

# Waterville Police Department

Applicant Name: \_\_\_\_\_

## POLICE OFFICER - Required Supplemental Application Form

***YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED AS AN APPLICANT.***

***Please note: This supplemental form will be used to rank applicants, so please be complete and accurate in your responses. Do not respond "see resume".***

1. Are you currently POST Board licensed? (choose one)      **YES**                      **NO**

If yes, please list POST license number: \_\_\_\_\_

- Are you currently POST Board licensed eligible? (choose one)      **YES**                      **NO**

If no, list your POST Board licensure test date: \_\_\_\_\_

2. Do you possess a valid MN Driver's License? (choose one)      **YES**                      **NO**

3. List your education and degrees held:

| <u>Organization</u> | <u>Degree Achieved</u> | <u>Duration</u> |
|---------------------|------------------------|-----------------|
|---------------------|------------------------|-----------------|

4. Please list your experience with the following computer software programs and your proficiency with each program. Please list and rank any additional program experience. Please rank all programs 1 to 5, with 1 being lowest proficiency to 5 being highest proficiency.

- |   |                   |
|---|-------------------|
| a. Word   | Proficiency _____ |
| b. Excel  | Proficiency _____ |
| c. Access   | Proficiency _____ |
| d. List other software in which you are proficient:<br>(List) _____ | Proficiency _____ |

Applicant Name: \_\_\_\_\_

5. Have you been involved in the Police, Criminal Justice or Public Safety field either as an employee or volunteer?

(choose one)            **YES**            **NO**

If yes, please explain your police/criminal justice/public safety experience:

Organization            Describe duties performed    FT, PT or Volunteer?            Duration

6. (a)What do you think is the key to providing quality customer service?

(b) Describe how you have demonstrated this in your past work history.

Organization            Describe customer service duties            Duration

7. Do you possess any verifiable experience in conflict resolution?

(choose one)            **YES**            **NO**

If yes, please list your certification(s) or classes taken:

Applicant Name: \_\_\_\_\_

8. Are you able to communicate in a second language (ASL-American Sign Language- or speak another language than English) and/or do you have experience working with diverse populations?

(choose one)                    **YES**                    **NO**

If yes, please specify your second language experience:

Please describe your experience working with diverse populations:

| Organization (if applicable) | Describe experience | Duration |
|------------------------------|---------------------|----------|
|------------------------------|---------------------|----------|

9. Do you possess any of the following licensures?  
(For any certifications checked, please list the certification period with start and expiration dates.)

- Certified Traffic RADAR or LIDAR Operator \_\_\_\_\_
- First Aid and CPR/1<sup>st</sup> Responder/EMT(state levels) \_\_\_\_\_
- S.F.S.T (Standardized Field Sobriety Training) \_\_\_\_\_
- OPUE (Occupant Protection Usage and Enforcement) \_\_\_\_\_
- Other position relevant licensure:  
(list: \_\_\_\_\_)

10. Do you have any experience in records management and Data Practices?  
(choose one)                    **YES**                    **NO**

If yes, please detail below your records management and data practices experience and software used.

| Organization | Duties Performed | Duration |
|--------------|------------------|----------|
|--------------|------------------|----------|

Applicant Name: \_\_\_\_\_

11. *Other qualifications:*

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

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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 my application for employment or this addendum will be grounds for disqualification for employment, or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

I further understand that if offered a position, I must submit to and pass a controlled substance screen and will be required to submit to and pass a criminal background check, and employment reference checks.

By my signature on this form, I hereby acknowledge that I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_