

CITY OF HENDERSON POLICE OFFICER JOB APPLICATION*

*All applicants will be subject to a background check prior to placement.

Please print or type.

PERSONAL

Last Name, MI, First Name

Street Address City, State, Zip Code

Phone: (H) Phone: (W) Phone (C) Email

LICENSES, REGISTRATION OR CERTIFICATES

Please list any licenses, registrations or certificates that are required, pertinent or relevant to the City of Henderson Police Officer position. Please include a photocopy.

License/Registration/Certificates Licensing Agency Expiration Date License #

EMPLOYMENT HISTORY

Employer Name (present/most recent first) Dates Employed From:

To:

Address: Telephone:

Your Title: Reason for Leaving:

Description of Duties: _____

May we contact this employer: " No " Yes

Employer Name: Dates Employed; From: To: Address: Telephone: Your Title: Reason for Leaving: Description of Duties: _____

May we contact this employer: " No " Yes

Employer Name Dates Employed: From: To: Address: Telephone: Your Title: Reason for Leaving: Description of Duties: _____

May we contact this employer: " No " Yes

EXPERIENCE IN THE LAW ENFORCEMENT FIELD

Organization (most recent first) Dates Employed/Length of Service: From: To: Address: Supervisor: Telephone:
Description of Duties: _____

May we contact this organization: " No " Yes

Organization: Dates Employed/Length of Service: From: To: Address: Supervisor: Telephone: Description of Duties:

May we contact this organization: " No " Yes

Organization: Dates Employed/Length of Service: From: To: Address: Supervisor: Telephone: Description of Duties:

May we contact this organization: " No " Yes

EXPERIENCE RELATED EXPERIENCE/COMMUNITY SERVICE/PUBLIC SAFETY

Organization (most recent first) Dates Employed/Length of Service: From: To: Address: Supervisor: Telephone:
Description of Duties: _____

May we contact this organization: " No " Yes

Organization: Dates Employed/Length of Service: From: To: Address: Supervisor: Telephone: Description of Duties:

May we contact this organization: " No " Yes

Organization: Dates Employed/Length of Service: From: To: Address: Supervisor: Telephone: Description of Duties:

May we contact this organization: " No " Yes

Organization: Dates Employed/Length of Service: From: To: Address: Supervisor: Telephone: Description of Duties:

May we contact this organization: " No " Yes

EDUCATION

Name and Location:

1. _____

2. _____

3. _____

4. _____

PROFESSIONAL REFERENCES

List people who know you well, preferably from work environment, and not an acquaintance or relative.

Name Address Phone: _____

Relationship: _____

Name Address Phone: _____

Relationship: _____

Name Address Phone: _____

Relationship: _____

BACKGROUND

Have you ever been convicted of a felony(s)? ____yes ____no

If yes, please explain (date, charge, sentence)

All applicants shall be subject to a background check prior to being appointed to the Police Officer Position

Before signing this application, please read the following waiver carefully.

(1) I have read and understand the job announcement for the position for which I am applying and certify that the answers given in this application are true and complete to the best of my knowledge.

(2) I authorize all current and previous employers to release job-related information upon written request of the Office of Police Chief or City Administrator of Henderson, Minnesota. However, I understand that if, in the employment History section, I have answered "no" to the question, "May we contact this employer/organization?" contact with that employer will not be

made without my specific authorization but also understand that this response could affect the further evaluation of the application.

(3) I authorize the Police Chief or City Administrator's Office to verify all information on this application to determine whether or not I am qualified for the position for which I am applying.

(4) I understand that providing false information on this application may result in dismissal from any position gained on the basis of that false information.

(5) I understand that this is an application for placement with the City of Henderson's as Police Officer Position.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____

Please return this completed application form to:

City of Henderson

PO Box 125

600 Main Street

Henderson, MN 56044

hendersonpolice@mediacombb.net

507-248-3234

CLAIM FOR VETERAN'S PREFERENCE

The eligibility requirements for veteran's preference are listed below. Read them carefully to see if you qualify. If you do wish to receive preference, be sure to complete this section. Providing the information in this section is voluntary. You must do so if you wish to obtain the preference.

Veteran Eligibility for Open Competitive Position

Must be a U.S. Citizen or resident alien who has separated under honorable conditions:

- (1) After serving on active duty for 181 consecutive days, or
- (2) By reason of disability incurred while serving on active duty.

Disabled Veteran Eligibility for Open Competitive Position

Must have a compensable service connected disability as adjudicated by the United States Veteran's Administration or by the Retirement Board of the several branches of the armed forces and the disability must exist at the time preference is claimed.

Disabled Veteran Eligibility for Promotional Position

Must, at the time of election to use preference, be entitled to disability compensation for a permanent service-connected disability rated at 50% or more and the position for which you are applying must be the first promotion after entering public employment.

Eligibility as a Spouse of a Deceased or Disabled Veteran

Must be a spouse of either a deceased veteran or the spouse of a disabled veteran who, because of a disability, is unable to qualify for the particular position due to his/her disability and who would have or does meet the criteria for one of the above-listed preferences.

ALL APPLICANTS CLAIMING VETERAN'S PREFERENCE MUST ATTACH A COPY OF HIS/HER FORM DD214. FAILURE TO DO SO MAY RESULT IN LOSS OF VETERAN'S PREFERENCE ELIGIBILITY.

City of Henderson Veteran's Preference Claim Form

For V.A. Use Only: Is the veteran named below rated as having a compensable service-related disability?

No Yes % of Disability _____ By _____ Date _____

Name of Veteran (last – first – middle)

Name of Applicant – if different than veteran (last – first – middle)

Address City State Zip

Classification

To Be Completed by Veteran or Spouse of Deceased Veteran

(1) Are you a U.S. Citizen or resident alien? No Yes

(2) Were you honorably discharged from military service? No Yes

(3) Were you separated from military service after serving active duty for at least 181 consecutive days? No

Yes (4) Do you currently have a compensable service-related disability?

..... No

Yes If yes, and if you are seeking your first promotion with the City of Henderson, what is the % of your disability? %

(5) Are you currently receiving a monthly pension based exclusively on length of military service? No Yes

(6) Branch of Service _____ Date of Discharge _____ Serial Number _____

Type of Separation _____ Date of Entry _____

For spouse of deceased veteran, date of death _____ If

Spouse of Disabled Veteran, please answer the following:

If spouse is disabled, please explain why your spouse does not qualify for this position: _____

Claim Number (if disabled) State Claim is Filed In _____

X _____

Signature of Veteran Social Security Number Date

TENNESSEN WARNING/APPLICANT DATA RECORD

In accordance with the Minnesota Government Data Practices Act, the City of Henderson 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 13.01 and 13.87 are that govern what affects you as an applicant with the City of Henderson. All data collected is considered private except for the following:

1. Your job history
2. Your education and training
3. Your work availability
4. If Applicable your rank on an eligibility list
5. Your veteran's status
6. If Applicable any relevant test scores

Your name is considered private information; however, if you are selected to be interviewed as a finalist, this information 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 Henderson. Furnishing social security numbers, your date of birth (unless a minimum age is required), sex, age, group, phone number and disability data is voluntary, but refusal to supply other requested information will mean that your application 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 streets/parks position job application 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 assist the City of Henderson in determining your suitability for the police chief position for which you are applying.

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

Applicant's Gender: _____ **Applicant's**

Race: _____

Applicant's Disability Status: _____
(note if status is claimed, if special accommodations such as reader or sign language/interpreter needed)

Applicant's Printed Name: _____
Applicant's Signature: _____