



Police Officer Recruitment Supplemental Questionnaire City of Windom



Please complete the following information. This form, along with a cover letter and resume must be turned in with your application.

We welcome your interest in advancing your career with the City of Windom. Please furnish us with as complete of information as possible so that we may give you full consideration. In addition to this questionnaire, you may attach further information, which you believe qualifies you for the position of Police Officer.

The City of Windom is an Affirmative Action Employer. It is our policy to provide equal employment opportunities to all. The City of Windom does not discriminate on the basis of race, color, creed, religion, national origin, gender, sexual orientation, disability, age, marital status, membership or activity in a local commission, or status with regard to public assistance. Applicants will be evaluated and selected on the basis of merit.

First Name	Last Name	MI
MINIMUM SELECTION STANDARDS (PER MINNESOTA RULES 6700.0700)		
Are you a Citizen of the United States?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you possess a valid driver's license from Minnesota or a contiguous state?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Check below if you have ever been convicted of any of the following offenses :</p> <ul style="list-style-type: none"> <input type="checkbox"/> A felony in this state or in any other state or federal jurisdiction <input type="checkbox"/> An offense in any other state or federal jurisdiction which would have been a felony if committed in Minnesota <input type="checkbox"/> MSS § 609.224 {assault in the 1st degree}, <input type="checkbox"/> MSS § 609.2242 {domestic assault}, <input type="checkbox"/> MSS § 609.231 {mistreatment of residents or patients}, <input type="checkbox"/> MSS § 609.2325 (abuse of a vulnerable adult), <input type="checkbox"/> MSS § 609.233 (neglect of a vulnerable adult), <input type="checkbox"/> MSS § 609.2335 {financial exploitation of a vulnerable adult}, <input type="checkbox"/> MSS § 609.234 {failure to report maltreatment of a vulnerable adult}, <input type="checkbox"/> MSS § 609.324 {prostitution related prohibited acts}, <input type="checkbox"/> MSS § 609.465 {presenting false claims}, <input type="checkbox"/> MSS § 609.466 {medical assistance fraud}, <input type="checkbox"/> MSS § 609.52 (theft), <input type="checkbox"/> MSS § 609.72, subdivision 3 {disorderly conduct in re a vulnerable adult} <input type="checkbox"/> Any state or federal narcotics or controlled substance law <input type="checkbox"/> Any of the crimes listed in another state or federal jurisdiction, or under a local ordinance that would be a conviction if committed in Minnesota 		
Do you have a MN POST Board Peace Officer License or will you be eligible for a MN POST Board Peace Officer License by the date listed in the application notice?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">➔</div> <div> <p>A copy of your Peace Officer License or a copy of the letter from the MN POST Board confirming your eligibility MUST be submitted with your application.</p> </div> </div>		

BACKGROUND

Have you ever been convicted of a gross misdemeanor offense? YES NO
If yes, please explain.

Once in the last 5 years or twice ever, have you been convicted of DUI, DWI, BAC over .08, or Implied Consent Test Refusal? YES NO

Have you ever been subject to any formal disciplinary action by an employer? YES NO
(This would include verbal or written reprimands, suspensions, or demotions)
Please explain in further detail.

In the last 3 years, have you had any "At Fault" motor vehicle accidents? YES NO

Explain:

GENERAL QUESTIONS

Please list any awards or outstanding achievements you have received (this would include academic achievements or career achievements.)

Please list any community activities, events or programs where you have volunteered.

Do you have any formal customer service training or significant experience in dealing with the public?

YES NO

Please Explain:

Do you have formal training or verifiable experience in conflict resolution?

YES NO

Explain in detail:

Do you have verifiable supervision experience over 2 or more subordinates?

YES NO

Explain:

(Please continue to the next section)

Are you able and willing to work nights, weekends, and holidays?

YES NO

Do you have experience with shift work?

YES NO

Please explain:

Please check the amount of time you have been involved in the Police, Criminal Justice or Public Safety Field either as an employee or as a volunteer in any of the following areas (These will be verified up completion of background process).

	Never	<8 mos.	8-18 mos.	18 +mos.
Police Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deputy Sheriff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Service Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detention Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part Time Police Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police Reserve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile Detention Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bailiff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paramedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
911 Dispatcher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.E.R.T. Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police Explorer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police Intern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked **Never** on all of the areas listed above, explain what you have done to prepare yourself for a career as a Licensed Peace Officer:

**SUMMARY (ANY CHECKED ITEM MUST BE DOCUMENTED
IN APPLICATION OR SUPPLEMENTAL QUESTIONNAIRE)**

Education – Check Highest Degree Attained	Check Highest	Points Assigned
Associates Degree	<input type="checkbox"/>	5
Undergraduates (Bachelors) Degree	<input type="checkbox"/>	10
Graduate (Masters) Degree	<input type="checkbox"/>	15
Formal Training – MUST Attach Copies of Certifications	Check all that apply	Points Assigned
Certified Traffic RADAR or LIDAR Operator	<input type="checkbox"/>	3
Certified First Aid and CPR	<input type="checkbox"/>	3
Certified S.F.S.T. and O.P.E.U. within past 5 years	<input type="checkbox"/>	3
Criminal Justice Related Experience	Check all that apply	Points Assigned
8 to 18 months full-time Licensed Peach Officer or Deputy Sheriff	<input type="checkbox"/>	12
Check if more than 18 months as above	<input type="checkbox"/>	5
8 to 18 months Community Service Officer, Correctional Officers, Detention Deputy, or part-time Peace Officer	<input type="checkbox"/>	8
Check if more than 18 months as above	<input type="checkbox"/>	4
8 to 18 months Police Reserve, Court Security, Probation Officer, Juvenile Detention Officer, Bailiff, Paramedic, or 911 Dispatcher	<input type="checkbox"/>	5
Check if more than 18 months as above	<input type="checkbox"/>	3
Police Explorer, Police Intern or C.E.R.T. Member	<input type="checkbox"/>	4
Other Pertinent Experience	Check all that apply	Points Assigned
Prior Volunteer or Employment with City of Windom	<input type="checkbox"/>	3
Fluent in a Foreign Language – Language _____	<input type="checkbox"/>	5
8 to 18 months Security Guard or Loss Prevention	<input type="checkbox"/>	4
Check if more than 18 months as above	<input type="checkbox"/>	3
Customer Service Training or Public Contact Experience	<input type="checkbox"/>	3
Verifiable Conflict Resolution Experience or Training	<input type="checkbox"/>	4
8 months or more supervision 2 or more subordinates	<input type="checkbox"/>	5
NO Traffic Convictions or “At Fault” Accidents in Last 3 Years	<input type="checkbox"/>	3

Applicant to Enter Point Total Here (max 90):

Check box if you are electing to use Veteran’s Preference in this process

Did You Include?

- Cover letter and resume
- City of Windom Employment Application
- Supplemental Questionnaire and Summary Sheet
- Copy of MN Peace Officer License or copy of letter from POST Board confirming eligibility
- Copy of any applicable training certificates
- Veteran's Preference Form AND DD214 (if applicable)

Print Name

Signature

Date

All forms must be received by 5:00
p.m. on Friday, March 15th, 2019

Return forms to:
City of Windom
Police Department
444 Ninth Street
Windom, MN 56101

Questions: Call Chief Scott Peterson or Asst. Chief Cory Hillesheim at
Phone: #507-831-6134

CITY OF WINDOM EMPLOYMENT APPLICATION

PO BOX 38, 444 9TH STREET- WINDOM, MN 56101- (507) 831-6129

DATE _____

All persons are welcome to apply with the City of Windom. The City of Windom is an equal opportunity employer and does not discriminate against or harass any employee or applicant because of race, color, creed, religion, national origin, sex, disability, age, marital status, or status with regard to public assistance.

Please complete this application fully. You may attach any additional information that you believe qualifies you for the position for which you are applying. The attached material must supplement the application and not be in lieu of requested data.

POSITION SOUGHT					
ANNUAL SALARY DESIRED	TEMPORARY <input type="checkbox"/>	REGULAR <input type="checkbox"/>	PART-TIME <input type="checkbox"/>	FULL-TIME <input type="checkbox"/>	DATE AVAILABLE

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
PRESENT STREET ADDRESS		CITY	STATE
			ZIP CODE
DAY TELEPHONE NUMBER		HOME TELEPHONE NUMBER	

Are you under 18? Yes No

Are you a United States citizen OR, if not, do you have permission to work in this country? Yes No

EDUCATION AND TRAINING

HOW MANY YEARS OF SCHOOL HAVE YOU COMPLETED?	7 8 9 10 11 12 HIGH SCHOOL	13 14 15 16 UNDERGRADUATE	17 18 19 20+ GRADUATE
	NAME AND ADDRESS OF SCHOOL	DID YOU GRADUATE?	DIPLOMA, DEGREE, OR CERTIFICATE
High School			MAJOR & MINOR SUBJECTS
College or University			
College or University			
Graduate School			
Technical			
Technical			

List any courses, seminars, workshops, training, and skills that you have acquired that are related to this position

EMPLOYMENT HISTORY

List your work experience beginning with your present or most recent employment or occupation. Resumes and additional supporting materials may be submitted in support of but not in lieu of the following.

EMPLOYER		JOB TITLE	
ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATES EMPLOYED (MO/YR)	REASON FOR LEAVING	LAST SALARY	IF NOT, WHY?
SUMMARIZE YOUR RESPONSIBILITIES			

EMPLOYER		JOB TITLE	
ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATES EMPLOYED (MO/YR)	REASON FOR LEAVING	LAST SALARY	IF NOT, WHY?
SUMMARIZE YOUR RESPONSIBILITIES			

EMPLOYER		JOB TITLE	
ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATES EMPLOYED (MO/YR)	REASON FOR LEAVING	LAST SALARY	IF NOT, WHY?
SUMMARIZE YOUR RESPONSIBILITIES			

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU. WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

MILITARY- Complete this section if you served in the U.S. Armed Forces. Also, please complete the separate Veteran's Preference Form.

DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING	BRANCH OF SERVICE
	LENGTH OF ACTIVE DUTY
	RANK AT DISCHARGE

OFFICE EQUIPMENT/ COMPUTER SOFTWARE PROGRAMS

WHAT OFFICE MACHINES DO YOU OPERATE PROFICIENTLY?	COMPUTER <input type="checkbox"/>	TEN KEY <input type="checkbox"/>	OTHER
COMPUTER SOFTWARE YOU USE PROFICIENTLY	MS WORD <input type="checkbox"/>	MS EXCEL <input type="checkbox"/>	OTHER

LICENSES

DO YOU HAVE A VALID MINNESOTA DRIVER'S LICENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NUMBER		
LICENSE CLASSIFICATION:	CLASS A <input type="checkbox"/>	CLASS B <input type="checkbox"/>	CLASS C <input type="checkbox"/>	CLASS D <input type="checkbox"/>	EXPIRATION DATE
OTHER VALID DRIVER'S LICENSES (LIST STATE, CLASS, AND NUMBER)					
IF RELEVANT, LIST OTHER CURRENT PROFESSIONAL REGISTRATIONS, LICENSES OR CERTIFICATIONS					
REGISTRATIONS, LICENSES, CERTIFICATIONS		DATE ISSUED		EXPIRATION DATE	

CONVICTION INFORMATION

IN THE LAST 10 YEARS HAVE YOU BEEN CONVICTED AS AN ADULT OF A FELONY, GROSS MISDEMEANOR OR MISDEMEANOR FOR WHICH A JAIL SENTENCE CAN BE IMPOSED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, DATES AND NAME OF JURISDICTION.		

IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

IMPORTANT NOTICE TO ALL APPLICANTS

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Windom during the application process or during employment.

Any information about yourself that you provide to the City of Windom during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, you are required to provide the information requested in the Employment Application, if you wish to be considered for employment. If you do not supply the information requested, your application may not be considered.

This information may be provided to:

1. Persons authorized to have access to the information under state or federal law, and
2. Persons authorized by court order to have access to the information; and
3. Persons to whom you consent in writing to have access to the information.
4. City employees who need to know the information.

AUTHORIZATIONS

I authorize and consent to having city representatives make inquiries about me if I am to be considered for employment.

Former employers are authorized to give information about me in any form, oral or written. They are hereby released from all liability issuing such information. I hereby knowingly waive any privileges, including protection under the Data Practices Act, that I have as to such information.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or dismissal if employed.

I understand that employment may be conditional upon completion of a physical examination, completion of testing related to the position and a Driver's License check. The City may require drug and alcohol testing for certain positions involved with heavy equipment operations. I agree to complete applicable tests if I receive a conditional offer of employment.

I understand that this authorization may be revoked in writing by me at any time and in no event will it be valid for more than one year from the date below.

Applicant's Signature _____ Date _____

My signature confirms that I have read and understand the authorization and notice to applicants set forth above. I recognize that my failure to sign, accurately complete or falsify information in this application will automatically disqualify me from consideration for employment.

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

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 the provisions of Minnesota Statutes 43A.11. To be eligible for veterans preference points you must be separated under honorable conditions from any branch of the armed forces for 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 above) or the spouse of a disabled 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 veteran's 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 VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

If you supply the supporting documentation by separate mail, your name and the 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 SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>	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 NUMBER
ARE YOU RECEIVING OR ELIGIBLE FOR A MILITARY PENSION? YES <input type="checkbox"/> NO <input type="checkbox"/>		DO YOU HAVE A COMPENSABLE SERVICE-RELATED DISABILITY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
PREFERENCE REQUESTED			
VETERAN <input type="checkbox"/>		SPOUSE OF DISABLED VETERAN <input type="checkbox"/>	
DISABLED VETERAN <input type="checkbox"/>		SPOUSE OF DECEASED VETERAN <input type="checkbox"/>	

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 are awarded in a timely manner.

Supporting documentation is:

- Attached
- Will be submitted in 7 days of application deadline

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is removed from the application when received by our office. The City of Windom appreciates your cooperation in our efforts to ensure affirmative and action and equal opportunity.

Please indicate the position(s) for which you are applying:

Please indicate how you heard about this position:

Please place a check mark in the appropriate boxes:

Gender Male Female

With which racial/ethnic group do you identify?

- Asian or Pacific Islander
- African American (Black)
- Hispanic
- Native American or Alaskan Eskimo
- Caucasian (White)
- Other (Please indicate) _____

DISABILITY STATUS

Defined as:

1. Has physical, sensory, or mental impairment (condition) which materially (significantly) limits one or more life activities;
2. Has record of such impairment (condition);
3. Is regarded as having such an impairment (condition).

Based on the above information, do you claim Disability status?

Yes No

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Windom is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public. The personal information we collect about you is private. Minnesota Statutes 130.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the City of Windom. 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 Windom. 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 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 Windom 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 Windom 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 Privacy Act.

Applicant's printed name

Applicant Signature

Date