



City of St. Francis
Cree St NW
St. Francis, MN 55070

Phone: 763-753-2630
Fax: 763-753-9881

Application for Employment

I. Position Desired

Date: _____

Title of position for which you are applying: _____

Date available to begin employment: _____

II. Personal Data

Name: _____
First Middle Last

Address: _____
Street City State Zip

Home Phone: _____ Alternate Phone: _____ Best time to call: _____

If hired, can you provide documents required to prove your eligibility to work in the United States?

Yes No

Minnesota P.O.S.T. #: _____ (If applicable)

Have you previously worked for the City of St. Francis? Yes No

If yes, position held/department: _____

Date of Hire: _____ Date of Resignation: _____

List all other names under which you have been employed or educational records may be found: _____

Do you have any special needs which may necessitate accommodations in the application/interview process? Yes No

If Yes, please describe the type of accommodation requested: _____

Have you had any violations on your driving record within the past (5) years? Yes No

If yes, please explain: _____

III. Personal Statement

Please indicate why you are interested in the position and what you hope to accomplish if selected:

IV. Work/Volunteer Experience

List most recent work and volunteer experience first. Please attach additional relevant work experience history sheets if necessary.

Employer Name: _____

Employer Address: _____

Name of Supervisor: _____ Phone: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: Start: _____ End: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Employer Name: _____

Employer Address: _____

Name of Supervisor: _____ Phone: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: Start: _____ End: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Employer Name: _____

Employer Address: _____

Name of Supervisor: _____ Phone: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: Start: _____ End: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

VII. References

References should be people in a position to discuss your qualifications for the position you seek. Include managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you.

Name of Reference: _____ Title: _____

Address: _____

Phone Number: _____ Relationship to You: _____

Name of Reference: _____ Title: _____

Address: _____

Phone Number: _____ Relationship to You: _____

Name of Reference: _____ Title: _____

Address: _____

Phone Number: _____ Relationship to You: _____

VIII. Certification, Acknowledgment and Release

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the City of St. Francis.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the City Council or the appointing authority referenced in the job description, and that until such approval, the City of St. Francis shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") and references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the City of St. Francis and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession.

I hereby release the City of St. Francis and all current and former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of the City of St. Francis, former employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.

- Notice to Applicant: If you do not agree with any portion of the acknowledgement, certification, authorization and release, cross out that section and initial it.
- Applications must be signed to be considered for employment. Complete all applicable areas. Do not mark your application "see resume". An incomplete application may reduce your opportunity for employment with the City of St. Francis. Applications must be received by the application deadline.

Date: _____ Signature: _____

IX. Data Privacy Notice

According to Minn. Stat. § 13.04, the City must advise you of the following.

1. Purpose and intended use of the data:

The City collects this information for purposes of selecting a candidate for hire. For public safety positions or in the event you are selected for hire, your data will be used to perform a criminal background check, including using the BCA's website.

2. Whether you may refuse or are legally required to supply this data:

Application for employment as well as supplying any data in application for employment is voluntary.

3. Consequences arising from supplying or refusing to supply this data:

We take pride in hiring the best candidates, but we can't do this without a complete application. Filling out the application is voluntary, and the more complete the application, the better your chances of conveying to the City you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.

X. Veteran's Preference Points Application

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes § 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 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 a 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.

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.

If you supply the supporting documentation by separate mail, your name and the position applying for must be included.

Are you applying for veteran's preference points Yes No

If you answered "yes", your DD214 or other documentation must be submitted with application.

Preference: Veteran (10 pts)
 Disabled Veteran (15 pts)
 Spouse of Disabled Veteran (10 pts)

Branch of Service: _____ Active Duty From: _____ To: _____

Rank of Discharge: _____ Type of Discharge: _____

Date of Final Discharge: _____ Service Number: _____

Are you receiving or eligible for a military pension? Yes No

Do you have a compensable service rated disability? Yes No

If you answered 'yes', your USDVA Letter of Disability must be submitted with application.

Your preference points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than seven (7) calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

How were you made aware of this employment opportunity?

Internet (specify site) _____

Newspaper _____

Employment Agency (list name) _____

Employee Referral (Employee name) _____

Community Agency _____

Walk-In _____

Other _____

Continued >>>>>>>>

Police Officer Recruitment
Supplemental Questionnaire
CITY OF ST. FRANCIS

Please complete the following information
and turn in with your application.

We welcome your interest in advancing your career with the City of St. Francis. Please furnish us with as complete information as possible so that we may give you full consideration. In addition to this questionnaire, you may attach further information, which you believe qualifies you for the position of Police Officer.

It is our policy to provide equal employment opportunities to all. The City of St. Francis does not discriminate on the basis of race, color, creed, religion, national origin, gender, sexual orientation, disability, age, marital status, or status with regard to public assistance. Applicants will be evaluated and selected on the basis of merit.

First Name	Last Name	MI
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*****MINIMUM SELECTION STANDARDS (PER MINNESOTA RULES 6700.0700)*****

Are you a citizen of the United States? ___ Yes ___ No

Do you possess a valid driver's license from Minnesota or a contiguous state? ___ Yes ___ No

Have you ever been convicted of any of the following offenses: ___ Yes ___ No

- A felony in this state or in any other state or federal jurisdiction
- An offense in any other state or federal jurisdiction which would have been a felony If committed in Minnesota
- MSS 609.224 (assault in the 5th degree)
- MSS 609.2242 (domestic assault)
- MSS 609.231 (mistreatment of residents or patients)
- MSS 609.2325 (abuse of vulnerable adult)
- MSS 609.233 (neglect of a vulnerable adult)
- MSS 609.2335 (financial exploitation of a vulnerable adult)
- MSS 609.234 (failure to report maltreatment of a vulnerable adult)
- MSS 609.324 (prostitution related prohibited acts)
- MSS 609.465 (presenting false claims)
- MSS 609.466 (medical assistance fraud)
- MSS 609.52 (theft)
- MSS 609.72, subdivision 3 (disorderly conduct in re a vulnerable adult)
- Any state or federal narcotics or controlled substance law
- Any or the crimes listed in another state or federal jurisdiction, or under a local ordinance that would be a conviction if committed in Minnesota

Do you have a MN POST Board Peace Officer License or will you be eligible for a MN POST Board Peace Officer License by the closing date of the application process? ___ Yes ___ No

A copy of your Peace Officer License or a copy of the letter from the MN POST Board
Confirming your eligibility **MUST** be submitted have been submitted with your
application.

POSSIBLE REJECTION CRITERIA

Have you ever been convicted of a gross misdemeanor offense in the past 3 years? Yes No
Explain –

Once in the last 3 years or twice ever, have you been convicted of DUI,
DWI, BAC over .08, or Implied Consent Test Refusal? Yes No

Have you ever been dismissed from employment or resigned in lieu of termination within
the last 3 years? Yes No
Explain-

Are you registered as a predatory offender? Yes No

BACKGROUND ISSUES

In the last 3 years, have you ever been convicted of a misdemeanor offense
(Including traffic and driver's license convictions)? Yes No

Have you ever been dismissed from a police agency or resigned in
lieu of termination? Yes No
Explain:

In the last 2 years, have you had any "At Fault" motor vehicle
accidents? Yes No
Explain:

Have you ever been subject to disciplinary action by an employer? Yes No

Explain:

GENERAL QUESTIONS

Are you able to work night, weekends and/or holidays? Yes No

Do you have experience with shift work? Yes No

Explain:

Have you been involved in the Police, Criminal Justice or Public Safety Field either as an employee or as a volunteer? Yes No

Mark all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Intern | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> Explorer | <input type="checkbox"/> Dispatcher |
| <input type="checkbox"/> Reserve | <input type="checkbox"/> Police Officer or Deputy Sheriff |
| <input type="checkbox"/> Community or | |
| <input type="checkbox"/> Public Service Officer | |

Explain:

Do you have customer or public service experience? Yes No

Explain:

Do you have experience in conflict resolution? Yes No

Explain:

APPLICATION SUMMARY

Education

Mark all that apply

- Associates Degree
- Bachelors Degree
- Masters Degree

Training

Mark all that apply

- Field Training, Firearms, or Use of Force Instructor
- DARE or GREAT Instructor or School Resource Officer
- Standardized Field Sobriety Testing and OPUE
- Emergency Medical Responder or Emergency Medical Technician
- Reid Technique of Interview & Interrogation

Law Enforcement Related Experience

Mark all that apply

- Prior Volunteer or Employment with City of St. Francis
- Explorer or Intern
- Volunteer Reserve Officer
- Community (or Public) Service Officer
- Correctional or Probation Officer or Dispatcher
- 1 to 3 years as a licensed Police Officer
- More than 3 years as a licensed Police Officer

Other Pertinent Experience

Mark all that apply

- Foreign Language Fluency
- Customer Service or Public Contact Experience
- Conflict Resolution Experience
- No Driving Violations or "At Fault" Accidents

***Providing false or misleading information or omitting required information in completing the Employment Application or the Supplemental Questionnaire will result in elimination from the selection process or discharge if discovered subsequent to employment. ***

(Signature)

Date