

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:		DA	TE OF APPLICATION:	
LAST NAME	FIRST NAME	FULL MII	DDLE NAME	
ADDRESS Number Street	City		State	Zip Code
PHONE: Home	Cell	DRIVERS LICENSE STATE AND NUMBER:		
E.MAIL:				
DUCATION				
HAVE YOU GRADUATED FINAME OF HIGH SCHOOL AT		R RECEIVED A GED?	YESNO)
NAME AND LOCATION OF COLLEGE, PROFESSIONAL, BUSINESS, TRADE O		NUMBER OF YEARS ATTENDED	DEGREE/CERTIFICATE OBTAINED	MAJOR/MINOR
				1
PECIAL SKILLS/LICENS	TEC			
List skills you possess which are reability to operate specialized mach which is directly related to the job	equired for the job as stated in inery or equipment, or profes			
Have you been convicted of a misc (Do not include juvenile conviction be used to direct your interest to ar	ns or petty misdemeanors.) T	This information will not		
	*IF YES, ATTACH A SEPARA		DETAILS.	

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:		
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:		
YOUR JOB TITLE:	REASON FOR LEAVING:	
DESCRIPTION OF MAJOR DUTIES:	I	
3 .		
EMPLOYER NAME	TELEPHONE ()	MAY WE CONTACT? YES NO
ADDRESS	FROM:	TO:
SUPERVISOR'S NAME AND TITLE:		
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
PPLICANTS FOR RESERVE UN			THE FOLLOWING:
1. LIST VOLUNTEER LAW ENFORC	EMENT EXPERIENCE, INCLUDING	DATES OF SERVICE:	
2. CIRCLE APPROPRIATE LEVEL O	F TRAINING IN FIRST AID:		
BASIC	CPR 1ST RESPONDER	EMT	EMT+
3. LIST SPECIAL CERTIFICATIONS	PERTAINING TO LAW ENFORCEM	IENT:	
	SIGNATURE OF APP	PLICANT	
	DATE		