

MILLE LACS BAND OF OJIBWE POLICE OFFICER JOB APPLICATION



Mailing Address:
43408 Oodena Drive
Onamia, MN 56359
Main: (320) 532-3430
Fax: (320) 532-4190

HR Fax: (320) 532-7505
HR Phone: (320) 532-4742

Last Name	First Name	Middle Name	Date Available for Work:	Today's Date		
Street Address		City	State	Zip Code		
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Other: (____) _____ - _____			Social Security Number (Optional)			
Are you willing to work overtime? ___Yes ___No			Are you a Mille Lacs Band member?			
Are you a United States Citizen or legally eligible to work in the U.S.? ___Yes ___No <i>(If hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>						
Have you been previously employed by the Mille Lacs Band of Ojibwe? ___Yes ___No If yes, list date(s) and position(s) held:						
Do you have any relatives working for the Mille Lacs Band of Ojibwe? ___Yes ___No If Yes, list names and relationship to you:						
Did you graduate from high school or receive a GED? ___Yes ___No			High School Name & Location: _____			
Type of School	Name & Location	From	To	Major	Degree, Certificate or Credits Earned	G.P.A.
College/University						
College University						
Graduate School						
Police Academy						
Other						

POST CERTIFICATION: Are you currently Minnesota P.O.S.T. licensed or eligible for Minnesota P.O.S.T. licensing?
(Please check one)

YES, I am currently licensed. Please indicate license # _____ Expiration _____

YES, I am eligible for P.O.S.T. licensing with a test date of _____ from the Minnesota P.O.S.T. Board.

NO, I am not licensed or not currently eligible for licensing.

WORK EXPERIENCE: List complete employment history, beginning with most recent first. Include paid and unpaid experience. **DO NOT USE "SEE RESUME" OR SIMILAR.** Attach additional sheets, if needed.

Employer _____ Phone (____) _____ - _____

Address _____

Supervisor's Name _____ Supervisor's Title _____

Your Job Title _____

Specific Duties _____

May we contact this employer? Yes No If No, please indicate reason: _____

Dates Employed (MO/YR):

From _____ To _____

Total (Years/Months) _____

Hours Worked Per Week _____

Last Salary _____

Reason for Leaving or Seeking Other Employment: _____

Employer _____ Phone (____) _____ - _____

Address _____

Supervisor's Name _____ Supervisor's Title _____

Your Job Title _____

Specific Duties _____

May we contact this employer? Yes No If No, please indicate reason: _____

Dates Employed (MO/YR):

From _____ To _____

Total (Years/Months) _____

Hours Worked Per Week _____

Last Salary _____

Reason for Leaving or Seeking Other Employment: _____

Employer _____ Phone (____) _____ - _____

Address _____

Supervisor's Name _____ Supervisor's Title _____

Your Job Title _____

Specific Duties _____

May we contact this employer? Yes No If No, please indicate reason: _____

Dates Employed (MO/YR):

From _____ To _____

Total (Years/Months) _____

Hours Worked Per Week _____

Last Salary _____

Reason for Leaving or Seeking Other Employment: _____

Employer _____ Phone (____) _____ - _____

Address _____

Supervisor's Name _____ Supervisor's Title _____

Your Job Title _____

Specific Duties _____

May we contact this employer? Yes No If No, please indicate reason: _____

Dates Employed (MO/YR):

From _____ To _____

Total (Years/Months) _____

Hours Worked Per Week _____

Last Salary _____

Reason for Leaving or Seeking Other Employment: _____

Employer _____ Phone (____) _____ - _____ Address _____ Supervisor's Name _____ Supervisor's Title _____ Your Job Title _____ Specific Duties _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please indicate reason: _____ _____ _____	Dates Employed (MO/YR): From _____ To _____ Total (Years/Months) _____ Hours Worked Per Week _____ Last Salary _____ Reason for Leaving or Seeking Other Employment: _____ _____ _____
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EMPLOYMENT INFORMATION CONTINUED:
1. May we contact the employers you have listed? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please indicate which one(s) and the reason why. _____ _____ _____
2. Have you ever been dismissed or asked to resign from any employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state the reason(s) and the employer(s) involved. _____ _____ _____ _____
3. Have you ever been refused employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state by whom and for what reason. _____ _____ _____ _____
4. Please list the police agencies with which you are beyond the initial application stage. _____ _____ _____ _____
5. Have you ever been eliminated as a candidate by an organization during the final selection stage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain the reason(s) why you were eliminated. _____ _____ _____ _____

KNOWLEDGE, SKILLS AND ABILITIES SECTION
Specialized Skills (Check all that apply): <input type="checkbox"/> Radar <input type="checkbox"/> PC <input type="checkbox"/> Typing W.P.M. _____ Other (list): _____ <input type="checkbox"/> PBT <input type="checkbox"/> E-Mail <input type="checkbox"/> Dictation _____ <input type="checkbox"/> Intoxilyzer <input type="checkbox"/> Excel <input type="checkbox"/> Copier _____ <input type="checkbox"/> CJIS <input type="checkbox"/> MSWord <input type="checkbox"/> Calculator _____
Memberships/Associations _____ _____ _____
Internships (List any internships you have completed and what you learned from them). _____ _____ _____ _____

Other Qualifications (Summarize special job-related skills and qualifications acquired from employment, education or other experience).

State any additional information you feel may be helpful to us in considering your application. _____

PERSONAL REFERENCES: List five (5) personal references (not relatives, former employers, fellow employees, or school teachers), who are property owners, business or professional men and/or women of good standing in the community and who have known you for more than five (5) years.

Name	Residence	Home Phone	# of Years Acquainted	Business Address	Business Phone

RESIDENCES: List all your residences for the past 15 years, starting with the most recent and working backward. Add as many separate sheets as necessary.

From	To	Address	Property Owner	Property Owner Address (if different than yours)

RESIDENCES: List all your residences for the past 15 years, starting with the most recent and working backward. Add as many separate sheets as necessary.

From	To	Address	Property Owner	Property Owner Address (if different than yours)

DRIVER RECORD

Driver's License Number	State	Expiration Date	Class: ___ A ___ B ___ C ___ CDL
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List any endorsements:

Have you ever had a driver's license issued by another name? ___Yes ___No If Yes, list other name(s): _____

Have you ever had a driver's license issued by another state? ___Yes ___No If Yes, what state(s): _____

Has your driver's license ever been suspended, revoked or placed on court probation by another state? ___Yes ___No If Yes, list and describe circumstances. _____

Do you have any restrictions on your license? ___Yes ___No If Yes, please list: _____

Have your driving privileges ever been denied, suspended or revoked? ___Yes ___No If Yes, give dates and complete reasons. _____

Have you ever received a traffic summons (traffic ticket) (exclude parking violations)? ___Yes ___No If Yes, please list as well as you can recall, all traffic violations (excluding parking violations) you have received. Give in each case, the date, nature of violation, name and location of the court, penalty imposed or other disposition. _____

APPLICANT'S STATEMENT

I certify that I have read the "Notice to Applicant" regarding the MN Data Practices Act, and understand my rights as a subject of data. I authorize that a transcript may be requested where necessary to verify any education record. I hereby expressly authorize the collection, use and release of any and all information concerning me, which relates to my employment. I hereby release the Mille Lacs Band of Ojibwe, with which I am seeking employment, from any liability which may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless my present and past employers from any liability whatsoever arising out of its release of information pursuant to this release.

I understand that if offered a position, I must submit to and pass a drug screen and will be required to submit to and pass a background investigation, psychological examination, a physical examination and/or a physical agility test.

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in this application will be grounds for disqualification for employment or in the event of employment, dismissal from employment upon discovery of the information.

By signing this form I hereby acknowledge I have read and understood the above statements.
Failure to sign this form may result in rejection of your application.

Signature of Applicant	Date