

EMPLOYMENT APPLICATION

NOTICE

This is the only acceptable application form for employment as a Morris Chief of Police.

No other form is acceptable. This form cannot be used to apply for any other position with the City of Morris.

The City of Morris welcomes you as an applicant. It is the policy of the City of Morris to provide equal opportunity to all employees and applicants. The City of Morris is an Equal Opportunity Employer. As a result, all applicants are considered, all advancements are made; and all facilities used by all employees are available without regard to age, race, color, creed, religion, national origin, sex, disability, marital status, sexual orientation, status with regard to public assistance, membership or activity in a local commission. The City of Morris believes in and follows the principle of nondiscrimination in employment and intends to comply with all federal and state laws.

Upon request, accommodations will be provided to applicants in accordance with American with Disabilities Act (ADA). Please call 320-589-3141.

TENNESSEN WARNING

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

Initially, 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 purposes as may be determined to be necessary in the administration of policies, rules and regulations of the City of Morris. 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 may mean that your application for employment may not be considered.

Private data is available only to you, to 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 which 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 Morris Police Civil Service Commission and City of Morris Human Resources Department 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 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 Government Data Practices Act.

APPLICANT SIGNATURE



CITY OF MORRIS CHIEF OF POLICE EMPLOYMENT APPLICATION

FOR
INTERNAL
USE ONLY

Date Received:

Please type or print legibly. It is necessary to answer each question as completely as possible. Applications for Chief of Police should include a resume.

Last Name		First Name		Middle Name	
Street Address		City		State	Zip Code
Home Phone	() -				Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone	() -				
Other	() -				
Email Address					
Have you previously been employed by the City of Morris, MN? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, list date(s) and position(s) held.)</i>					

EDUCATION

School Name and Location	Major	Degree, Certificate or Credits Earned	G.P.A.
High School			
College/University/Technical School			
College/University/Technical School			
Graduate School			
Police Academy			
Other (i.e. military)			

*You **must** include your transcript(s) (an original or photocopy) with this application form.*

MN POST CERTIFICATION: Are you currently Minnesota P.O.S.T. licensed or eligible for Minnesota P.O.S.T. licensing?

(Please check one)

<input type="checkbox"/>	Yes, I am currently licensed. Please indicate #	Expiration Date
<input type="checkbox"/>	Yes, I am currently eligible for P.O.S.T. licensing but my licensing is currently inactive or has not yet been activated.	
<input type="checkbox"/>	Yes, I am currently eligible for licensing. I have worked outside of Minnesota for at least three years in law enforcement, and have a post-secondary degree. The three years have been served within the past six years.	
<input type="checkbox"/>	Yes, I am currently eligible for P.O.S.T. licensing. I have worked outside of Minnesota for five years or more in law enforcement. The five years have been served within the past six years.	
<input type="checkbox"/>	Yes, I am currently eligible for P.O.S.T. licensing. I have five years or more of military police service and an honorable discharge.	
<input type="checkbox"/>	No, I am not currently eligible for P.O.S.T. licensing, but I will complete the P.O.S.T. exam BEFORE	
<input type="checkbox"/>	No, I am not eligible for P.O.S.T. licensing.	

EMPLOYMENT HISTORY

This section must be completed even though a resume is attached.
 (CURRENT EXPERIENCE - Begin with present or last position held.)

Employer Name and Information			Position Information
From mm/yy	From mm/yy	Employer Name:	Position Title:
Full-time <input type="checkbox"/>		Address:	Supervisor's Name:
Part-time No. Hrs/week? <input type="checkbox"/>		City, ST ZIP:	Supervisor's Phone #: () -
Duties and Responsibilities:			Supervisor's Email Address:
Reason for leaving:			
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate reason:			

Previous Employer Name and Information			Position Information
From mm/yy	From mm/yy	Employer Name:	Position Title:
Full-time <input type="checkbox"/>		Address:	Supervisor's Name:
Part-time No. Hrs/week? <input type="checkbox"/>		City, ST ZIP:	Supervisor's Phone #: () -
Duties and Responsibilities:			Supervisor's Email Address:
Reason for leaving:			
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate reason:			

Previous Employer Name and Information			Position Information
From mm/yy	From mm/yy	Employer Name:	Position Title:
Full-time <input type="checkbox"/>		Address:	Supervisor's Name:
Part-time No. Hrs/week? <input type="checkbox"/>		City, ST ZIP:	Supervisor's Phone #: () -
Duties and Responsibilities:			Supervisor's Email Address:
Reason for leaving:			
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate reason:			

Previous Employer Name and Information			Position Information
From mm/yy	From mm/yy	Employer Name:	Position Title:
Full-time <input type="checkbox"/>		Address:	Supervisor's Name:
Part-time No. Hrs/week? <input type="checkbox"/>		City, ST ZIP:	Supervisor's Phone #: () -
Duties and Responsibilities:			Supervisor's Email Address:
Reason for leaving:			
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate reason:			

Previous Employer Name and Information			Position Information
From mm/yy	From mm/yy	Employer Name:	Position Title:
Full-time <input type="checkbox"/>		Address:	Supervisor's Name:
Part-time No. Hrs/week? <input type="checkbox"/>		City, ST ZIP:	Supervisor's Phone #: () -
Duties and Responsibilities:			Supervisor's Email Address:
Reason for leaving:			
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate reason:			
LAW ENFORCEMENT EXPERIENCE			
<input type="checkbox"/> More than 5 years as a full-time peace officer (on department greater than 50 sworn officers)			
<input type="checkbox"/> 1 to 5 years as a full-time peace officer (on department greater than 50 sworn officers)			
<input type="checkbox"/> More than 5 years as a full-time peace officer (on a department of 50 or less sworn officers)			
<input type="checkbox"/> 1 to 5 years as a full-time peace officer (on a department of 50 or less sworn officers)			
<input type="checkbox"/> 1 to 5 years as a part-time peace officer (any size department)			
<input type="checkbox"/> 1 to 5 years as a reserve police or sheriffs reserve/volunteer/explorer, active military service (other than military police), community service officer, police dispatcher, corrections, parole, probation officers, private security, law enforcement agency related position.			
<input type="checkbox"/> More than 5 years military police			
<input type="checkbox"/> 1 to 5 years military police			
<input type="checkbox"/> 1 to 5 years as Reserve Forces or National Guard member			
OTHER WORK EXPERIENCE			
<input type="checkbox"/> Managerial or supervisory experience (including military and law enforcement) - Number of years Months			
<input type="checkbox"/> Full-time work experience - Number of years Months			
<input type="checkbox"/> Part-time work experience - Number of years Months			
ADDITIONAL INFORMATION RELEVANT TO POSITION			
Specialized Skills (Check all that apply)			
<input type="checkbox"/> Use of Force Instructor	<input type="checkbox"/> EMT	<input type="checkbox"/> K-9 Handler	<input type="checkbox"/> ERU / SWAT
<input type="checkbox"/> Field Training Officer	<input type="checkbox"/> Crisis Negotiator	<input type="checkbox"/> Intoxilyzer Operator	<input type="checkbox"/> Accident Reconstruction
<input type="checkbox"/> Firearms Instructor	<input type="checkbox"/> CIT (Crisis Intervention) emotionally/behaviorally handicapped		<input type="checkbox"/> Commercial Vehicle Inspector
<input type="checkbox"/> Investigator/Narcotics Investigator	<input type="checkbox"/> Radar / Lidar Instructor	<input type="checkbox"/> School Liaison/Resource Officer	
		<input type="checkbox"/> DRE (Drug Recognition Expert)	
List any fluent foreign language(s) / sign language (subject to verification):			
Current Licenses and Certificates:			
Professional Membership / Associations:			
Volunteer and unpaid work experience:			

SUPERVISORY AND MANAGEMENT TRAINING

Sponsor and Location	Name	Post Credits

Explain supervisory and management experience:

State any additional information you feel may be helpful to us in considering your application:

DRIVER'S LICENSE INFORMATION

Driver's License Number	State	Expiration Date	Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> CDL
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List any endorsements:

Have you ever had a driver's license issued by another name? No Yes If yes, list other name(s):

Have you ever had a driver's license issued by another state? No Yes If yes, what state(s):

Has your driver's license ever been suspended, revoked or placed on court probation by another state? No Yes
If yes, list and described circumstances:

Do you have any restrictions on your license: No Yes If yes, please list:

Have your driving privileges ever been denied, suspended or revoked: No Yes
If yes, give dates and complete reasons:

Have you ever received a traffic summons (traffic ticket) (exclude parking violations)? No Yes
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:

CONVICTION INFORMATION: No person shall be disqualified from public employment solely or in part because of prior conviction of a 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 6700.0700:

E. The applicant must not be required to register as a predatory offender under *Minnesota Statutes*, section 243.166 or 243.167.

F. No applicant may be appointed to the position of peace officer who has been convicted:

- (1) of a felony in this state or in any other state or federal jurisdiction
- (2) of any offense in any other state or federal jurisdiction which would have been a felony if committed in Minnesota;
- (3) under *Minnesota Statutes*, section 609.224, 609.2242, 609.231, 609.2325, 609.233, 609.2335, 609.234, 609.324, 609.465, 609.466, 609.52, or 609.72, subdivision 3; or convicted under any state or federal narcotics or controlled substance law irrespective of any proceeding under *Minnesota Statutes*, section 152.18, or any similar law of another state or federal law; or
- (4) of any of the crimes listed in this item in another state or federal jurisdiction, or under a local ordinance that would be a conviction if committed in Minnesota.

Applicants who are selected as finalists will be subject to a criminal background investigation.

Have you ever been convicted of a crime? No Yes If yes, please complete the following to each offense.

Nature of Offense	Date of Offense and Location	Disposition

REFERENCES

List three (3) persons other than relatives or supervisor who can attest to your character and ability regarding the position for which you are applying.

Name	Title / Occupation	Years Known
Address		Phone # () -
Name	Title / Occupation	Years Known
Address		Phone # () -
Name	Title / Occupation	Years Known
Address		Phone # () -

VETERAN'S PREFERENCE POINTS

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 provisions of Minnesota Statutes 43A.11. To be eligible for veterans 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 by above) or the spouse of a disable 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 veterans' 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 veterans DD214 and FL-802 or death certificate.

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

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? YES NO

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

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 From: _____ To: _____	
Rank at Discharge	Type of Discharge	Date of Final Discharge	Service No:
Are you receiving or eligible for military pension? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preference requested: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Spouse of Deceased 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 7 calendar days after the application deadline for the position in order to guarantee points awarded in a timely manner.

Supporting documentation: _____ is attached _____ will be submitted within 7 days of application deadline.

FOR OFFICE USE ONLY

10 points _____

15 points _____

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 Morris, 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, dismissal from employment upon discovery of the information.

I understand that this application is not a contract of employment.

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.

Printed Name	Signature	Date
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RETURN FULLY COMPLETED APPLICATION AND APPLICABLE DOCUMENTS TO:

CITY OF MORRIS
PO BOX 438
609 OREGON AVENUE
MORRIS, MN 56267

For more information, call the Morris City Office at (320) 589-3141 or
Visit our website at <http://www.ci.morris.mn.us/pd/>

EQUAL EMPLOYMENT OPPORTUNITY APPLICANT INFORMATION

Providing the following information is entirely VOLUNTARY. This information will be used for reporting purposes in compliance with EEO/AA laws and to determine the effectiveness of recruitment efforts and the validation of selection methods. You are not legally required to provide this information. If you do not, the information contained in our reports will be less complete. This information will remain separate from your application and will be held strictly confidential.

POSITION APPLIED FOR: Chief of Police

GENDER:

Male

Female

RACIAL/ETHNIC GROUP:

American Indian/Alaskan

Asian/Pacific Islander

Black/African-American

Hispanic

White

Other

HOW DID YOU LEARN ABOUT THIS POSITION?

Morris Sun Tribune

League of MN Cities/Cities Bulletin

Posted Announcement

City Employee

Walk-In

Internet (website):

Other (specify):