



RESERVE UNIT APPLICATION POLICE DEPARTMENT - CITY OF LA CRESCENT

315 Main Street, La Crescent, MN 55947
(507) 895-4414 lacrescentpolice@cityoflacrescent-mn.gov

We appreciate your interest in seeking employment with the City of La Crescent. Completing this application will assist us in understanding your work history and education background. The City of La Crescent is an Equal Opportunity/Affirmative Action employer. The City follows the principles of non-discrimination in employment, complying with all federal, state and local laws and requires all City employees to comply with such laws.

REVIEW THE QUALIFICATION REQUIREMENTS CAREFULLY.
Applications are accepted only for the job posted and must be postmarked by the closing date.

POSITION APPLYING FOR:	DATE OF APPLICATION:
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LAST NAME	FIRST NAME	FULL MIDDLE NAME
ADDRESS	Number	Street
	City	State
	Zip Code	
PHONE: Home	Cell	DRIVERS LICENSE STATE AND NUMBER:
E.MAIL:		

EDUCATION

HAVE YOU GRADUATED FROM HIGH SCHOOL OR RECEIVED A GED? YES NO
NAME OF HIGH SCHOOL ATTENDED:

NAME AND LOCATION OF COLLEGE, TECHNICAL, MILITARY, PROFESSIONAL, BUSINESS, TRADE OR OTHER SCHOOL,	NUMBER OF YEARS ATTENDED	DEGREE/CERTIFICATE OBTAINED	MAJOR/MINOR

SPECIAL SKILLS/LICENSES

List skills you possess which are required for the job as stated in the job announcement, such as driver's license (give type and number) ability to operate specialized machinery or equipment, or professional registration or licensing. Indicate any training you have had which is directly related to the job for which you are applying.

Have you been convicted of a misdemeanor, gross misdemeanor or felony for which a jail sentence could have been or was imposed? (Do not include juvenile convictions or petty misdemeanors.) This information will not be used to bar you from employment but may be used to direct your interest to areas less related to the area of your conviction.

YES* NO *IF YES, ATTACH A SEPARATE SHEET GIVING FULL DETAILS.

EMPLOYMENT HISTORY

PLEASE GIVE ACCURATE, COMPLETE, FULL-TIME AND PART-TIME RECORD. START WITH PRESENT OR MOST RECENT EMPLOYER. BE COMPLETE. Experience and training ratings are determined by the information you provide and your score is based upon it. **DO NOT MARK APPLICATION "SEE RESUME"**.

Account for all of your work and include volunteer experience.

1.

EMPLOYER NAME	TELEPHONE ()	MAY WE CONTACT? ___ YES ___ NO
ADDRESS	FROM:	TO:
SUPERVISOR'S NAME AND TITLE:	WAGES START:	END:
YOUR JOB TITLE:	REASON FOR LEAVING:	
DESCRIPTION OF MAJOR DUTIES: _____ _____		

2.

EMPLOYER NAME	TELEPHONE ()	MAY WE CONTACT? ___ YES ___ NO
ADDRESS	FROM:	TO:
SUPERVISOR'S NAME AND TITLE:	WAGES START:	END:
YOUR JOB TITLE:	REASON FOR LEAVING:	
DESCRIPTION OF MAJOR DUTIES: _____ _____		

3.

EMPLOYER NAME	TELEPHONE ()	MAY WE CONTACT? ___ YES ___ NO
ADDRESS	FROM:	TO:
SUPERVISOR'S NAME AND TITLE:	WAGES START:	END:
YOUR JOB TITLE:	REASON FOR LEAVING:	
DESCRIPTION OF MAJOR DUTIES: _____ _____		

YOU MAY SUPPLEMENT THIS INFORMATION BY ATTACHING ADDITIONAL SHEETS IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.

ELIGIBILITY

Are you at least 18 years of age or if not, can you provide required proof of your eligibility to work?	___ YES	___ NO
Are you a U.S. citizen or if not, do you have permission to work in this country?	___ YES	___ NO

REFERENCES

Work or Education related. (Do not list relatives.)			
NAME	ADDRESS	PHONE (daytime)	OCCUPATION

APPLICANTS FOR RESERVE UNIT POSITIONS ARE REQUESTED TO COMPLETE THE FOLLOWING:

1. LIST VOLUNTEER LAW ENFORCEMENT EXPERIENCE, INCLUDING DATES OF SERVICE:
2. CIRCLE APPROPRIATE LEVEL OF TRAINING IN FIRST AID:
<input type="checkbox"/> BASIC <input type="checkbox"/> CPR <input type="checkbox"/> 1ST RESPONDER <input type="checkbox"/> EMT <input type="checkbox"/> EMT+
3. LIST SPECIAL CERTIFICATIONS PERTAINING TO LAW ENFORCEMENT:

SIGNATURE OF APPLICANT

DATE