



Are you currently employed?      Yes    No

May we contact your present employer?      Yes    No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?  
*(Proof of citizenship or immigration status will be required upon employment)*    Yes    No

### EDUCATION

	Elementary School	High School	Undergraduate College/ University	Graduate/Professional
School name & location				
Years completed	3   4   5   6   7   8	9   10   11   12	1   2   3   4	1   2   3   4
Diploma/Degree				
Describe Course of Study				
Describe any honors you have received				
Describe any additional information you feel may be helpful to us in considering your application				

### EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments or volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer		Dates Employed		Duties Performed:
Address:		From:	To:	
Telephone: ( )		Hourly Rate/Salary		
Job Title:	Supervisor:	Starting:	Final:	
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer		Dates Employed		Duties Performed:
Address:		From:	To:	
Telephone: ( )		Hourly Rate/Salary		
Job Title:	Supervisor:	Starting:	Final:	
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer		Dates Employed		Duties Performed:
Address:		From:	To:	
Telephone: ( )		Hourly Rate/Salary		
Job Title:	Supervisor:	Starting:	Final:	
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer		Dates Employed		Duties Performed:
Address:		From:	To:	
Telephone: ( )		Hourly Rate/Salary		
Job Title:	Supervisor:	Starting:	Final:	
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer		Dates Employed		Duties Performed:
Address:		From:	To:	
Telephone: ( )		Hourly Rate/Salary		
Job Title:	Supervisor:	Starting:	Final:	
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you need additional space, please continue on a separate sheet of paper.

**SPECIAL SKILLS & QUALIFICATIONS**

Please summarize special job-related skills and qualifications acquired from employment or other experience.

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List professional, trade, business, or civic activities and offices held:

*(You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, handicap, or other protected status)*

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Indicate any foreign languages you can speak, read and/or write and at what level (fluent, good, fair):

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Do you have a valid driver's license?     Yes     No

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes     No

**REFERENCES**

Please provide the names of three persons not related to you who can testify as to your character and qualifications.

Name and Occupation	Address	Phone Number



**APPLICANT'S STATEMENT**

I, \_\_\_\_\_, certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed forty -five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Oak Park Heights is of an "at will" nature, which means that the Employee may resign at any time and that the City of Oak Park Heights may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City of Oak Park Heights.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Oak Park Heights, Employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**FOR OFFICE USE**

Arrange Interview  Yes  No

If yes, date and time: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed  Yes  No

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_

NOTES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Release**

The following named individual has made application with the City of Oak Park Heights for employment:

Last name of Applicant: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Maiden, Alias or Former: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (M or F): \_\_\_\_\_

Social Security Number (optional): \_\_\_\_\_

I fully authorize and release the City of Oak Park Heights to conduct any background investigation on my person and which the City may unilaterally determine what background information is necessary.

I also authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Oak Park Heights Police Department for the purpose of employment with the City of Oak Park Heights.

The expiration of this authorization shall be one year from the date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

\*\*\* If applicant is under 18, parent or guardian must sign below authorizing the background check and criminal history.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Date



# POLICE DEPARTMENT CITY OF OAK PARK HEIGHTS

14168 OAK PARK BLVD. NORTH · P.O. BOX 2007  
OAK PARK HEIGHTS, MINNESOTA 55082  
TELEPHONE: (651) 439-4723  
FAX: (651) 439-3639  
EMERGENCY: 911

Brian DeRosier  
Chief of Police

Date:

The following named individual has made application with the City of Oak Park Heights for employment.

Last Name of Applicant: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Maiden, Alias or Former: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Gender (M or F): \_\_\_\_\_

Social Security Number (optional): \_\_\_\_\_

I authorize the City of Oak Park Heights to conduct a background investigation. I also authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Oak Park Heights Police Department for the purpose of employment with the City of Oak Park Heights.

The expiration of this authorization shall be one year from the date of my signature.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Notary Signature**

\_\_\_\_\_  
**Date**

\*\*\*If applicant is under 18, parent or guardian must sign below authorizing the background check and criminal history.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Parent/Guardian Print Name**

\_\_\_\_\_  
**Date**