

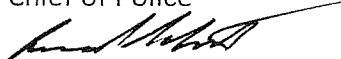
City of Waterville

Part-time Police Officers Positions

Posting Date: August 9, 2010 till August 16, 2010

- 1) Applications may be picked up at City Hall or at the Police Department.
- 2) Applicants must attach a Resume with completed applications. Applications are due August 16, 2010 at 4:00 P.M.
- 3) Selected Applicants will be required to participate in an oral exam with the Civil Service Police Commission and the Chief of Police.

Chief of Police



Brad Schultz 501



A Town of Friendly People

Ph. (507) 362-8300  
Fax (507) 362-8835

200 South Third St.  
P.O. Box 9  
Waterville, Minnesota 56096-0009

TO: Police Officer Applicant  
FROM: Waterville Civil Service Police Commission  
RE: Police Officer Application

Your request for an application for employment with the Waterville Police Department has been received.

Enclosed you will find an application for Police Officer which must be returned to the Waterville Civil Service Police Commission, 200 South 3<sup>rd</sup> Street, Waterville, MN, 56096.

Applicants must meet the following minimum requirements:

1. Successfully completed written and oral examination.
2. Citizen of the United States.
3. Education and licensing - Prior to being hired, an individual on the eligibility list must have satisfactorily completed all P.O.S.T. requirements and examinations for licensing. To be eligible to apply for police officer, applicants must meet one of the following requirements.
  - A. Possess an "active" license in the State of Minnesota, meaning that the applicant has met P.O.S.T. Board approved requirements for obtaining a valid license.
  - B. Possess an "inactive" license in the State of Minnesota, meaning that the applicant has previously held an active license and is eligible to reactivate it in Minnesota.
  - C. Have completed the P.O.S.T. Board approved academic and skills training.
  - D. Have completed basic police training or certification requirements in another state with which Minnesota has reciprocity, meaning that an out-of-state applicant has been found eligible to take the licensing examination in Minnesota or who has left Minnesota Law Enforcement services proper to licensing and is eligible to take the reciprocity examination.
4. Possess or be eligible to obtain a valid State of Minnesota drivers license.
5. Shall not have been convicted of a felony in this state or any other state or in any federal jurisdiction, or of an offense in any state which would have been a felony if committed in Minnesota.
6. Must be free from any physical condition which might adversely affect the individual's duties as a police officer.

K-2-97

7. Must be free from any emotional or mental condition which might adversely affect the individual's performance of the duties of a police officer.

### *SELECTION PROCESS*

The steps listed below are followed in sequence. Failure at any step removes the name of the applicant from further consideration. An attempt will be made to notify the applicant of their status after each step.

1. *APPLICATIONS.* Applications are accepted only during a designated application.
2. *WRITTEN AND ORAL EXAMINATION.* Each Applicant will be expected to complete a multiple choice test and an essay test in addition the Applicant will also appear before the commission for an oral exam.
3. *BACKGROUND INVESTIGATION.* The Chief of Police is required to conduct a background investigation. He is to report to the Commission the results of the investigation.
4. *COMMISSION PASS/FAIL.* Each Applicant's complete file, including all the proceeding steps, is reviewed. The Applicant is either rejected or eligible to remain on the list subject to the background investigation conducted by the Chief of Police. The chief may then certify the Applicant for possible appointment.
5. *PHYSICAL/PSYCHOLOGICAL - PASS/FAIL.* Applicants must pass a physical and psychological examination as prescribed by the Civil Service Commission. Applicants must sign a waiver of liability for the test.

An offer of employment to an Applicant shall be conditioned on the Applicant passing a medical examination to determine that the Applicant meets the physical requirements of the position of peace officer and psychological evaluation, including an oral interview to determine that the applicant is free from any emotional or mental condition which might adversely affect the performance of peace officer duties.

6. *PROBATIONARY PERIOD.* Officers have a one year probationary period during which the Officer's job performance is periodically reviewed to determine his/her future status with the department.

The City of Waterville offers an excellent salary based on the size of the community and the frequency of demand of the community.

# City of Waterville

## APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

### PERSONAL INFORMATION

				DATE
NAME			SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS				
STREET		CITY	STATE	ZIP
PHONE NO.		ARE YOU 18 YEARS OR OLDER Yes <input type="checkbox"/> No <input type="checkbox"/>		

### SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

- Height \_\_\_\_\_ feet \_\_\_\_\_ inches       Are you prevented from lawfully becoming employed in the U.S.? Yes \_\_\_ No \_\_\_
- Weight \_\_\_\_\_ lbs.       Date of Birth\* \_\_\_\_\_
- What Foreign Languages do you speak fluently? \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_
- Have you been convicted of a felony or misdemeanor within the last 5 years? \*\* Yes \_\_\_\_\_ No \_\_\_\_\_ Describe: \_\_\_\_\_

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.  
 \*\* You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

### EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? _____		
IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
EVER APPLIED TO THIS Municipality before? WHERE? _____ WHEN? _____		

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

**GENERAL** Special Certificates and or Licenses: \_\_\_\_\_

U.S. MILITARY OR NAVAL SERVICE      RANK      PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**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				

**PHYSICAL RECORD:**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?  Yes  No  
 IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? \_\_\_\_\_

PLEASE DESCRIBE: \_\_\_\_\_

**IN CASE OF  
EMERGENCY NOTIFY**

NAME ADDRESS PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

HIRED:  Yes  No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.

## Tennesen Warning

In accordance with Minnesota Government Data Practices Act, the City of Waterville 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 Waterville. 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 Waterville. 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 bonafide 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 Waterville Police Civil Service 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 Waterville 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: \_\_\_\_\_

## 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 only if you wish to obtain the preference.

### Veteran Eligibility for Open Competitive Position (Five (5) Points)

Must be a U.S. Citizen or resident alien who was 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 (Ten (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 (Five (5) Points)

Must, at 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 DD214. FAILURE TO DO SO MAY RESULT IN LOSS OF VETERAN'S PREFERENCE ELIGIBILITY.

### The City of Wateville Veteran's preference Claim Form

For V.A. use Only: Is the veteran named below rated as having a compensable service-related disability?  
Yes \_\_\_\_\_ No \_\_\_\_\_ % of Disability \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Name of Veteran (last, first, middle)		Date of Birth	
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? Yes \_\_\_ No \_\_\_

Were you honorably discharged from military service? Yes \_\_\_ No \_\_\_

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

Do you currently have a compensable service related disability? Yes \_\_\_ No \_\_\_

If yes, and if you are seeking your first promotion with the City of Waterville, what is the % of your disability? \_\_\_\_\_

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

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_