (be specific): _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer?      YES      NO      If no, why?		

Place of Employment: _____		
Address: _____		Employment Dates
		<b>From</b> <b>To</b>
		_____
Your last job title: _____		Last Supervisor: _____
Reason for leaving (be specific): _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer?      YES      NO      If no, why?		

Place of Employment: _____		
Address: _____		Employment Dates
		<b>From</b> <b>To</b>
		_____
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Place of Employment: _____		
Address: _____		Employment Dates
		<b>From</b> <b>To</b>
		_____
Your last job title: _____		Last Supervisor: _____
Reason for leaving (be specific): _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer?      YES      NO      If no, why?		

## PERSONAL REFERENCES

Name

Address

Phone Number

## QUALIFICATIONS

Use the space below to detail any additional information that qualifies you for this position.  
(Attach additional pages if necessary)

I understand that police department assignments involve day shifts, night shifts, weekends and holidays.

I agree to these conditions and I hereby certify that all statements made are correct to the best of my knowledge and ability.

I realize that any misstatement or omission of material facts may subject me to disqualification or dismissal.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## ADDITIONAL INFORMATION

Name of Applicant: \_\_\_\_\_

Last

First

In addition to your application and resume, you will be evaluated on other specific information you provide in the following categories. Please print or write clearly (do not type). You may attach additional sheets of paper if necessary.

### I. EDUCATION

P.O.S.T. Licensable	_____	_____
	Yes	No

P.O.S.T. License

P.O.S.T. #

Two-Year Degree	_____	_____
	Yes	No

Four-Year Degree	_____	_____
	Yes	No

### ELIGIBILITY

Possess Valid Drivers License	_____	_____
	Yes	No

Eyesight Correctable to 20/20 in Each Eye	_____	_____
	Yes	No

### II. PRIOR POLICE EXPERIENCE

Full-time MN Deputy Sheriff or Police Officer	_____
	Number of Months Employed

Part-time MN Officer	_____
	Number of Months Employed

MN Reserve, Jailer, CSO, Dispatcher	_____
	Number of Months Employed

Out-of-State or Military Police	_____
	Number of Months Employed

### III. SPECIALIZED POLICE TRAINING

Law Enforcement Training Beyond Skills Class

Please include Name of Course, Date, & Location on a separate sheet of paper.

### IV. VETERAN'S PREFERENCE

Are you a qualified Armed Forces Veteran?	_____	_____
	Yes	No

Honorable Discharge?	_____	_____
	Yes	No

Disabled or Spouse Disabled?	_____	_____
	Yes	No

# CITY OF NORTH MANKATO

## ELECTION OF VETERAN'S PREFERENCE

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

APPLYING FOR POSTION OF: \_\_\_\_\_

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; however, we cannot award veteran's points without it.

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans. Points are awarded subject to the provisions of Minnesota Statute § 43A.11. To be eligible for veteran's preferences 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.

If you qualify for the position for which you are applying, do you intend to claim a veteran's preference?    YES            NO

If yes, check the preference you are claiming:

\_\_\_\_\_  
Veteran - defined as person separated under honorable conditions that has served on active duty for at least 181 consecutive days, or honorably discharged by reason of disability while on active duty.

\_\_\_\_\_  
Disabled Veteran - a veteran having compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of Armed Forces, which disability currently exists.

\_\_\_\_\_  
Spouse of deceased veteran.

\_\_\_\_\_  
Spouse of disabled veteran who is unable to use preference due to disability.

NOTE: If you elect to use veteran's preference: 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.