



Application for Employment
Orono Police Department
 Attn: Deputy Chief Chris Fischer
 2730 Kelley Parkway
 Orono, MN 55356
 952.249.4700

Date Received: _____

Received By: _____

Please attach resume and letter of intent.

Revised 06-03-13

Title of Specific Position for Which You Are Applying		<input type="checkbox"/> Full-time only <input type="checkbox"/> Part-time only <input type="checkbox"/> Both full-time and part-time		Date of Application	
Last Name		First Name		Middle Name	
Street Address			City		State and Zip Code
County of Residence	Are you 18 years of age or over? ____ Yes ____ No If not, state Date of Birth			Residence Phone	Cell Phone
Have you previously been employed by the City? ____ No ____ Yes If yes, date _____ Position _____					
Driver's License Number _____ State _____ Class _____					
Education: Did you graduate from high school or receive a GED? ____ No ____ Yes School Attended _____ How many years of education have you had (circle one) 7 8 9 10 11 12 13 14 15 16 17 18 19 20					
Name and Location of College, University, Technical Schools			Did You Graduate? ____ Yes ____ No ____ Yes ____ No ____ Yes ____ No	Certificate or Degree	Course of Study

The City of Orono will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, marital status, or status with regard to public assistance.

Work Experience (Experience and training ratings are determined by this information. Please be complete.) List your present or most recent experience first. Attach additional sheets if necessary.

Employing Firm _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and Type of Positions You Supervised _____ Principal Responsibilities _____	Length of Employment From _____ Month Year To _____ Month Year Hours Per Week _____ Last Salary _____ Reason for Leaving _____ May we contact your present employer? ____ No ____ Yes If no, explain _____
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Employing Firm Address Phone Number _____ Supervisor Your Title _____ Supervisor's Title Number and Type of Positions You Supervised Principal Responsibilities	Length of Employment From _____ Month _____ Year _____ To _____ Month _____ Year _____ Hours Per Week _____ Last Salary _____ Reason for Leaving _____
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Are you eligible to be POST licensed ? Yes No If already licensed, please provide POST #.

List any relevant current professional memberships, registrations or licenses. Include date first issued.

Job Relevant Volunteer and Unpaid Work Experience

Please list the organizations where you have volunteered and the positions you held.

Organizations	Major Positions /Responsibilities	No. Hrs Per Mo.	Dates From	Dates To

Describe any additional experience or training that qualifies you for this job.

In accordance with the Immigration Reform and Control Act of 1986, the City of Orono hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

MN Stat. Sec. 518.611, Subd. 8, requires employers to obtain information from all new employees regarding court-ordered child support obligations that are required by law to be withheld from income. Failure to provide said documentation will result in dismissal.

Have you served a sentence in jail or prison or been convicted of a misdemeanor or felony for which a jail sentence could have been imposed? You may answer "No" if the conviction or criminal records have been annulled, sealed, set aside, or purged, or if you have been pardoned pursuant to the law. No Yes If "Yes", please specify.

If you are hired for this position you may be required to undergo a physical examination at the City's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations need to be made for you.

The City of Orono does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its programs or activities. It is the policy of the City of Orono to provide reasonable accommodations to the known physical and mental limitations of qualified handicapped applicants and employees in order for them to perform the essential functions of the job in question.

Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty? No Yes If "Yes", indicate dates of military service. _____ To _____. If "Yes", are you a permanent resident of the State of Minnesota? No Yes Describe your duties and any special training.

Give the names of five people outside of relatives who can be contacted regarding your qualifications, work habits, and character.

Name	Present Address	Phone Number	Position and relation to your work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The City of Orono is an EQUAL OPPORTUNITY EMPLOYER.

SIGNATURE

The City of Orono has the right to verify information provided in the application. False information may subject an applicant to the

penalty provisions of M.S. 43A.39.

In connection with this application for employment, I authorize the City of Orono and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution related to academic performance such as transcripts. Moreover, I hereby release the City of Orono and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

Yes Yes, but not present employer until job is offered No (We may be unable to hire you without this information.)

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information below.

Date

Signature (Do Not Print)

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private, that is, may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 15.165, Subd. 2). If you are employed, the data will be available to the Department of Finance, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, you may notify the City.

Private Data	Why we Ask for It	Are You Legally Obligated To Provide It?	What May Happen If You Don't Provide It?
Social Security Number	To distinguish you from all other applicants, and to make processing more efficient.	No	In most cases, nothing. However, it will help to ensure that we do not confuse your records with those of others.
Date of Birth (Final applicants only)	To conduct check of criminal record for certain positions	No	Failure to provide information may be cause for rejecting an applicant.
Name (The names of finalists for a position are public information.)	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an applicant.
Street Address (City and County of residence are public information.)	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an applicant.
Driver's License	May be required to drive City Vehicles	No	Failure to provide information may be cause for rejecting an applicant.
Home Telephone	To be able to contact you to determine availability for interview.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Sex, Racial/Ethnic Group, Handicapped Status, Veteran Status	To be able to make Equal Opportunity reports as required by law.	No	We will not be able to determine whether our selection processes result in discrimination, or to take affirmative action in our hiring.
Conviction Record	To determine whether we may legally accept an application from you and determine whether your record may be a job-related consideration.	Yes	We will not be able to make determinations required by law.

All other information on the application is public, and may be given to anyone for any purpose.

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CITY OF ORONO



SUPPLEMENTAL PERSONNEL DATA FOR AFFIRMATIVE ACTION RECRUITMENT

- The City of Orono is an Equal Opportunity Employer committed to the policies and principles of affirmative action in its recruitment procedures.
The information on this sheet is requested to help insure that our employment practices are fair and provide an equal opportunity. It will not be used in interviewing or hiring, and it will not be used to make any employment decision which affects you.
Completion of this form is optional. Failure to complete it will in no way disqualify you for present or future employment.

Position Applied For: _____

Sex: [] Female [] Male
Age: [] Under 18 [] 18-39 [] 40-65 [] Over 65

Ethnic Category: (Check One)

- White: (not of Hispanic origin): a person having origins in any of the original peoples of Europe, North America, or the Middle East.
Black: (not of Hispanic origin): a person having origins in any of the black racial groups of Africa.
Hispanic: a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origins, regardless of race.
Asian or Pacific Islander: a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
American Indian or Alaskan Native: a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
Other: (Please specify) _____

Are you handicapped in anyway? [] No [] Yes

If "Yes", please specify: _____

Where did you find out about this opening?

- Newspaper - Star Tribune [] Newspaper - Local [] Job Service []
City Posting [] Word of Mouth [] Agency []
Telephone Inquiry [] Professional Periodical [] Other: _____

Note: Form # EO1 can be returned with application or returned separately to:

City of Orono
Affirmative Action Officer
P.O. Box 66
Crystal Bay, MN 55323

CITY OF ORONO

ELECTION OF VETERAN'S PREFERENCE



Name: _____
(first, middle, last)

Do you wish to claim a Veteran's preference? Yes No

If so, please check the preference you are claiming:

- Veteran (defined as a person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).
- Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces, which disability is currently existing).
- Spouse of deceased veteran.
- Spouse of disabled veteran who is unable to use preference due to disability.

Note: Form # DD214 must be returned with your application materials in order to receive your veteran's preference.

(Signature)

(Date)