

# APPLICATION FOR EMPLOYMENT - PD

CITY OF COLERAINE  
PO BOX 670  
COLERAINE, MN 55722

PHONE: 218-245-2112  
FAX: 218-245-2123

**NOTE:** PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION REQUESTED AND SIGN ONCE COMPLETED. AN INCOMPLETE AND/OR UNSIGNED APPLICATION WILL BE GROUNDS FOR DISQUALIFYING YOU FROM CONSIDERATION.

|                              |            |                     |
|------------------------------|------------|---------------------|
| Position Applied For         |            | Date of Application |
| Available to Work            |            |                     |
| When would you be available? |            |                     |
| Please provide your full:    |            |                     |
| Last Name                    | First Name | Middle Name         |
| Address                      |            | City, State, Zip    |
| Telephone Numbers:           | Home       | Cell                |
| Drivers License Number:      | State:     | Class:              |

Are you prevented from becoming lawfully employed in this country because of Visa or Immigration Status? (Proof of citizenship or employment status is required under Federal Law)  Yes  No

Are you currently employed?  Yes  No

Are you a veteran of the Armed Forces?  Yes  No

If yes, what type of training or education did you receive? \_\_\_\_\_

Are you capable of adequately performing the physical requirements of the position as described in the job description?  Yes  No

The City of Coleraine conducts criminal history background checks on all candidates. The existence of a criminal conviction records will not automatically disqualify you from this position unless it is related to the duties of the position.

## EDUCATION

|  | HIGH SCHOOL |    |    |    | UNDERGRADUATE<br>COLLEGE/UNIVERSITY |   |   |   | GRADUATE/PROFESSIONAL |   |   |   |
|--|-------------|----|----|----|-------------------------------------|---|---|---|-----------------------|---|---|---|
| School Name  |             |    |    |    |                                     |   |   |   |                       |   |   |   |
| School Location  |             |    |    |    |                                     |   |   |   |                       |   |   |   |
| Years Completed  | 9           | 10 | 11 | 12 | 1                                   | 2 | 3 | 4 | 1                     | 2 | 3 | 4 |
| <b>SPECIALIZED TRAINING</b>  |             |    |    |    |                                     |   |   |   |                       |   |   |   |
| List any professional, trade, business, or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.) |             |    |    |    |                                     |   |   |   |                       |   |   |   |
|  |             |    |    |    |                                     |   |   |   |                       |   |   |   |
|  |             |    |    |    |                                     |   |   |   |                       |   |   |   |

**COMPUTER SKILLS:**    Word Processing       Spreadsheet  
                                   Programming             Other

|   |
|---|
| Please identify all software program proficiencies: |
|   |

## REFERENCES

|   |
|---|
| Give name, address, and phone number of three references who you are not related to you and are not previous employers. |
| 1.  |
| 2.  |
| 3.  |

## EMPLOYMENT EXPERIENCE

On the following pages, begin with your present or most recent position and report for all employment. Identify all job-related experience; please use additional sheets if necessary.

| <b>EMPLOYER:</b>   | <b>DATES EMPLOYED</b>           |            | <b>WORK PERFORMED</b> |
|--------------------|---------------------------------|------------|-----------------------|
| Address            | <b>From</b>                     | <b>To</b>  |                       |
|                    |                                 |            |                       |
| Phone              | <b>Duration (years, months)</b> |            |                       |
| Your Job Title     |                                 |            |                       |
| Supervisor's Name  | <b>Salary</b>                   |            |                       |
|                    | <b>Start</b>                    | <b>End</b> |                       |
| Reason for Leaving | <b>Full or Part Time?</b>       |            |                       |
|                    | <b>Hours per week?</b>          |            |                       |

| <b>EMPLOYER:</b>   | <b>DATES EMPLOYED</b>           |            | <b>WORK PERFORMED</b> |
|--------------------|---------------------------------|------------|-----------------------|
| Address            | <b>From</b>                     | <b>To</b>  |                       |
|                    |                                 |            |                       |
| Phone              | <b>Duration (years, months)</b> |            |                       |
| Your Job Title     |                                 |            |                       |
| Supervisor's Name  | <b>Salary</b>                   |            |                       |
|                    | <b>Start</b>                    | <b>End</b> |                       |
| Reason for Leaving | <b>Full or Part Time?</b>       |            |                       |
|                    | <b>Hours per week?</b>          |            |                       |

| <b>EMPLOYER:</b>   | <b>DATES EMPLOYED</b>           |            | <b>WORK PERFORMED</b> |
|--------------------|---------------------------------|------------|-----------------------|
| Address            | <b>From</b>                     | <b>To</b>  |                       |
|                    |                                 |            |                       |
| Phone              | <b>Duration (years, months)</b> |            |                       |
| Your Job Title     |                                 |            |                       |
| Supervisor's Name  | <b>Salary</b>                   |            |                       |
|                    | <b>Start</b>                    | <b>End</b> |                       |
| Reason for Leaving | <b>Full or Part Time?</b>       |            |                       |
|                    | <b>Hours per week?</b>          |            |                       |

| <b>EMPLOYER:</b>   | <b>DATES EMPLOYED</b>           |            | <b>WORK PERFORMED</b> |
|--------------------|---------------------------------|------------|-----------------------|
| Address            | <b>From</b>                     | <b>To</b>  |                       |
| Phone              | <b>Duration (years, months)</b> |            |                       |
| Your Job Title     | <b>Salary</b>                   |            |                       |
| Supervisor's Name  | <b>Start</b>                    | <b>End</b> |                       |
| Reason for Leaving | <b>Full or Part Time?</b>       |            |                       |
|                    | <b>Hours per week?</b>          |            |                       |

| <b>EMPLOYER:</b>   | <b>DATES EMPLOYED</b>           |            | <b>WORK PERFORMED</b> |
|--------------------|---------------------------------|------------|-----------------------|
| Address            | <b>From</b>                     | <b>To</b>  |                       |
| Phone              | <b>Duration (years, months)</b> |            |                       |
| Your Job Title     | <b>Salary</b>                   |            |                       |
| Supervisor's Name  | <b>Start</b>                    | <b>End</b> |                       |
| Reason for Leaving | <b>Full or Part Time?</b>       |            |                       |
|                    | <b>Hours per week?</b>          |            |                       |

### **SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special job related skills and qualifications acquired from employment or other applicable experience relating to our job description.

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## APPLICANT STATEMENT

I certify the information contained in this application (and accompanying resume, if any) is true and complete to the best of my knowledge, and I have not omitted any information. I authorize investigation of all statements contained in this application for employment with the Coleraine Police Department as may be necessary in arriving at an employment decision. In the event of employment, I understand that any misrepresentations or false information given in my application or interview(s) will result in discharge.

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Applicant Signature

Date

The Coleraine Police Department considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legal protected status. EOE/AA/ADA

## VETERANS PREFERENCE POINT APPLICATION INSTRUCTION

THIS FORM IS NOT APPLICABLE FOR SEASONAL POSITIONS

Are you applying for veteran's bonus points?  Yes  No  
 (If you are not applying for Veteran's bonus points, you do not need to complete the rest of this page.)

If you answered 'yes', your DD214 or other documentation must be received no later than seven (7) calendar days after the application deadline for the position.

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 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.

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

| VETERAN'S PREFERENCE POINTS APPLICATION  |                    |   |             |
|--|--------------------|---|-------------|
| Veteran: <input type="checkbox"/> Self <input type="checkbox"/> Spouse if spouse, veteran's name:  |                    |   |             |
| Branch of Service:   |                    | Period of Active Duty:<br>From: _____ To: _____ |             |
| Range of Discharge:  | Type of Discharge: | Date of Final Discharge:                        | Service No: |
| Preference Requested: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled Veteran<br><input type="checkbox"/> Spouse of Diseased Veteran  |                    |   |             |
| 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 one (1) calendar day after the application deadline for the position in order to guarantee points are awarded in a timely manner. |                    |   |             |
| Supporting Documents: <input type="checkbox"/> are attached <input type="checkbox"/> will be submitted within one (1) day of application deadline  |                    |   |             |

**FOR OFFICE USE ONLY**  5 points  10 points

## DATA PRACTICES ACT NOTICE

The Minnesota Data Practices Act (Minnesota Statutes 13.01-13.99) generally has two sections affecting applicants seeking employment with the City of Coleraine.

First, when you are asked to provide personal data, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by state or federal law to receive the data you provided.

Second, the following information you provide for employment is automatically public:

- Your veteran's status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered 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.

If you are hired, the following additional data about you will be public:

- Your name;
- Your city and county of residence;
- Your actual gross salary, salary range, and actual gross pension;
- The value and nature of employer paid benefits, including the basis for and the amount of any added remuneration to your salary;
- Your job title and job description;
- The dates of your first and last employment with the City of Coleraine;
- The status of any written complaints or charges against you while you work for the City of Coleraine, and whether or not they resulted in disciplinary action; the terms of any agreement settling any dispute arising out of employment with the City;
- Your work location, work phone number;
- Your education and training background;
- Honors and awards you have received;
- Time sheets or other comparable data that are only used to account for your work time for payroll purposes; and
- Your previous work experience.

All data concerning you which is placed in your personnel files and which is not listed above, is private data. This private data will be available to you and to those members of the City staff needing it to process City records. In addition, the following persons or organizations are authorized by state and federal law to receive this data if they so request:

- The Bureau of Census
- Federal, state, and county auditors
- Various state agencies
- Various federal agencies
- Federal officials investigating compliance with Affirmative Action and Equal Opportunity requirements
- Labor organizations and the Bureau of Mediation Services
- Data may also be made available through court order

With the exception of demographic data, the data you provide is needed to identify you and to assist in the determining your suitability for the position for which you are applying. Racial and ethnic data are used in summary form to monitor protected class employment and meet federal, state, and local reporting requirements. Furnishing racial and ethnic data about yourself is voluntary.

**COLERAINE POLICE DEPARTMENT**  
**JOB APPLICANTS**  
**NOTICE OF DRUG AND ALCOHOL TESTING REQUIREMENT**

The Coleraine Police Department recognizes the state of an employee's health affects his or her job performance, the kind of work he or she can perform and may affect his or her opportunities for employment. Drug and alcohol testing by the Department may be used to promote public confidence in the safety and integrity of the Department's work force. The Drug and Alcohol Testing Policy is applicable to all employees and job applicants who have been conditionally offered employment.

In recognition of the Department's efforts to select only the most qualified candidates, I, the undersigned, understand that if a job offer is made to me for regular part-time or full-time employment, said offer will be made conditional upon my consenting to a drug and alcohol screening test. I further understand that refusing to supply the required samples or producing a confirmed positive drug or alcohol test indicating the presence of illegal drugs or alcohol may result in the rejection of my application for employment and automatic withdrawal of any contingent job offer so made. The Department will, in the event of a positive confirmed test result, inform me within three working days of the laboratory results.

I have read the above and acknowledge my awareness of the Department's Drug and Alcohol Testing Policy and the requirement for testing as indicated above.

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Applicant Signature

Date



**CITY OF COLERAINE  
TENNESSEN WARNING**

In accordance with the Minnesota Government Data Practices Act, the City of Coleraine is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87 on Government data Practices require that you be informed that the following information which you are asked to provide on the application for employment is considered private data: 1. Name, 2. Home address, 3. Home phone number, 4. Conviction record, 5. Disability type. Your name, however, may become public upon consideration as a finalist for a job opening.

We ask this information for the following reasons: to distinguish you from all other applicants and identify you in our personnel files; to enable us to verify that you are the individual who makes the application; to enable us to contact you when additional information is required, send you notices and/or schedule you for interviews; to determine if you meet the minimum age requirements (if any); to conduct proper investigations if you are applying for a position; to determine whether or not your conviction record may be a job related considering affecting your suitability for the position you applied for; to enable us to ensure your rights to equal opportunities and to meet affirmative action goals; to meet federal and state reporting requirements; and to make processing more efficient. The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in the City of Coleraine and the policies, rules, and regulations promulgated pursuant thereto.

**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 YOU APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.**

Private data is available only to you and to other persons in the City Offices who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this.

Witness my signature that I fully understand the contents of this warning.

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Applicant Signature

Date



# COLERAINE POLICE DEPARTMENT

302 ROOSEVELT STREET - PO BOX 670

COLERAINE, MN 55722

218.245.1056 FAX 218.245.2752

## Supplemental Questionnaire

Please complete the following information. This form, along with a **cover letter** and **resume** must be turned in with your **application**.

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

The City of Coleraine will not discriminate against or harass any employee or applicant for employment because of race, color creed, religion, national origin, gender, sexual orientation, disability, age, marital status, membership or activity in a local commission, or status with regard to public assistance. Applicants will be scored and evaluated based on skills, experience and/or job knowledge and selected on basis of merit. **Note: 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.

|            |           |    |
|------------|-----------|----|
| First Name | Last Name | MI |
|------------|-----------|----|

### 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 5<sup>th</sup> degree),
- MSS § 609.2242 (domestic assault),
- MSS § 609.231 (mistreatment of residents or patients),
- MSS § 609.2325 (abuse of a 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 regards to a vulnerable adult),
- Any state or federal narcotics or controlled substance law,
- Any of 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?  YES  NO

Are you eligible for a MN POST Board Peace Officer License?  YES  NO

Will you be taking the POST Test in the near future?  YES  NO DATE: \_\_\_\_\_

A copy of your license or a copy of the letter from the MN POST Board confirming your eligibility **MUST** be submitted with your application or submitted prior to the background process.



**REJECTION CRITERIA**

Have you ever been convicted of a gross misdemeanor offense?  YES  NO

Once in the last 5 years or twice ever, have you been convicted or DUI, DWI, BAC over .08, or Implied Consent Test Refusal?  YES  NO

Have you ever resigned in lieu of termination or been fired, discharged, or dismissed by an employer for lying, cheating or theft related conduct?  YES  NO

**BACKGROUND ISSUES**

Have you ever resigned in Lieu of termination or been fired, discharged, or dismissed By an employer?  YES  NO  
Explain in detail:

Have you ever been subject to disciplinary action by an employer?  YES  NO  
Explain in detail:

Have you ever received an undesirable discharge from the military or an honorable discharge that indicated you were not eligible for reenlistment?  YES  NO  
Explain:

In the last 3 years, have you ever been convicted of a misdemeanor offense (including traffic tickets and driver's license offenses)?  YES  NO  
Identify all convictions:

In the last 3 years, have you had any "At Fault" motor vehicle accidents?  YES  NO  
Explain:

**GENERAL QUESTIONS**

**Are you able and willing to work nights, weekends, and 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

**Check all that apply:**

- C.E.R.T. Member
- Police Intern
- Police Explorer
- Police Reserve
- Community Service Officer
- Public Service Officer
- Park Ranger
- Crime Prevention Officer
- Correctional Officer
- Bailiff or Court Security
- Juvenile Detention Staff
- Probation Officer
- Paramedic
- Police Dispatcher
- Police Officer or Deputy Sheriff

**Explain:**

**If you checked NO on the above question, explain what you have done to prepare yourself for a career as a Licensed Peace Officer:**

**Do you have customer service or public contact experience?**

YES  NO

**Explain:**

**Do you have verifiable experience in conflict resolution?**

YES  NO

**Explain in detail:**

**Do you have verifiable supervision experience over 2 or more subordinates?**

YES  NO

**Explain:**



**SUMMARY (ANY CHECKED MUST BE DOCUMENTED IN APPLICATION OR SUPPLEMENTAL QUESTIONNAIRE)**

| Education – Check Highest Degree Attained   | Check Highest            | Points Assigned |
|---|--------------------------|-----------------|
| Associate Degree  | <input type="checkbox"/> | 5               |
| Undergraduate or Graduate degree  | <input type="checkbox"/> | 10              |
| Training – Must attach Copies of Certifications   | Check all that apply     | Points Assigned |
| Certified Traffic RADAR or LIDAR Operator   | <input type="checkbox"/> | 3               |
| Certified First Aid and CPR   | <input type="checkbox"/> | 3               |
| Certified in S.F.S.T. and O.P.U.E. within past 5 years  | <input type="checkbox"/> | 3               |
| Criminal Justice Related Experience   | Check all that apply     | Points Assigned |
| 8 to 18 months full-time Licensed Peace Officer   | <input type="checkbox"/> | 10              |
| + Check if more than 18 months as above   | <input type="checkbox"/> | 5               |
| 8 to 18 months Community Service Officer, Correctional Officer, Detention Deputy, or part-time Peace Officer                        | <input type="checkbox"/> | 7               |
| + Check if more than 18 months as above   | <input type="checkbox"/> | 4               |
| 8 to 18 months Police Reserve, Court Security, Probation Officer, Juvenile Detention Officer, Bailiff, Paramedic, or 911 Dispatcher | <input type="checkbox"/> | 5               |
| + Check if more than 18 months as above   | <input type="checkbox"/> | 3               |
| Police Explorer or Police Intern  | <input type="checkbox"/> | 4               |
| Other Pertinent Experience  | Check all that apply     | Points Assigned |
| Prior Volunteer or Employment with City of Coleraine  | <input type="checkbox"/> | 5               |
| Fluent in a Foreign Language – Language: _____  | <input type="checkbox"/> | 5               |
| 8 or additional months in Security Guard or Loss Prevention   | <input type="checkbox"/> | 3               |
| Verifiable Conflict Resolution Experience   | <input type="checkbox"/> | 4               |
| 8 months or more supervising 2 or more subordinates   | <input type="checkbox"/> | 3               |
| No Traffic Convictions or “AT FAULT” Accidents in Last 3 Years  | <input type="checkbox"/> | 3               |
| Besides Traffic Convictions and “ AT FAULT” Accidents, Nothing Else Reported in <b>BACKGROUND ISSUES</b> Section                    | <input type="checkbox"/> | 5               |

**Applicant to Enter Point Total Here:**

Check box if you elect to use Veteran’s Preference in this process  
 If checked, please complete and submit the Veteran’s Preference Form included in the application.

- ✓
- Copy of MN Peace Officer License or copy of letter from POST Board confirming eligibility
  - Cover letter and resume
  - Completed application, signed and dated
  - Copies of other documents for verification purposes



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# Coleraine Police Department

302 Roosevelt St. • Coleraine, MN 55722 • (218) 245-1056 • (218) 245-2752 (fax)

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## GENERAL AUTHORIZATION AND RELEASE

Pursuant to Minnesota Statute 13.05, Sub.4, Minnesota Data Practices Act

I \_\_\_\_\_ hereby authorize and grant  
(Applicant's Printed Full Name)

My informed consent to permit you, \_\_\_\_\_,  
(Leave Blank)

To release and make available to the Coleraine Police Department and / or it's agents and / or representatives data classified as private and copies thereof including any information pertaining to my employment, credit history, education, academic achievement, attendance, athletics, personal history, work performance, background investigations, polygraph examinations, internal affairs investigations and discipline, including any files which are deemed to be confidential and / or sealed which concerns me and may be in your possession. The data, which I authorize to be released, consists of private data, as defined by MN Stat. 13.02, Sub.12, and has been collected by you as a result of my contacts and associations with you and / or your agents and representatives. The information for which release is authorized includes all data, which has been collected, created, received, retained, or disseminated in whatever form, which in any way relates to my dealing with you or your agency. I understand that I am not legally required to authorize the release of this data; however, failure to do so is grounds for exclusion from the selection process. I also understand that the purpose of permitting the Coleraine Police Department to have access to this information is to determine my suitability for employment with that department. The information I provide may be shared with the staff and / or other representatives of the City of Coleraine who require this information to fulfill the responsibility of their positions. I further understand that this information may be subsequently utilized for other purposes relating to my possible employment with the department, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the Coleraine Police Department or to you of that fact.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant