



## Required Supplemental Application Form

**Applicant Name:** \_\_\_\_\_

## Required Supplemental Application Form

### POLICE OFFICER

---

**YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED AS AN APPLICANT.**

**Please note:**

This supplemental form will be used to rank applicants, so please be complete and accurate in your responses.

---

1. Are you currently POST Board licensed? (*Choose one*)    **YES**                    **NO**

If yes, please list POST license number: \_\_\_\_\_

If no, list your POST Board licensure test date: \_\_\_\_\_

2. Do you possess a valid MN Driver's License? (*Choose one*)    **YES**                    **NO**

3. List your education and degrees held:

<u>Organization</u>	<u>Degree Achieved</u>	<u>Duration</u>
---------------------	------------------------	-----------------

4. Are you a certified instructor in a related law enforcement program?  
(*Choose one*)                    **YES**                    **NO**

If yes, please list the courses you are certified to teach and your experience with them:

5. Have you been involved and/or volunteered as either a First Responder or EMT and are you currently certified? (*choose one*)    **YES**                    **NO**

If yes, please explain your experience as a First Responder and/or EMT:

<u>Organization</u>	<u>Duration</u>
---------------------	-----------------

6. (a)What do you think is the key to providing quality customer service?

(b) Describe how you have demonstrated this in your past work history.

Organization                      Describe customer service duties                      Duration

7. Do you possess any verifiable experience in conflict resolution?

(Choose one)                      **YES**                      **NO**

If yes, please list your certification(s) or classes taken:

8. Do you possess any of the following licensures?

(For any certifications checked, please list the certification period with start and expiration dates.)

- Certified Traffic RADAR or LIDAR Operator \_\_\_\_\_
- First Aid and CPR \_\_\_\_\_
- S.F.S.T (Standardized Field Sobriety Training) \_\_\_\_\_
- OPUE (Occupant Protection Usage and Enforcement \_\_\_\_\_
- Other position relevant licensure: (list: \_\_\_\_\_)

9. Do you have any experience in records management, writing reports and computer program(s)?

(choose one)                      **YES**                      **NO**

If yes, please detail below your records management and writing skills experience:

Organization                      Duties Performed                      Duration

Please list your experience with the following computer software programs and your proficiency with each program. Please list and rank any additional program experience. Please rank all programs 1 to 5, with 1 being lowest proficiency to 5 being highest proficiency.

- a. Word                                      Proficiency
- b. Excel                                      Proficiency
- c. Access                                      Proficiency
- d. List other software in which you are proficient:                      Proficiency

11. *Other qualifications:*

Summarize special job-related skills and qualifications acquired from employment, education or other experience.

\*\*\*\*\*

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 my application for employment or this addendum will be grounds for disqualification for employment, or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

I further understand that if offered a position, I must submit to and pass a controlled substance screen and will be required to submit to and pass a criminal background check, and employment reference checks.

By my signature on this form, I hereby acknowledge that I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_