



**COMMUNITY SERVICE OFFICER
APPLICATION**

Return completed application to:

Deephaven Police Department
Sgt. Chris Whiteside
20225 Cottagewood Road
Deephaven, MN 55331

**CITY OF DEEPHAVEN
APPLICATION FOR EMPLOYMENT
COMMUNITY SERVICE OFFICER**

I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of the City of Deephaven to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

II. DATA PRIVACY NOTICE

The information requested on this application is intended to be used by the City of Deephaven in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the City being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the City may be unable to provide the necessary accommodations if you do not provide the information in Section IV. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the City of Deephaven without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

III. POSITION DESIRED

Title of position for which you are applying: _____

Date Available to Begin Employment: _____

IV. PERSONAL DATA

Name _____
Last First Middle

Address _____ Home Phone _____
Street City State Zip Alternate Phone _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States?

Yes _____ No _____

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

If yes, please describe the type of accommodation requested:

List all other names under which you have been employed or under which your employment or educational records may be found.

V. WORK/VOLUNTEER EXPERIENCE

List all work and volunteer experience, most recent to be listed first.

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Attach additional sheets if necessary.

VI. LICENSURE

List current licenses, registrations, or certificates relevant to the position for which you are applying.

License/No.	Issued By	Date	Expiration

VII. EDUCATION

Include high school and/or institution issuing GED and any additional education/courses taken. Do not list dates of attendance for high school. List most recent first.

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____

Dates of Attendance: _____

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____

Dates of Attendance: _____

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____

Dates of Attendance: _____

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____

Dates of Attendance: _____

List/describe any other training and/or experience to the position for which you are applying:

VIII. REFERENCES: These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. The City reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

IX. CRIMINAL BACKGROUND INFORMATION

Have you ever been convicted [or charged] with a misdemeanor or felony? _____

If yes, please explain the nature of the charge and the circumstances. _____

Were you convicted and/or did you plead guilty? _____

Give a date, city, state and county where convicted: _____

The City may conduct a criminal background check on applicants. If a criminal background check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to the City, and formal approval by the appointing authority.

X. VETERAN STATUS

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran's Preference Points? Yes _____ No _____

Do you wish to claim Veteran's Preference Points? Yes _____ No _____

If you are a disabled veteran and wish to claim additional points, please check here. _____

If you are claiming Veteran's Preference Points, you **MUST** submit a photocopy of your DD214 along with the completed application form. You will **NOT** receive Veteran's Preference unless you provide the proper documentation. If you are a Disabled Veteran, a letter from the V.A. as proof of disability must be submitted to receive additional points.

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 (upon proper documentation).

XI. PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment? _____

If so, identify the employer and describe the circumstances:

XII. PERSONAL STATEMENT

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

XIII. UNEXCUSED ABSENCES FROM WORK

How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family? _____

XIV. 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 Deephaven.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the City of Deephaven or the appointing authority referenced in the job description and that until such approval that the City 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 former employer or volunteer organizations, to release to the City of Deephaven 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 understand that the City of Deephaven will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature below.

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

Date _____ Signature _____

(Do Not Print)

COMMUNITY SERVICE OFFICER SUPPLEMENTAL APPLICATION FORM

Name: _____

Date: _____

*This supplemental application form must be returned
along with your application.*

1. Do you have a High School Diploma or GED?

_____ Yes

_____ No

2. Do you possess a valid MN driver's license?

_____ Yes License Number _____

_____ No

3. Do you have a **current** First Responder or EMT Certificate? Check applicable.

_____ First Responder _____ EMT Certificate

_____ No

4. Have you ever been dismissed from a police agency or resigned in lieu of termination?

_____ Yes If yes, explain:

_____ No

5. Have you ever been subject to disciplinary action by an employer?

_____ Yes If yes, explain:

_____ No

6. Please list and briefly describe any unique training and/or certifications you have completed that are directly applicable to this position.

7. Is there anything else you want to add that you think is pertinent to the position?

I certify that all answers to the above questions are true and understand that any false information on or omission of information from this supplemental application will be cause for rejection of this application or termination of employment without notice or benefits.

APPLICANT'S SIGNATURE

DATE

DEEPHAVEN POLICE DEPARTMENT
20225 Cottagewood Road
Deephaven, Minnesota 55331
(952) 474-7555

TENNESSEN WARNING/WAIVER OF CLAIMS

As an applicant for the position of _____, I have voluntarily supplied data about myself that may be public and/or private in nature. Under Minnesota law the following information about you must be available to any member of the public who requests it: veteran status; relevant test scores; rank on eligibility list; job history; work availability; and education and training. Your name will not be made available to the public unless you are selected to be interviewed by the City.

I authorize the Deephaven Police Department to conduct a criminal history background check and also a search of my driver's license record, as well as any other searches deemed necessary conditional to employment with the City of Deephaven.

I understand that, as part of the selection process, I am requested to supply this information. I understand that failure to provide accurate and adequate data may disqualify me from further consideration.

I understand that, even if I am hired for this position, I may be subject to dismissal or other disciplinary action if I have made an intentional effort to provide deceptive or misleading information.

I understand that this data will be kept on file for a period of one year, even if I am not hired for this position.

I understand that, if I am hired, this information will remain on file with the City of Deephaven.

I further understand that this information will be used by the City to aid in the determination of my relative and/or specific suitability for employment for the position stated above.

Finally, I understand that the data that I have provided may be shared in whole, or in part, by other agencies within the criminal justice system, by other private and public entities, and by other persons for the purpose of conducting a background investigation, and by all individuals in the City who need to know this information.

I, therefore, waive my right to claim and hereby agree to hold harmless the City of Deephaven and the Deephaven Police Department, and any of its agents or employees for any injury or damage which I may experience as a direct or indirect result of the intended use of this information.

Signed: _____ Date: _____
(Full name of applicant)

Printed: _____
(Full name of applicant)