

Stanley Police Department Employment Application

To Applicant: We deeply appreciate your interest in the Stanley Police Department and assure you that we are interested in your qualifications. The City of Stanley is an Equal Opportunity Employer. Applicants are considered without regard to race, color, religion, national origin, age, sex, political beliefs, disability, or status with respect to marriage or public assistance and complies with the provisions of the North Dakota Human Rights Act3

INSTRUCTIONS

- * Please print clearly or type
- * Provide detail – not use “See Resume”
- * If you have any questions or need accommodation or assistance completing this application, contact the City of Stanley at 701-628-2225.
- * Follow instructions carefully
- * Check for accuracy/errors & signatures before submitting

Submit completed application by mail, email, in person or fax.
Mail: Stanley Police Department, PO Box 249, Stanley, ND 58784
FAX: 701-628-2232
Email: jrraum@nd.gov

Position applying for: _____

How did you learn about this position? _____

GENERAL INFORMATION

Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Physical Address: _____
(Number/Street) (City) (State/Zip)

Mailing Address (if different): _____

Telephone Number: _____ Alternate Number: _____

Email Address: _____

Have you been previously employed by the City of Stanley: Yes No

Are you related to a member of the Stanley City Council or a City Employee? Yes No

If yes, to whom: _____

Can you provide proof, *if hired*, that you are eligible to work in the United States? Yes No

VETERAN'S PREFERENCE

Veteran Eligibility: You must be a United States resident and have served in the active military forces during a period of war or received the armed forces expeditionary or other campaign service medal during an emergency condition, and must have been released under other than dishonorable conditions.

Do you claim preference as a:

- Veteran No Yes – Attach DD-214, Report of Separation.
- Disabled Veteran No Yes – Attach DD-214 & Letter less than 1 year old from Veteran's Admin. Indicating disability
- Spouse of Disabled Veteran No Yes – Attach copy of marriage certificate, DD-214 & Letter less than 1 year old from Veteran's Administration indicating disability.
- Spouse of Deceased Veteran No Yes - Attach copy of marriage certificate, DD-214, & veteran's death certificate.

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EDUCATION

Did you graduate from High School or receive a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No						
School Name & Address (college, business, nursing, vocational or other)	Number of Credits		Field		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma or Degree Earned
	Quarter	Semester	Major	Minor		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

TRAINING/SKILLS

Computer skills, related volunteer experience, and other education/training skills:

LICENSE OR CERTIFICATION

License/Certification	State	Profession	License/Certification #	Expiration Date

If the position that you are applying for involves operation of a motor vehicle, please provide the following information:

Do you have a current Driver's License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received any moving violations within the last three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please explain: _____

Please indicate valid driver's license(s) held: A B C D M

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EMPLOYMENT HISTORY

Beginning with your most current employment, please list all jobs, including part-time, temporary, and voluntary positions you have held within the past ten (10) years. For identification and verification, please indicate full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence. (Use a separate sheet of paper for any additional employment history).

Name & Address of Current Employer						
Type of Business				Name of Supervisor		
Telephone	Full Time	Part Time	Voluntary	From (MM/YYYY)	To (MM/YYYY)	
Your Job Title			Monthly Start Salary		Monthly End Salary	
Your Duties and Responsibilities						
May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable						
Reason for leaving or reason for considering leaving current employment						
Name & Address of Employer						
Type of Business				Name of Supervisor		
Telephone	Full Time	Part Time	Voluntary	From (MM/YYYY)	To (MM/YYYY)	
Your Job Title			Monthly Start Salary		Monthly End Salary	
Your Duties and Responsibilities						
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable						
Reason for leaving						
Name & Address of Employer						
Type of Business				Name of Supervisor		
Telephone	Full Time	Part Time	Voluntary	From (MM/YYYY)	To (MM/YYYY)	
Your Job Title			Monthly Start Salary		Monthly End Salary	
Your Duties and Responsibilities						
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable						
Reason for leaving						

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EMPLOYMENT HISTORY Continued

Name & Address of Employer						
Type of Business				Name of Supervisor		
Telephone	Full Time	Part Time	Voluntary	From (MM/YYYY)	To (MM/YYYY)	
Your Job Title			Monthly Start Salary		Monthly End Salary	
Your Duties and Responsibilities						
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable						
Reason for leaving						
Name & Address of Employer						
Type of Business				Name of Supervisor		
Telephone	Full Time	Part Time	Voluntary	From (MM/YYYY)	To (MM/YYYY)	
Your Job Title			Monthly Start Salary		Monthly End Salary	
Your Duties and Responsibilities						
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable						
Reason for leaving						
Name & Address of Employer						
Type of Business				Name of Supervisor		
Telephone	Full Time	Part Time	Voluntary	From (MM/YYYY)	To (MM/YYYY)	
Your Job Title			Monthly Start Salary		Monthly End Salary	
Your Duties and Responsibilities						
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable						
Reason for leaving						

POLICE OFFICER POSITION

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Are you willing to work nights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to work weekends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to work holidays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you object to working alone without backup readily available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you object to wearing a uniform?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently licensed as a peace officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received any training or do you have any experience in the area of Law Enforcement? If YES, please provide training details and dates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received medical training (CPR, First Aid, First Responder, etc...)? If YES, please provide training details and dates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever pled or been found guilty of a felony, including a felony charge that was later dismissed under a deferred imposition of sentence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT/PROFESSIONAL REFERENCES

Please list as references, three people that have knowledge of you and your qualifications. People must have known you for at least five years.		
Name	Address (include City, State, Zip)	Phone Number (include Home, Work & Cell)

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Acknowledgement

Initials	Please read carefully and acknowledge with your Initials
	I acknowledge that, if requested, I will undergo drug testing.
	I acknowledge that investigations/inquiries deemed necessary to establish my character, general reputation and work performance history may be conducted.
	I acknowledge that, if hired, I may be required to attend training in other parts of North Dakota for varying lengths of time.
	I acknowledge that, if hired, I may be required to work nights/overnights, weekends and holidays.
	Police Officer position ONLY I acknowledge that, if hired, I must pass a health assessment (physical) at a health care provider of my choice.
<p>I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. Any offer of employment I may receive from the Stanley Police Department is contingent upon successful completion of any pre-employment screening process, which might include background and drug screening. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed.</p>	
<p>_____</p> <p>Applicant Signature</p>	<p>_____</p> <p>Date</p>

All information provided is subject to the North Dakota Open Records Law.