



# CITY OF MAPLE GROVE POLICE OFFICER JOB APPLICATION

Date Received \_\_\_\_\_

12800 Arbor Lakes Parkway  
Maple Grove, MN 55369  
**Main: (763) 494-6000**

**Mailing Address:**  
P.O. Box 1180  
Maple Grove, MN 55311-6180  
**Website Address: [www.ci.maple-grove.mn.us](http://www.ci.maple-grove.mn.us)**

**HR Fax: (763) 494-6428**  
**Job Line: (763) 494-5995**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	Date Available for Work:	Today's Date		
Street Address		City	State	Zip Code		
Home Phone: (____) _____ - _____			Social Security Number (Optional)			
Work Phone: (____) _____ - _____						
Other: (____) _____ - _____						
Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state birthdate: ____/____/____			Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a United States Citizen or legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>						
Have you been previously interviewed by the City of Maple Grove? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date(s) and job title(s):						
Do you have any relatives working for the City of Maple Grove? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
High School Name & Location: _____						
Type of School	Name & Location	From	To	Major	Degree, Certificate or Credits Earned	G.P.A.
College/University						
College University						
Graduate School						
Police Academy						
Other						

<p>POST CERTIFICATION: Are you currently Minnesota P.O.S.T. licensed or eligible for Minnesota P.O.S.T. licensing? (Please check one)</p> <p><input type="checkbox"/> <b>YES</b>, I am currently licensed. Please indicate license # _____ Expiration _____</p> <p><input type="checkbox"/> <b>YES</b>, I am eligible for P.O.S.T. licensing with a test date of _____ from the Minnesota P.O.S.T. Board.</p> <p><input type="checkbox"/> <b>NO</b>, I am not licensed or not currently eligible for licensing.</p>
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**WORK EXPERIENCE:** List complete employment history, beginning with most recent first. Include paid and unpaid experience. **DO NOT USE "SEE RESUME" OR SIMILAR.** Attach additional sheets, if needed.

Employer \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_  
 Your Job Title \_\_\_\_\_  
 Specific Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 May we contact this employer?  Yes  No If No, please indicate reason: \_\_\_\_\_  
 \_\_\_\_\_

Dates Employed (MO/YR):  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Total (Years/Months) \_\_\_\_\_  
 Hours Worked Per Week \_\_\_\_\_  
 Last Salary \_\_\_\_\_  
 Reason for Leaving or Seeking Other Employment: \_\_\_\_\_  
 \_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_  
 Your Job Title \_\_\_\_\_  
 Specific Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 May we contact this employer?  Yes  No If No, please indicate reason: \_\_\_\_\_  
 \_\_\_\_\_

Dates Employed (MO/YR):  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Total (Years/Months) \_\_\_\_\_  
 Hours Worked Per Week \_\_\_\_\_  
 Last Salary \_\_\_\_\_  
 Reason for Leaving or Seeking Other Employment: \_\_\_\_\_  
 \_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_  
 Your Job Title \_\_\_\_\_  
 Specific Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 May we contact this employer?  Yes  No If No, please indicate reason: \_\_\_\_\_  
 \_\_\_\_\_

Dates Employed (MO/YR):  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Total (Years/Months) \_\_\_\_\_  
 Hours Worked Per Week \_\_\_\_\_  
 Last Salary \_\_\_\_\_  
 Reason for Leaving or Seeking Other Employment: \_\_\_\_\_  
 \_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_  
 Your Job Title \_\_\_\_\_  
 Specific Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 May we contact this employer?  Yes  No If No, please indicate reason: \_\_\_\_\_  
 \_\_\_\_\_

Dates Employed (MO/YR):  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Total (Years/Months) \_\_\_\_\_  
 Hours Worked Per Week \_\_\_\_\_  
 Last Salary \_\_\_\_\_  
 Reason for Leaving or Seeking Other Employment: \_\_\_\_\_  
 \_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_  
 Your Job Title \_\_\_\_\_  
 Specific Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 May we contact this employer?  Yes  No If No, please indicate reason: \_\_\_\_\_  
 \_\_\_\_\_

Dates Employed (MO/YR):  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Total (Years/Months) \_\_\_\_\_  
 Hours Worked Per Week \_\_\_\_\_  
 Last Salary \_\_\_\_\_  
 Reason for Leaving or Seeking Other Employment: \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT INFORMATION CONTINUED:**

1. May we contact the employers you have listed? \_\_\_Yes \_\_\_No If No, please indicate which one(s) and the reason why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been dismissed or asked to resign from any employment? \_\_\_Yes \_\_\_No If Yes, state the reason(s) and the employer(s) involved. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been refused employment? \_\_\_Yes \_\_\_No If Yes, state by whom and for what reason. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please list the police agencies with which you are beyond the initial application stage. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever been eliminated as a candidate by an organization during the final selection stage? \_\_\_Yes \_\_\_No If Yes, please explain the reason(s) why you were eliminated. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**KNOWLEDGE, SKILLS AND ABILITIES SECTION**

**Specialized Skills** (Check all that apply):

<input type="checkbox"/> Radar	<input type="checkbox"/> PC	<input type="checkbox"/> Typing W.P.M. _____	Other (list): _____
<input type="checkbox"/> PBT	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Dictation	_____
<input type="checkbox"/> Intoxilyzer	<input type="checkbox"/> Excel	<input type="checkbox"/> Copier	_____
<input type="checkbox"/> CJIS	<input type="checkbox"/> MSWord	<input type="checkbox"/> Calculator	_____

**Memberships/Associations**

\_\_\_\_\_  
\_\_\_\_\_

**Internships** (List any internships you have completed and what you learned from them).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Qualifications** (Summarize special job-related skills and qualifications acquired from employment, education or other experience).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**State any additional information you feel may be helpful to us in considering your application.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES:** List five (5) personal references (not relatives, former employers, fellow employees, or school teachers), who are property owners, business or professional men and/or women of good standing in the community and who have known you for more than five (5) years.

Name	Residence	Home Phone	# of Years Acquainted	Business Address	Business Phone

**RESIDENCES:** List all your residences for the past 15 years, starting with the most recent and working backward. Add as many separate sheets as necessary.

From	To	Address	Property Owner	Property Owner Address (if different than yours)

<b>DRIVER RECORD</b>			
<b>Driver's License Number</b>	<b>State</b>	<b>Expiration Date</b>	<b>Class: ___A ___B ___D ___CDL</b>
<b>List any endorsements:</b>			
Have you ever had a driver's license issued by another name? ___Yes ___No If Yes, list other name(s): _____ _____			
Have you ever had a driver's license issued by another state? ___Yes ___No If Yes, what state(s): _____ _____			
Has your driver's license ever been suspended, revoked or placed on court probation by another state? ___Yes ___No If Yes, list and describe circumstances. _____ _____			
Do you have any restrictions on your license? ___Yes ___No If Yes, please list: _____ _____			
Have your driving privileges ever been denied, suspended or revoked? ___Yes ___No If Yes, give dates and complete reasons. _____ _____			
Have you ever received a traffic summons (traffic ticket) (exclude parking violations)? ___Yes ___No If Yes, please list as well as you can recall, all traffic violations (excluding parking violations) you have received. Give in each case, the date, nature of violation, name and location of the court, penalty imposed or other disposition. _____ _____			
List and describe circumstances of each motor vehicle accident in which you have been involved. State if you received a traffic summons and if any injuries resulted. _____ _____			

<b>CONVICTION INFORMATION:</b> No person shall be disqualified from public employment solely or in part because of prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly relate to the position of employment sought. In determining the effect of a conviction, the City shall consider the requirements of Minnesota Statutes, Chapter 364. Applicants who are finalists for certain positions will be subject to a criminal background investigation.		
Have you ever been convicted as an adult for a criminal violation? ___ Yes ___No If yes, please complete the following for each offense.		
<b>Nature of Offense</b>	<b>Date of Offense and Location</b>	<b>Disposition</b>
<b>Nature of Offense</b>	<b>Date of Offense and Location</b>	<b>Disposition</b>



**MILITARY SERVICE:** Do you have military service? \_\_\_Yes\_\_\_No Branch of Service: \_\_\_\_\_  
Period of Active Duty: From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_ Date of Final Discharge \_\_\_\_\_  
Describe your duties and any special training: \_\_\_\_\_

**VETERAN'S PREFERENCE POINTS:** Preference points are awarded to qualified veterans and spouses of deceased veterans to add to their application results. Points are awarded subject to the provisions of MN Statute 43A.11. To be eligible for veteran's preference points you must: (1) Be separated under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability rated at 50% or more, incurred while serving on active duty, and be a citizen of the U.S. or resident alien; or be the surviving spouse of a deceased veteran or the spouse of a disabled veteran who because of the disability is not able to qualify.

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, but we cannot award veteran's points without it. 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.

**ARE YOU APPLYING FOR VETERAN'S PREFERENCE POINTS?** \_\_\_YES \_\_\_NO If yes, your DD214 or other supporting documentation must be received no later than five (5) calendar days after the application deadline.

**PREFERENCE REQUESTED:** \_\_\_Veteran (5pts) \_\_\_Disabled Veteran (10pts) \_\_\_Spouse of Disabled or \_\_\_Deceased Veteran (5pts)

Are you receiving or eligible for a military pension? \_\_\_Yes \_\_\_No Do you have a service-related disability? \_\_\_Yes \_\_\_No (\_\_\_\_\_%)

**NOTICE TO APPLICANT:** Information requested on your application that is defined by State Statute as public may be released on request and includes job history, education and training, relevant test scores, rank on our eligibility list, Veteran's status, and work availability. Your name is private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment. Certain other information is private and may be released only to you or to governmental entities authorized access by law. Private data contained above:

**NAME/SOCIAL SECURITY NUMBER (SSN):** Used to identify you in relation to other applicants. You are legally required to provide your name, but not your SSN. Failure to provide this information may result in a delay in processing or rejection of your application.

**LICENSE INFORMATION:** Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in rejection of your application.

**CITIZENSHIP STATUS:** Used to certify applicants for work in the U.S. as determined by laws of the U.S. Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application.

**FAIR CREDIT REPORTING ACT DISCLOSURE:** In connection with your application for employment, an investigation may be made in which "consumer reports" are obtained from a consumer reporting agency. Such reports may include information concerning your credit worthiness, credit capacity, character, general reputation, personal characteristics, or mode of living. Examples of such reports include, but are not limited to: your credit history and a criminal background check. Upon written request, you will be provided with a disclosure of the nature and scope of the consumer report.

The City of Maple Grove will not use the information contained in the consumer report and/or investigative consumer report in violation of any applicable federal or state law or regulation.

If any consumer reports and/or investigative consumer reports indicate that any adverse action should be taken, including the denial of your application for employment, you will be provided with a copy of the report(s) and the "Summary of Your Rights Under the Fair Credit Reporting Act" per the Fair Credit Reporting Act.

The information contained herein is considered private data and will be used only to determine your suitability for employment. Providing this information is strictly voluntary and you are not required by law to furnish any of the information requested herein. However, if you do not furnish it we may have difficulty determining your suitability for employment. The information provided herein will be accessible only to you, appropriate staff of the City of Maple Grove, or as provided for by Minnesota Statutes. By law, I understand that I have the right to receive a free copy of my consumer report and/or investigative consumer report from the consumer reporting agency if one is obtained, upon my written request for this information.

I hereby authorize the City of Maple Grove to obtain "consumer reports" and/or "investigative consumer reports" in connection with processing my application for employment. I further authorize the appropriate individuals, companies, institutions or agencies, including consumer reporting agencies, to release this information.

**Applicant Name (printed):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## APPLICANT'S STATEMENT

I certify that I have read the "Notice to Applicant" regarding the MN Data Practices Act, and understand my rights as a subject of data. I authorize that a transcript may be requested where necessary to verify any education record. I hereby expressly authorize the collection, use and release of any and all information concerning me, which relates to my employment. I hereby release the City of Maple Grove, with which I am seeking employment, from any liability which may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless my present and past employers from any liability whatsoever arising out of its release of information pursuant to this release.

I understand that if offered a position, I must submit to and pass a drug screen and will be required to submit to and pass a background investigation, psychological examination, a physical examination and/or a physical agility test.

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in this application will be grounds for disqualification for employment or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

By signing this form I hereby acknowledge I have read and understood the above statements.  
***Failure to sign this form may result in rejection of your application.***

Signature of Applicant

Date

## EQUAL EMPLOYMENT/AFFIRMATIVE ACTION DATA

The purpose of collecting the data requested below is to comply with State and Federal Equal Opportunity Employment reporting and other legal requirements. Periodic reports are made to the government using the following information. ***This form will be filed separate from your application and it will not be used in our recruitment evaluation process.*** The following information is requested for reporting purposes only. Please note that your cooperation in providing the following data is ***voluntary*** and inclusion or exclusion of data will not affect any recruitment selection decisions.

Name	Social Security Number	
Address		
City	State	Zip Code

Title of Position Applying For:		Today's Date	
Date of Birth (mo/day/yr): _____ / _____ / _____		Age: _____	Sex: _____ Female _____ Male
<i>Please check one of the following:</i> <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Black (non-Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other			
<i>Please check if any of the following are applicable:</i> <input type="checkbox"/> Disabled Individual <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran			

## REFERRAL SOURCE

*How were you made aware of this employment opportunity?*

Internet (specify site): \_\_\_\_\_  
 Newspaper (Specify paper): \_\_\_\_\_  
 Employment Agency (List name): \_\_\_\_\_  
 Employee Referral (Provide name): \_\_\_\_\_  
 Community Agency Referral (specify name): \_\_\_\_\_  
 Walk-In  
 City of Maple Grove Job Line  
 Other Source: \_\_\_\_\_

***THIS FORM WILL BE SEPARATED FROM YOUR APPLICATION FORM.***