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 Waite Park, MN 56387-0339
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 320-252-6955
 www.ci.waitepark.mn.us

RESERVE OFFICER APPLICATION

General Information			
Date of Application:	Date Available for Work:	Email Address:	
Last Name:	First Name:	Middle Name:	
Street Address:	City:	State:	Zip:
County:	Phone Number:	Business Phone:	
Have you been previously employed by the city? Yes No If yes, Date _____ Position _____		Are you able to legally work in the United States? Yes No	
For Police Department Positions <u>Only</u> Are you currently Minnesota P.O.S.T. licensed or eligible for Minnesota P.O.S.T. licensing? (please select one)			
Yes, I am currently licensed. Please indicate license # _____ Expiration _____			
Yes, I am eligible for P.O.S.T. licensing with a test date of _____ from the Minnesota P.O.S.T. Board.			
No, I am not licensed or not currently eligible for licensing.			

Educational Background			
<i>Education</i>	<i>School Name, City, State</i>		<i>Major Area of Study</i>
High School		Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No GED <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		Degree Completed: <input type="checkbox"/> Masters <input type="checkbox"/> AAS <input type="checkbox"/> Bachelors <input type="checkbox"/> Other: _____	
College		Degree Completed: <input type="checkbox"/> Masters <input type="checkbox"/> AAS <input type="checkbox"/> Bachelors <input type="checkbox"/> Other: _____	
Technical/Certificate Programs		Indicate type of certificate earned:	

Employment History - List your present or most recent employer FIRST. List all employment for the past **10 years** (use additional sheet if necessary)

PRESENT EMPLOYER		
Employer:	Dates Employed: From: _____ To: _____	Job Title:
Address:		
Telephone:	Job Duties:	
<i>Pay Information</i>		
Starting Rate:	Ending Rate:	
Reason For Leaving:		
May we contact this employer? Yes No If no, Explain: _____		

PREVIOUS EMPLOYER		
Employer:	Dates Employed: From: _____ To: _____	Job Title:
Address:		
Telephone:	Job Duties:	
<i>Pay Information</i>		
Starting Rate:	Ending Rate:	
Reason For Leaving:		
May we contact this employer? Yes No If no, Explain: _____		

2 nd PREVIOUS EMPLOYER		
Employer:	Dates Employed: From: _____ To: _____	Job Title:
Address:		
Telephone:	Job Duties:	
<i>Pay Information</i>		
Starting Rate:	Ending Rate:	
Reason For Leaving:		
May we contact this employer? Yes No If no, Explain: _____		

3 rd PREVIOUS EMPLOYER			
Employer:	Dates Employed: From: _____ To: _____	Job Title:	
Address:			
Telephone:	Job Duties:		
<i>Pay Information</i>			
Starting Rate:			Ending Rate:
Reason For Leaving:			
May we contact this employer? Yes No If no, Explain: _____			

4 th PREVIOUS EMPLOYER			
Employer:	Dates Employed: From: _____ To: _____	Job Title:	
Address:			
Telephone:	Job Duties:		
<i>Pay Information</i>			
Starting Rate:			Ending Rate:
Reason For Leaving:			
May we contact this employer? Yes No If no, Explain: _____			

5 th PREVIOUS EMPLOYER			
Employer:	Dates Employed: From: _____ To: _____	Job Title:	
Address:			
Telephone:	Job Duties:		
<i>Pay Information</i>			
Starting Rate:			Ending Rate:
Reason For Leaving:			
May we contact this employer? Yes No If no, Explain: _____			

Please attach sheet with additional work experience if necessary

Explain any periods of unemployment:

Volunteer Experience				
<i>Organization:</i>	<i>Duties:</i>	<i># of Hours:</i>	<i>From:</i>	<i>To:</i>

Describe any additional experience or training that qualifies you for this job_____

Typing/Keyboarding WPM_____

IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION

You are advised that the information requested on this form will be used for the purposes of determining job qualifications, salary rates within range and for summary data purposes, and may constitute a public record according to Minnesota Statutes. You are not legally required to supply the requested information, but the information is necessary in determining your qualifications for the position for which you have applied. An incomplete application may hinder your employment with the city. All materials submitted in support of an application are normally retained with the applications and not returned. *You should not submit an original document if it is your only copy.*

I understand that any false information on or omission of information from this application, or failure to present the required proofs, will be caused for rejection or dismissal if employed.

The City of Waite Park is an Equal Opportunity Employer

 Applicants Signature Date

Please be advised that in accordance with the Minnesota Uniform Transaction Act, an electronic signature on this document is binding and afforded the same effect as if the document was signed by hand.

PROFESSIONAL REFERENCES

Name & Occupation	Address	Phone Number

-DO NOT WRITE IN THIS SECTION-
FOR OFFICE USE ONLY

Date	Person Contacted	Comments

CERTIFICATION & AUTHORIZATION

- 1) I authorize the investigation of all statements I enter on my application and certify that they are true and correct to the best of my knowledge. I understand that should investigation disclose material misrepresentation or falsification, my application may be disqualified, or if employed, my employment and all rights and privileges of my employment may be immediately terminated.

- 2) I understand that in order to determine my qualifications for positions I apply for it may be necessary to investigate my employment history, educational accomplishments, criminal history, and credit reports. I direct the custodian of these records to release this information to any authorized agent of the employing organization. I release any individual, institution, business or organization from any and all liability for damages which might arise from the release of pertinent information.

- 3) I understand that if the position I am applying for requires the operation of either employee or employer-owned motor vehicles I must maintain personal licensure appropriate to vehicle and responsibilities of the position. Further, I authorize the employer to request and obtain Drivers License Records necessary to confirm my licensure and responsible driving history.

- 4) I understand that if offered employment, the offer may be contingent on my passing a pre-employment substance-abuse screen and a pre-employment medical/health examination. I voluntarily agree to submit to a pre-employment substance abuse screen and/or medical/health examination on request. I understand that failure to pass required substance abuse screens or medical/health examination may result in withdrawal of offer.

I have read, understand, and agree to, the above statements.

Signed: _____ Date: _____

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TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Waite Park is required to inform you of your rights as they relate to the private information collected from you. Private data is information that is available to you, but not the public. The personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the City of Waite Park. All data collected is considered private except for the following:

- (1) Your veteran's status.
- (2) Relevant test scores.
- (3) Your rank on our eligibility list.
- (4) Your job history.
- (5) Your education and training.
- (6) Your work availability.

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name 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 Waite Park. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment 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 application for employment that 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 to assist the City of Waite Park's Administrator's Office in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the City of Waite Park to monitor protected class employment and to meet federal, state, and local reporting requirements.

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

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

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VETERAN'S PREFERENCE CLAIMS FORM

The City of Waite Park operates under a point preference system which awards points to qualified veterans to supplement their examination results. Five (5) preference points are granted for non-disabled veterans on open competitive examinations. Ten (10) points are added if the veteran has a permanent service-connected, compensable disability as certified as Veterans Administration.

To qualify for preference, you must have served on active duty in any branch of the Armed Forces of the United States for 181 consecutive days or more, and have been honorably discharged; you must be a citizen of the United States and currently not receiving a monthly veteran's pension based exclusively on length of service. Veteran's Preference may be used by the surviving spouse of a deceased veteran and by the spouse of a disabled veteran who because of the disability is unable to qualify.

Claims must be made on the form below. You must also submit a COPY of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed and will result in disqualification.

NAME: _____ <div style="display: flex; justify-content: space-around; font-size: small;">LastFirstMiddle</div>	For Office Use Only () 5 points () 10 points Approved by: Date: Recorded by: Date:
ADDRESS: _____ <div style="display: flex; justify-content: space-between; font-size: small;">StreetCityStateZip</div>	

SOCIAL SECURITY #: _____

Do you have a legal right to work in the United States? Yes No

ACTIVE DUTY INFORMATION: (NOTE: Your DD214 form MUST accompany this claim form) Have you or your disabled or deceased spouse served on active military duty without interruption for 181 days or more?
Yes No

Type of Separation: Honorable Medical Other

Are you receiving or are you eligible to receive a monthly veteran's pension based exclusively on length of military service? Yes No

FOR DISABLED VETERANS:

Percent of Disability: _____% Letter from V.A. in proof of disability must be submitted to receive points

Permanent? Yes No

Currently Existing? Yes No

Have you ever been promoted in City Employment? Yes No

Veteran's Present Occupation: _____

FOR SPOUSES OF DECEASED VETERANS:

Date of Death: _____ Have you remarried? Yes No

AFFIDAVIT: I hereby claim veteran's preference for this examination and certify that all information given is true, complete and correct to the best of my knowledge.

Signature: _____ Date: _____

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