

POLICE DEPARTMENT

CITY OF JANESVILLE, MINNESOTA

APPLICATION FOR EMPLOYMENT

It is the policy of the Janesville Police Department and the City of Janesville to provide equal opportunity to all employees and applicants for employment. The Janesville Police Department and the City of Janesville will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, or status with regard to public assistance. Our employment decisions are made on the basis of individual ability and merit.

Guidelines for Understanding the Employment Process and Completing the Application Form:

To ensure that your application will be accurately processed, please review the following:

1. Please print or type when completing this form.
2. Follow instructions completely and sign your application where required.
3. Be specific and complete when filling out the Employment History section; applications forms that are incomplete will be removed from further consideration. If additional space is needed to complete your employment history, extra sheets are available from the Janesville Police Department or blank sheet of paper can be substituted utilizing the same format as the application form. A resume may be attached to the completed application, but may not be used to substitute the information requested on the application form.
4. Applications received after the closing date will not be accepted.
5. The Janesville Police Department encourages departmental employees to live within the city they serve. Those residing outside the city will be required to reside within a 10-minute response radius.
6. The Chief of Police will administer recruitment of employees. At a minimum, position openings will be advertised locally and listed with the Minnesota State Job Service.
7. When the stated application deadline is past, all applications will be reviewed and evaluated to determine how well each applicant is suited for the position opening.
8. The Chief of Police will schedule interviews with the best qualified applicants.
9. Those applicants who are selected for interviews for the position of Police Officer will be required to complete and return a background investigation questionnaire with a current photograph and three (3) sets of applicant fingerprint cards.
10. Interviews will be conducted by the Chief of Police, City Administrator, members of the City Council and a representative of the business community. After discussion, they will rate all applicants interviewed and select the best qualified applicant for the position.
11. A background investigation will then be completed for those applying for a Police Officer position and upon suitable recommendation a conditional job offer made by the Chief of Police.
12. An applicant for the position of Police Officer will then be scheduled for a psychological and physical examination to meet Minnesota Peace Officer Standards and Training Board requirements.
13. Upon successful completion of the aforementioned requirements, a final job offer will be extended.

If you have any questions concerning completion of your employment application or the employment procedures for the Janesville Police Department, please contact the office of the Chief of Police at (507) 234-5111.

The Janesville Police Department is an Equal Opportunity/Affirmative Action Employer

PERSONAL INFORMATION

Position Applying for _____

Social Security Number _____ Male ____ Female ____

Birth Date _____ Place of Birth _____

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Other names ever used _____
(e.g. alias, nickname, etc.)

Home Phone () _____ Work Phone () _____

AVAILABILITY

When can you start work? _____

MILITARY SERVICE AND VETERANS PREFERENCE

Have you served in the United States Military Service? If your
Only active duty was training in the Reserves or National
Guard, answer "No". Yes ____ No ____

Were you discharged from the military service under honorable
Conditions? (If your discharge was changed to "honorable" or "general"
By a Discharge Review Board, answer "Yes". If you received a clemency
Discharge, answer "NO".) If "NO", provide below the date and type of
Discharge you received. Yes ____ No ____

Discharge Date _____
(Month, Day, Year)

Discharge type _____

List the dates (Month, Day, Year), and branch for all active duty military service.

From _____ To _____ Branch of Service _____

From _____ To _____ Branch of Service _____

Are you claiming Veteran's Preference? Yes ____ No ____
(If yes, complete the attached Veteran's Preference Sheet)

EMPLOYMENT HISTORY

- **The Janesville Police Department uses a 100-point system to assign value to the experience and training that relates most closely to the position you are applying for. Your experience and training will be scored using the experience and training value system designed for this position. Those applicants (typically the top 3 to 5) with the highest number of total points will be interviewed for the position.**
- **In order to receive the correct points and credit for the knowledge and skills you have acquired, it is absolutely necessary that you are specific when describing these skills. Do not use a single general statement to describe the duties you have performed. List each major duty performed for each position held within the past 10 years. Do not use general terms, be specific.**
- **Please be very specific in stating the dates of employment and number of hours you worked per week for each job experience indicated. We need this information to properly score your experience. If hours worked per week vary, please use the average number of hours worked per week.**
- **Complete the “Length of Employment” section for positions held within the past 10 years. But, please do include all of your relevant work experience in the Employment History section.**
- **Please give accurate, complete employment information. List your present or most recent experience first. Additional employment history sheets are available from the Janesville Police Department if you need extra space to list your job experiences. You can also use blank sheet of paper if the same format is followed as is on the application pages pertaining to employment history.**
- **If you were unemployed for longer than 3 months within the past 10 years, list the dates and your address(es) on an employment history sheet**
- **Include Military Service on an employment history sheet. Complete all parts of the sheet just as you would for a non-military job, including all supervisory experience. Describe each major change of duties or responsibilities on a separate employment history sheet.**
- **You may sum up in one block work that you did more than 10 years ago. But if that work is related to the type of job you are applying for, describe each related job on a separate employment history sheet.**

Do not mark you applications "Please see resume"

Present or Most Recent Employer

Employer _____

Address _____

Length of employment From _____ To _____ Hrs. per week _____

Number of years and months employed in this position _____ years _____ months

Supervisor's Name and title _____

Supervisor's Telephone Number _____

Your job title _____

Number and types of positions you supervised _____

Reason for leaving _____

Principal responsibilities (be complete)

May we contact this employer regarding your work record? Yes _____ No _____

Do not mark you applications "Please see resume"

Previous Employer

Employer _____

Address _____

Length of employment From _____ To _____ Hrs. per week _____

Number of years and months employed in this position _____ years _____ months

Supervisor's Name and title _____

Supervisor's Telephone Number _____

Your job title _____

Number and types of positions you supervised _____

Reason for leaving _____

Principal responsibilities (be complete)

May we contact this employer regarding your work record? Yes _____ No _____

Do not mark you applications "Please see resume"

Previous Employer

Employer _____

Address _____

Length of employment From _____ To _____ Hrs. per week _____

Number of years and months employed in this position _____ years _____ months

Supervisor's Name and title _____

Supervisor's Telephone Number _____

Your job title _____

Number and types of positions you supervised _____

Reason for leaving _____

Principal responsibilities (be complete)

May we contact this employer regarding your work record? Yes _____ No _____

Do not mark you applications "Please see resume"

Previous Employer

Employer _____

Address _____

Length of employment From _____ To _____ Hrs. per week _____

Number of years and months employed in this position _____ years _____ months

Supervisor's Name and title _____

Supervisor's Telephone Number _____

Your job title _____

Number and types of positions you supervised _____

Reason for leaving _____

Principal responsibilities (be complete)

May we contact this employer regarding your work record? Yes _____ No _____

Do not mark you applications "Please see resume"

Previous Employer

Employer _____

Address _____

Length of employment From _____ To _____ **Hrs. per week** _____

Number of years and months employed in this position _____ years _____ months

Supervisor's Name and title _____

Supervisor's Telephone Number _____

Your job title _____

Number and types of positions you supervised _____

Reason for leaving _____

Principal responsibilities (be complete)

May we contact this employer regarding your work record? Yes _____ **No** _____

EDUCATION

If specific education or training is required for the position you are applying for, you must include the pertinent information below in order to be considered for the position for which you are applying.

Did you graduate from high school (If you have a GED high school equivalency, answer yes) Yes _____ No _____
If yes, give month and year _____

Name of High School _____

Address of High School _____

Did you attend college Yes _____ No _____

Name of college _____

Address of college _____

Attended From _____ To _____ Number of credit Hours _____

Chief field of study _____ Graduate Yes _____ No _____

Type of Degree AA/AS _____ BA/BS _____ MA/MS _____

Name of college _____

Address of college _____

Attended From _____ To _____ Number of credit Hours _____

Chief field of study _____ Graduate Yes _____ No _____

Type of Degree AA/AS _____ BA/BS _____ MA/MS _____

Name of college _____

Address of college _____

Attended From _____ To _____ Number of credit Hours _____

Chief field of study _____ Graduate Yes _____ No _____

Type of Degree AA/AS _____ BA/BS _____ MA/MS _____

If you have completed any other courses or training related to the position you are applying for (trade, vocational, Armed Forces, business) provide information below.

School name _____

Address _____

Attended From _____ To _____ Number of course Hours _____

Subject/Field of Study _____

School name _____

Address _____

Attended From _____ To _____ Number of course Hours _____

Subject/Field of Study _____

SPECIAL SKILLS, ACCOMPLISHMENTS AND AWARDS

Give the title and year of any honors, awards or fellowships you have received. List your special qualifications skills or accomplishments that may benefit the position for which you are applying. Examples are: skills with computers, most important publications; public speaking and writing experience; membership in professional societies or associations; specialized training; etc.

Do you speak or read a language other than English? Yes _____ No _____

Language _____

Speak and Understand Fluently _____ Passably _____

Read and Write Easily _____ with Difficulty _____

Translate Into English _____ From English _____

Application for Employment
Police Department
DRIVER'S LICENSE

Please indicate if you currently have any of the following driver's licenses;

Minnesota Class A _____
Minnesota Class B _____
Minnesota Class C _____ -or- equivalent

Driver's License Number _____

Please include a photocopy of your license. A copy with your application form is required for consideration.

OTHER LICENSES

Please list any other licenses, registrations or certifications that are required or pertinent to the position for which applying. If this licensing, etc. is required for the position, and you fail to include a photocopy of it with your application form, your name will be removed from further consideration for the position. If this licensing is not required for the position but you feel it is relevant and may be an item for which we are awarding points, a photocopy must be included with your application for credit to be awarded.

License or certificate	Licensing Agency	Expiration Date	License Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

List people you know well, preferably from a work environment who know your qualifications and fitness for the position applied.

Name _____ Address _____

Home Phone _____ Work Phone _____

Name _____ Address _____

Home Phone _____ Work Phone _____

Name _____ Address _____

Home Phone _____ Work Phone _____

Application for Employment
Police Department

Are you a United States Citizen Yes _____ No _____

If yes, native born _____ Naturalized _____ Naturalization Number _____

During the last 10 years, were you fired from any job for any reason, did you quit after being told that you would be fired, or did you leave by mutual agreement because of specific problems? Yes _____ No _____

Have you ever been convicted of any felony, gross misdemeanor or misdemeanor violation of the law in Minnesota, any other state or under the jurisdiction of the United States Government? Yes _____ No _____

Have you ever been convicted of any firearms or explosives violation? Yes _____ No _____

Are you currently under any charges for any violation of the Law? Yes _____ No _____

During the last 10 years have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? Do not include violations previously stated above. Yes _____ No _____

Have you ever been convicted of any type of Domestic or Family Assault violations in Minnesota, any other state or under the jurisdiction of the United States Government? Yes _____ No _____

Have you ever been convicted by a military court-martial? If no military service, answer "No" Yes _____ No _____

If you answered yes to any question, provide a detailed explanation below.

BEFORE YOU SIGN AND SUBMIT THIS APPLICATION

- Have you thoroughly read this entire application with special attention to the enclosed Tennessee Warning?
- Signed this application in all required places?
 - The Tennessee Warning
 - The Employee Certification
 - And the Claim for Veterans Preferences on the last page

This application will not be accepted without all necessary signatures

- Provided sufficient information so that proper credit for training and experience is given?
- Completed the claim for Veteran's Preference if applicable to you? Also, a copy of your DD Form 214 is to be attached to the Claim Form at the time of application to determine your eligibility for points. Your DD Form 214 will NOT be accepted after the position closing date.
- Have you included copies of all licensing?

EMPLOYEE CERTIFICATION

Before signing this application, read the following waiver carefully.

1. I have read and understand the job announcement for the position for which I am applying and certify that the answers given in this application are true and complete to the best of my knowledge.
2. I authorize all current and previous employers to release job-related information upon the written request of the Janesville Police Department. However, I understand that if, in the Employment History section, I have answered "No" to the question "May we contact this employer?", contact with the employer will not be made without my specific authorization.
3. I authorize the Janesville Police Department to verify all information on this application to determine whether or not I am qualified for the position for which I am applying.
4. I understand that providing false information on this application will result in dismissal from any position gained on the basis of that false information.

Printed Name of Applicant _____

Signature of Applicant _____

Date _____

Please return this completed application form to

Chief of Police
Janesville Police Department
101 North Mott Street
P.O. Box O
Janesville, Minnesota 56048
Telephone: (507) 234-5111

Date Received: _____

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Janesville 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 Janesville. 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 Janesville. 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 Janesville City 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 Janesville 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 _____

CLAIM FOR VETERAN'S PREFERENCE

The eligibility requirements for veteran's preference are listed below. Read them carefully to see if you qualify. If you do wish to receive preference, be sure to complete this section. Anyone eligible for receiving a monthly veteran's pension benefit based exclusively on length of military service is not eligible. Providing the information in this section is voluntary. You must do so if you wish to obtain the preference.

Veteran Eligibility for Open Competitive Position (5 Points)

Must be a U.S. Citizen or resident alien who has separated under honorable conditions:

- (1) After serving on active duty for 181 consecutive days, or
- (2) By reason of disability incurred while serving on active duty.

Disabled Veteran Eligibility for Open Competitive Position (10 Points)

Must have a compensable service connected disability as adjudicated by the United States Veteran's Administration or by the Retirement Board of the several branches of the armed forces and the disability must exist at the time preference is claimed.

Disabled Veteran Eligibility for Promotional Position (5 Points)

Must, at the time of election to use preference, be entitled to disability compensation for a permanent service-connected disability rated at 50% or more and the position for which you are applying must be the first promotion after entering public employment.

Eligibility as a Spouse of a Deceased or Disabled Veteran

Must be a spouse of either a deceased veteran or the spouse of a disabled veteran who, because of a disability, is unable to qualify for the particular position due to his/her disability and who would have or does meet the criteria for one of the above-listed preferences.

ALL APPLICANTS CLAIMING VETERAN'S PREFERENCE MUST ATTACH A COPY OF HIS/HER FORM DD214. FAILURE TO DO SO MAY RESULT IN LOSS OF VETERAN'S PREFERENCE ELIGIBILITY.

City of Janesville Veteran's Preference Claim Form

For V.A. Use Only: Is the veteran named below rated as having a compensable service-related disability?

No Yes % of Disability _____ By _____ Date: _____

Name of Veteran (last - first - middle)

Name of Applicant - if different than veteran (last - first - middle)

Address _____ City _____ State _____ Zip _____

Classification

To Be Completed by Veteran or Spouse of Deceased Veteran

Are you a U.S. Citizen or resident alien? No Yes Were you honorably discharged from military service?

No Yes Were you separated from military service after serving active duty for at least 181 consecutive days?

No Yes Do you currently have a compensable service-related disability? No Yes If yes, and if you are seeking your first promotion with the City of Janesville, what is the % of your disability? _____%

Are you currently receiving a monthly pension based exclusively on length of military service? No Yes

Branch of Service _____ Date of Discharge _____ Serial Number _____ Type of Separation _____ Date of Entry _____

For spouse of deceased veteran, date of death _____

If Spouse of Disabled Veteran, please answer the following:

If spouse is disabled, please explain why your spouse does not qualify for this position: _____

Claim Number (if disabled) _____ State Claim is Filed In _____

Signature of Veteran

Social Security Number

Date