

MOORHEAD POLICE DEPARTMENT



PATROL OFFICER

BACKGROUND INVESTIGATION INFORMATION PACKET

(April 2023)

INSTRUCTIONS OF ADVISORY FORMS

Please read the enclosed **Background Information Advisory Form** and the **Data Practices Advisory Information Form** carefully. After reading, sign and date the forms.

FULL NAME:	
DATE OF BIRTH:	
RACE:	
SEX:	

List any and all other names by which you are or have been known:

1	
2	
3	
4	
5	
6	

BACKGROUND INFORMATION ADVISORY FORM

The background investigation form is to determine whether to select you as a peace officer for the **Moorhead Police Department**.

Certain information requested on the application is classified as private data under the Minnesota Government Data Practices Act (MGDPA) Minn. Stat. Ch. 13.01 et seq., and may be released only to you, to those in the appointing authority whose jobs reasonably require access to the data, to those authorized by state or federal law to have access to the data and to those for whom you provide a written informed consent authorizing disclosure. The public data you supply is available to anyone who requests it.

Before you are certified as eligible for appointment or considered as a finalist for the position, the following information on the form is private: your name; your address; your telephone number; your eligibility for licensure as a peace officer; and your status with respect to peace officer licensure. When you are certified as eligible or considered as a finalist, your name becomes public. For this purpose, the MGDPA defines a finalist as an individual who is selected to be interviewed prior to selection.

You are not legally required to provide any of the requested information. However, if you do not do so, we will not be able to process your application or consider you for appointment to a position.

We ask for this information for the following reasons:

1. To distinguish you from all other applicants and identify you in our personnel files;
2. To enable us to verify that you are the individual who takes the exam;
3. To enable us to contact you when additional information is required, send you notice and/or schedule you for interviews;
4. To determine if you meet the minimum peace officer licensing requirements;
5. To determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position you applied for;
6. To enable us to ensure your rights to equal opportunities and to meet affirmative action goals;
7. To meet federal reporting requirements; and
8. To make processing more efficient.
9. To complete a background investigation.

The data supplied and collected in the background investigation may be used for other necessary purposes for the administration of the rules of the appointing authority. As such the data may be supplied to consultants such as, but not limited to, psychiatrists, psychologists and doctors. The Civil Service Commission will use the data to determine your suitability for hiring as a Moorhead police officer.

Before you are certified as eligible for appointment or considered a finalist for a position, only the following information you have been asked to provide is public: Veteran's status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. The remainder is private. If you are certified as eligible or become a finalist, your name becomes public. **I have read and understand the information stated above.**

(Signature)

(Date)

**DATA PRACTICES ADVISORY FOR
PROTECTED INFORMATION FORM**

READ THIS ADVISORY BEFORE COMPLETING THIS FORM:

The Minnesota Government Data Practices Act requires you to be informed that the following information which you have been asked to provide on the attached form is considered private data:

1. Your full name.
2. Any and all previous names by which you are known, regardless of whether or not they were your legal names.
3. Your date of birth.
4. Your age.
5. Your sex.

The purpose and intended use of this data is to conduct the background inquiries which under the POST BOARD'S Rules pt. 0700, the agency is required to conduct before you can be licensed as a peace officer and/or appointed as a peace officer in this agency. The specific use for each category of data is described below.

1. To conduct a thorough and complete criminal history and felony background check, all names by which an applicant is or has been, known must be listed.
2. In order to access driver's license data, date of birth must be supplied.
3. In order to complete, and send for evaluation fingerprint cards as required by statute, the race and sex of the person fingerprinted must be entered on the fingerprint card.
4. In order to access criminal history data, date of birth, race and sex must be supplied.
5. A complete criminal history and felony background check, driver's license check, and fingerprint evaluation are required minimum selection standards for peace officers in Minnesota, pursuant to Minn. Rules pt. 6700.0700. These checks are conducted to determine whether there are any job-related factors which affect your suitability for employment.

This data will be used solely for the above mentioned purposes. This data will not be made available to the hiring authority. The data will be forwarded to the background investigator for completion of the criminal history inquiries as required under Minn. Rules pt. 6700.0700. Information gained by use of previous names, date of birth, or race, will be forwarded to the hiring authority without reference to date of birth, age, or race.

You are not legally required to provide the requested information. However, if you do not, the agency will be unable to conduct the required background inquiries and will not be able to process your application and the agency will not be able to consider you for appointment as a peace officer.

The information obtained by use of protected class data will be available to you and those in the appointing authority who have a bona fide need for the data.

The data may also be used for other purposes necessary for the administration of law, rule or ordinance but will be disseminated only as required by law.

If you are certified as eligible for appointment to a position or are considered a finalist, your name becomes public.

I have read and understand the information stated above.

(Signature)

(Date)

BACKGROUND INVESTIGATION INFORMATION PACKAGE

DIRECTIONS FOR COMPLETING THE BACKGROUND PACKET:

1. When completing this form, please type or **print clearly**.
2. A set of releases are contained at the end of the form. Please complete the proper release form as indicated in the background investigation form. You may have to print several releases. Therefore, complete the background investigation form first and then determine the type and number of releases you will need. **Each individual release form must be completed entirely and signed with an original signature.** Return all the release forms with your background packet. Do not mail them to the authorized institution.
3. If you find that there is not adequate space to answer a specific question, provide as much information as space permits. Then continue your response on individual sheets of paper. Include the number of the question and maintain the same format as in the background investigation form.
4. If a question does not apply to you, please type or write N/A (not applicable).
5. Include any requested documents.
6. Be sure to sign the form and the autobiography.
7. Call or email Lt. Mike Detloff if you have any questions at (218) 299-5203.
mike.detloff@moorheadmn.gov

1. What is your full name?

LAST	FIRST	MIDDLE

2. Where do you currently live?

NUMBER	STREET	APARTMENT	
CITY	COUNTY	STATE	ZIP CODE

HOME PHONE	
BUSINESS PHONE	

3. Academic Component of Professional Peace Officer Program completed at: **(Complete a Data Practice Release Form for this school.)**

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Date Completed Academic Component:

Skills Component of Professional Peace Officer Education Completed at: **(Complete a Data Practice Release Form for this school.)**

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Date of Passing Peace Officer Licensing Examination:

4. If you were trained as a peace officer out of state, please complete the following: **(Complete an Educational Institution Release Form and a Data Practices Release Form for the Institution/Training Program.)**

NAME OF TRAINING PROGRAM	
ADDRESS	PHONE

Date of Completion: Length of Course:

Was the training program extended or discipline received while in training? _____ If yes, give explanation.

Date of Peace Officer Certification or License:

Date of Passing the POST's Reciprocity Examination:

5. Are you "eligible for a MN POST License"?

	YES		NO
--	-----	--	----

If yes, when does your eligibility expire?

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(Attach a photocopy of your POST Board eligibility letter and complete a Minnesota POST Board Data Practices Release.)

6. Are you currently licensed as a peace officer?

	YES		NO
--	-----	--	----

If yes, provide the following information:

STATE	LICENSE NUMBER	DATE ORIGINALLY ISSUED	EXPIRATION DATE

7. What is the current status of your peace officer license? **(Attach a photocopy of your license certificate and current renewal card.)**

	VALID-ACTIVE STATUS		VALID-INACTIVE STATUS
	LAPSED		SURRENDERED
	SUSPENDED		REVOKED

8. Have you ever possessed a part-time peace officer license?

	YES- ANSWER BELOW		NO-GO TO NEXT QUESTION
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Current Status of Peace Officer License:

	VALID-ACTIVE STATUS		VALID-INACTIVE STATUS
	LAPSED		OTHER (EXPLAIN BELOW)

9. In chronological order, starting with your present address, list every place you have lived in the past seven years. **(List all addresses including school and military.) If additional space is needed, add more sheets (by copying or using same format.)**

DATES: FROM(MONTH/YEAR)			TO (MONTH/YEAR)
NUMBER	STREET	APARTMENT	
CITY	COUNTY	STATE	ZIP CODE

DATES: FROM(MONTH/YEAR)			TO (MONTH/YEAR)
NUMBER	STREET	APARTMENT	
CITY	COUNTY	STATE	ZIP CODE

DATES: FROM(MONTH/YEAR)		TO (MONTH/YEAR)	
NUMBER	STREET		APARTMENT
CITY	COUNTY	STATE	ZIP CODE

DATES: FROM(MONTH/YEAR)		TO (MONTH/YEAR)	
NUMBER	STREET		APARTMENT
CITY	COUNTY	STATE	ZIP CODE

DATES: FROM(MONTH/YEAR)		TO (MONTH/YEAR)	
NUMBER	STREET		APARTMENT
CITY	COUNTY	STATE	ZIP CODE

DATES: FROM(MONTH/YEAR)		TO (MONTH/YEAR)	
NUMBER	STREET		APARTMENT
CITY	COUNTY	STATE	ZIP CODE

DATES: FROM(MONTH/YEAR)		TO (MONTH/YEAR)	
NUMBER	STREET		APARTMENT
CITY	COUNTY	STATE	ZIP CODE

DATES: FROM(MONTH/YEAR)		TO (MONTH/YEAR)	
NUMBER	STREET		APARTMENT
CITY	COUNTY	STATE	ZIP CODE

10. In chronological order, list every person you have lived with in the last seven years. List their current addresses, phone numbers and occupations if known. **If additional space is needed, add more sheets (by copying or using same format.)**

DATES: FROM (MONTH/YEAR)			TO (MONTH/YEAR)		
FULL NAME:					
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE ZIP CODE
HOME PHONE:			WORK PHONE:		
OCCUPATION:					

DATES: FROM (MONTH/YEAR)			TO (MONTH/YEAR)		
FULL NAME:					
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE ZIP CODE
Home Phone:			Work Phone:		
Occupation:					

DATES: FROM (MONTH/YEAR)			TO (MONTH/YEAR)		
FULL NAME:					
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE ZIP CODE
HOME PHONE:			WORK PHONE:		
OCCUPATION:					

DATES: FROM (MONTH/YEAR)			TO (MONTH/YEAR)		
FULL NAME:					
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE ZIP CODE
HOME PHONE:			WORK PHONE:		
OCCUPATION:					

DATES: FROM (MONTH/YEAR)			TO (MONTH/YEAR)		
FULL NAME:					
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE ZIP CODE
HOME PHONE:			WORK PHONE:		
OCCUPATION:					

DATES: FROM (MONTH/YEAR)			TO (MONTH/YEAR)		
FULL NAME:					
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE ZIP CODE
HOME PHONE:				WORK PHONE:	
OCCUPATION:					

DATES: FROM (MONTH/YEAR)			TO (MONTH/YEAR)		
FULL NAME:					
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE ZIP CODE
HOME PHONE:				WORK PHONE:	
OCCUPATION:					

DATES: FROM (MONTH/YEAR)			TO (MONTH/YEAR)		
FULL NAME:					
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE ZIP CODE
HOME PHONE:				WORK PHONE:	
OCCUPATION:					

DATES: FROM (MONTH/YEAR)			TO (MONTH/YEAR)		
FULL NAME:					
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE ZIP CODE
HOME PHONE:				WORK PHONE:	
OCCUPATION:					

DATES: FROM (MONTH/YEAR)			TO (MONTH/YEAR)		
FULL NAME:					
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE ZIP CODE
HOME PHONE:				WORK PHONE:	
OCCUPATION:					

11. Are you a native born or naturalized citizen?

	YES		NO
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12. List the names of your father, mother, brothers, and sisters: **If additional space is needed, add more sheets (by copying or using same format.)**

FULL NAME:						RELATIONSHIP:		
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE		
HOME PHONE:				WORK PHONE:				
OCCUPATION:								

FULL NAME:						RELATIONSHIP:		
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE		
HOME PHONE:				WORK PHONE:				
OCCUPATION:								

FULL NAME:						RELATIONSHIP:		
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE		
HOME PHONE:				WORK PHONE:				
OCCUPATION:								

FULL NAME:						RELATIONSHIP:		
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE		
HOME PHONE:				WORK PHONE:				
OCCUPATION:								

FULL NAME:						RELATIONSHIP:		
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE		
HOME PHONE:				WORK PHONE:				
OCCUPATION:								

FULL NAME:						RELATIONSHIP:		
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE		
HOME PHONE:				WORK PHONE:				
OCCUPATION:								

13. List any Peace Officers you are acquainted with: **If additional space is needed, add more sheets (by copying or using same format.)**

NAME:						DEPARTMENT:		
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE		
HOME PHONE:			WORK PHONE:					

NAME:						DEPARTMENT:		
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE		
HOME PHONE:			WORK PHONE:					

NAME:						DEPARTMENT:		
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE		
HOME PHONE:			WORK PHONE:					

NAME:						DEPARTMENT:		
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE		
HOME PHONE:			WORK PHONE:					

NAME:						DEPARTMENT:		
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE		
HOME PHONE:			WORK PHONE:					

NAME:						DEPARTMENT:		
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE		
HOME PHONE:			WORK PHONE:					

NAME:						DEPARTMENT:		
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE		
HOME PHONE:			WORK PHONE:					

14. List names of five friends and/or associates. Do not include former employers, school teachers or peace officers listed before. State association e.g. friend, co-worker.

FULL NAME:					ASSOCIATION:			
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE		
HOME PHONE:			WORK PHONE:					
OCCUPATION:								

FULL NAME:					ASSOCIATION:			
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE		
HOME PHONE:			WORK PHONE:					
OCCUPATION:								

FULL NAME:					ASSOCIATION:			
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE		
HOME PHONE:			WORK PHONE:					
OCCUPATION:								

FULL NAME:					ASSOCIATION:			
ADDRESS:	NUMBER	STREET	APARTMNET	CITY	STATE	ZIP CODE		
HOME PHONE:			WORK PHONE:					
OCCUPATION:								

FULL NAME:					ASSOCIATION:			
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE		
HOME PHONE:			WORK PHONE:					
OCCUPATION:								

15. In chronological order, beginning with the most recent, list all high schools and post secondary schools you have attended: **(Complete a Data Practices Release for each school.) If additional space is needed, add more sheets (by copying or using same format.)**

DATES ATTENDED: FROM (MONTH/YEAR)			TO (MONTH/YEAR)		
SCHOOL:					
ADDRESS:	NUMBER	STREET		CITY	STATE ZIP CODE
PHONE NUMBER:					
DEGREE OR LAST GRADE:				MAJOR:	

DATES ATTENDED: FROM (MONTH/YEAR)			TO (MONTH/YEAR)		
SCHOOL:					
ADDRESS:	NUMBER	STREET		CITY	STATE ZIP CODE
PHONE NUMBER:					
DEGREE OR LAST GRADE:				MAJOR:	

DATES ATTENDED: FROM (MONTH/YEAR)			TO (MONTH/YEAR)		
SCHOOL:					
ADDRESS:	NUMBER	STREET		CITY	STATE ZIP CODE
PHONE NUMBER:					
DEGREE OR LAST GRADE:				MAJOR:	

DATES ATTENDED: FROM (MONTH/YEAR)			TO (MONTH/YEAR)		
SCHOOL:					
ADDRESS:	NUMBER	STREET		CITY	STATE ZIP CODE
PHONE NUMBER:					
DEGREE OR LAST GRADE:				MAJOR:	

16. List any disciplinary action taken against you by the school(s) attended: (Include school, date, problem, action taken and explanation.)

17. List any awards or certificates you received in school: (Include school, date, award, and brief explanation.)

18. List any and all Internships: **(Complete a Data Practices Release Form for each.)**

DATES: FROM (MONTH/YEAR)				TO (MONTH/YEAR)			
ORGANIZATION:							
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE	
PHONE NUMBER:							
TYPE OF INTERNSHIP (E.G. LAW ENFORCEMENT):							

DATES: FROM (MONTH/YEAR)				TO (MONTH/YEAR)			
ORGANIZATION:							
ADDRESS:	NUMBER	STREET	APARTMENT	CITY	STATE	ZIP CODE	
PHONE NUMBER:							
TYPE OF INTERNSHIP (E.G. LAW ENFORCEMENT):							

19. Immediately have certified transcripts forwarded directly from all high schools and colleges attended to:

Lt. Mike Detloff
Moorhead Police Department
911 11th St N
Moorhead, MN 56560

Proper fees must be paid to the school(s) by the applicant.

20. Have you ever served as an **ACTIVE** member in a military organization of the United States?
If no, go to Question 27.

	YES		NO
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If yes, give details:

If yes, enclose a DD214 for each tour of duty, and complete a GSA 180, Request for Military Records.

21. Branch of Service: _____
 Military Specialty: _____

22. Rank Held: _____ At time of Discharge: _____ Highest: _____
 Service Serial Number: _____
 Commanding Officer at time of Discharge: _____

23. Give period or periods of active service:

FROM:	TO:
FROM:	TO:
FROM:	TO:

24. How many discharges or separations from service were given to you?

DISCHARGES:	SEPARATIONS:
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25. Has your discharge or separation notice ever been corrected or changed? YES NO
 If yes, what was the nature of the change?

FROM:	TO:
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26. Were you ever the subject of any military disciplinary action? YES NO

If yes, give details of charges, agency concerned, dates and dispositions:

27. Are you now or were you ever an active or inactive member of the reserve forces (any branch) of the United States, any foreign government, or the National Guard of any state? **(If yes, complete a GSA 180, Request for Military Records.)** (If no, go to Question 29.)

YES	NO	IF YES, ACTIVE OR INACTIVE:
BRANCH:		REGIMENT: UNIT:
ADDRESS:		
RANK:		
FROM:		TO:

28. List any awards or decorations you received while in the military:

29. Have you ever served in the military organization of any foreign government?
If yes, give details:

	YES		NO
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30. In chronological order starting with your current employer, list every place you have been employed since the age of 18. **Omit none.** Give correct, full address. Give dates of idleness between periods of employment in proper sequence. (Include all part-time, seasonal, etc.) **(Complete a Data Practices Release Form for each employer.) If additional space is needed, add more sheets (by copying or using same format.)**

DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR
FROM _____ TO _____ <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> NOT EMPLOYED		
	TELEPHONE NUMBER	NAMES OF CO-WORKERS
	YOUR TITLES AND DUTIES	
REASON FOR LEAVING		

DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR
FROM _____ TO _____ <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> NOT EMPLOYED		
	TELEPHONE NUMBER	NAMES OF CO-WORKERS
	YOUR TITLES AND DUTIES	
REASON FOR LEAVING		

DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR
FROM _____ TO _____ <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> NOT EMPLOYED		
	TELEPHONE NUMBER	NAMES OF CO-WORKERS
	YOUR TITLES AND DUTIES	
REASON FOR LEAVING		

DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR
FROM _____ TO _____ <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> NOT EMPLOYED		
	TELEPHONE NUMBER	NAMES OF CO-WORKERS
	YOUR TITLES AND DUTIES	
REASON FOR LEAVING		

DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR
FROM _____ TO _____ <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> NOT EMPLOYED		
	TELEPHONE NUMBER	NAMES OF CO-WORKERS
	YOUR TITLES AND DUTIES	
REASON FOR LEAVING		

DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR
FROM _____ TO _____ ___ FULL-TIME ___ PART-TIME ___ VOLUNTARY ___ MILITARY SERVICE ___ NOT EMPLOYED		
	TELEPHONE NUMBER	NAMES OF CO-WORKERS
	YOUR TITLES AND DUTIES	
REASON FOR LEAVING		

DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR
FROM _____ TO _____ ___ FULL-TIME ___ PART-TIME ___ VOLUNTARY ___ MILITARY SERVICE ___ NOT EMPLOYED		
	TELEPHONE NUMBER	NAMES OF CO-WORKERS
	YOUR TITLES AND DUTIES	
REASON FOR LEAVING		

DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR
FROM _____ TO _____ <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> NOT EMPLOYED		
	TELEPHONE NUMBER	NAMES OF CO-WORKERS
	YOUR TITLES AND DUTIES	
REASON FOR LEAVING		

DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR
FROM _____ TO _____ <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> NOT EMPLOYED		
	TELEPHONE NUMBER	NAMES OF CO-WORKERS
	YOUR TITLES AND DUTIES	
REASON FOR LEAVING		

DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR
FROM _____ TO _____ <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> NOT EMPLOYED		
		NAMES OF CO-WORKERS
	TELEPHONE NUMBER	
	YOUR TITLES AND DUTIES	
REASON FOR LEAVING		

31. Were you ever discharged or asked to resign from employment?

	YES		NO
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If yes, complete the following:

EMPLOYER	
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Date and Reason for Leaving:

32. Were you ever disciplined in connection with any employment?

	YES		NO
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If yes, complete the following:

EMPLOYER	
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DATE AND DETAILS:

33. Have you ever possessed a professional or occupational license, permit, or certificate (excluding peace officer license)?

	YES		NO
--	-----	--	----

If yes, give details and **Complete a Data Practices Release Form:**

34. Has any license or permit (excluding driver's license or learner's permit) issued to you by any city, state or federal agency ever been denied, revoked, suspended or cancelled, or to any corporation or partnership of which you were an officer, director or partner?

	YES		NO
--	-----	--	----

If yes, give details and **Complete a Data Practices Release Form:**

35. Have you ever made application to any other law enforcement agencies?

	YES		NO
--	-----	--	----

If yes, provide details:

DATE	AGENCY	ADDRESS AND PHONE	STATUS

36. Have you ever been the subject of a background investigation conducted by a law enforcement agency which was considering you for employment?

	YES		NO
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If yes, complete the following: **(Complete a Data Practices Release Form for each agency.)**

DATE	AGENCY	ADDRESS AND PHONE	STATUS

37. Have you ever been rejected by or have you withdrawn from any background investigation and or/hiring process?

	YES		NO
--	-----	--	----

If yes, complete the following: **(Complete a Data Practices Release Form for each agency.)**

DATE:	VIOLATION:
AGENCY CONCERNED:	
NAME, ADDRESS AND PHONE OF COURT:	
COURT DISPOSITION:	

DATE:	VIOLATION:
AGENCY CONCERNED:	
NAME, ADDRESS AND PHONE OF COURT:	
COURT DISPOSITION:	

DATE:	VIOLATION:
AGENCY CONCERNED:	
NAME, ADDRESS AND PHONE OF COURT:	
COURT DISPOSITION:	

DATE:	VIOLATION:
AGENCY CONCERNED:	
NAME, ADDRESS AND PHONE OF COURT:	
COURT DISPOSITION:	

43. Have you ever been fingerprinted (exclude only present application with this department)?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If yes, complete the following:

WHEN	WHERE	REASON

44. As an adult, have you ever received a summons (ticket) for violation of the traffic laws in this state or any other state (exclude parking violations)?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If yes, complete the following:

DATE:	VIOLATION:
AGENCY CONCERNED:	
NAME, ADDRESS AND PHONE OF COURT:	
COURT DISPOSITION:	

DATE:	VIOLATION:
AGENCY CONCERNED:	
NAME, ADDRESS AND PHONE OF COURT:	
COURT DISPOSITION:	

DATE:	VIOLATION:
AGENCY CONCERNED:	
NAME, ADDRESS AND PHONE OF COURT:	
COURT DISPOSITION:	

DATE:	VIOLATION:
AGENCY CONCERNED:	
NAME, ADDRESS AND PHONE OF COURT:	
COURT DISPOSITION:	

45. Was your driver's license or other vehicle operator's license ever revoked or suspended?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	REVOKED	<input type="checkbox"/>	SUSPENDED
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If yes, complete the following:

WHICH LICENSE:	
WHEN:	WHERE:
WHY:	

46. If your license was revoked or suspended was it ever restored?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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WHEN:	WHERE:
WHY:	

47. Have you ever been involved in a motor vehicle accident?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If yes, give details: (Include date, location, agency, violations, and type of accident)

48. Do you or did you possess a Minnesota Driver's License?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If yes, complete the following:

DRIVER'S LICENSE NUMBER:
TYPE OF LICENSE:

(Complete Data Practices Release Form and address to: Minnesota Department of Public Safety Driver & Vehicle Section Transportation Building; St Paul, MN 55155)

49. Do you or did you ever possess a driver's license issued by any state other than Minnesota?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If yes, provide the following information:

STATE:	TYPE OF LICENSE:
DRIVER'S LICENSE NUMBER:	

50. Has an auto insurance company taken action against your insurance coverage?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If yes, give details (include company's name, address and phone number):

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information from this application may be cause for rejection, or dismissal if employed.

SIGNATURE OF APPLICANT	DATE

AUTOBIOGRAPHY

Please complete and attach a hand written autobiography on a separate sheet of paper.

There are several reasons that this agency is requesting this information. In particular, this agency is interested in activities or events in your life which you believe will help you become a good law enforcement officer. We are interested in learning why law enforcement appeals to you, and what you think you can contribute to our agency. Furthermore, this exercise will be used to assess your ability to express yourself in writing, and to demonstrate that you possess the necessary written skills (spelling, grammar, punctuation, etc.) to adequately function as a law enforcement officer.

Minnesota Statute Sec. 363.03, Subd. 4(a) forbids agencies to seek and obtain any information regarding race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability or age. Therefore, we request that you make no mention of your status regarding these protected classes in your autobiography. Failure to comply with this request may result in the elimination of the autobiography and may affect your potential consideration for employment with this agency.

Instructions:

1. Write or print as clearly and legibly as possible
2. Sign your autobiography using your normal signature