

**Lower Sioux Police Department**  
AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER  
**EMPLOYMENT APPLICATION**

The Lower Sioux Police Department is committed to the policy of affirmative action/equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job-related experience and other qualifications will be considered without discrimination on grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. All other information provided in this application will be treated confidentially to the extent allowed by law, and will be used only to determine your qualifications for the position applied.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS: \_\_\_\_\_ Home Ph. \_\_\_\_\_  
Street Address Work Ph. \_\_\_\_\_  
City State Zip Message Ph. \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

Are you a citizen of the U.S. or do you have a visa allowing you to work in the U.S. in the work for which you are applying?  
 Yes  No

Would you work:  Full-time  Part-time  Temporary Date available: \_\_\_\_\_

**I. RECORD OF MILITARY SERVICE**

(See attached application for claiming Veteran's Preference)

Have you ever served in the U.S. Armed Forces?  Yes  No

If yes, what branch? \_\_\_\_\_

List duties in the service including special training: \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge. 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 that I am required to abide by all rules and regulations of Lower Sioux Community.

\_\_\_\_\_  
Signature of Applicant / /  
Date

**Return completed application to:**

Attn: Chief of Police  
Lower Sioux Community  
39527 Reservation Highway 1  
Morton, MN 56270

## II. RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed	Did You Graduate	Last Diploma or Degree
High			<input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> 13 <sup>th</sup> <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 16 <sup>th</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**CLERICAL & POLICE APPLICANTS:** Typing Speed \_\_\_\_\_ wpm

Word Processing/Computer Training & Experience: \_\_\_\_\_

List Software/Hardware: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

**ALL APPLICANTS:** If you possess a current license or certificate, which is relevant for this position, please provide:

Title \_\_\_\_\_ Date Issued \_\_\_\_\_

Issuing Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

Describe any additional experience or training that qualifies you for this position: \_\_\_\_\_

Do have any relatives working for the Lower Sioux Community?  YES  NO

If yes, what Department? \_\_\_\_\_

***In accordance with the Lower Sioux Community Policy, any employee providing false or misleading information will be subject to termination.***

Have you been convicted of a misdemeanor, gross misdemeanor, or felony?  NO  YES

***If "Yes", please attach a separate sheet with explanation. Information concerning this question will not be used to automatically bar you from employment unless it is related to the position which you are seeking.***

In accordance with the Immigration Reform and Control Act of 1986, the Lower Sioux Police Department hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

### III. RECORD OF EMPLOYMENT

Do Not Write "See Resume"

Begin with your current or most recent employment up to 15 years.

Employer		Dates Employed	
		From	To
Phone			
Address		Hourly Rate/Salary	
		Starting	Final
Job Title	Supervisor	\$	\$
Reason for Leaving		May we contact this employer? Yes No	
Work Performed			

Employer		Dates Employed	
		From	To
Phone			
Address		Hourly Rate/Salary	
		Starting	Final
Job Title	Supervisor	\$	\$
Reason for Leaving		May we contact this employer? Yes No	
Work Performed			

Employer		Dates Employed	
		From	To
Phone			
Address		Hourly Rate/Salary	
		Starting	Final
Job Title	Supervisor	\$	\$
Reason for Leaving		May we contact this employer? Yes No	
Work Performed			

Attach an additional page if more space is needed.

## IV. PERSONAL REFERENCES

(Not Former Employers or Relatives)

Name and Occupation	Address	Phone No.

**-DO NOT WRITE IN THIS SECTION-  
OFFICE USE ONLY**

Date	Person Contacted	Comments

Date	Interviewer	Comments

# Tennessee Warning

In accordance with the Minnesota Government Data Practices Act, the Lower Sioux Police Department is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private. (M.S.13.43, Subd. 2) The use of the private data we collect is limited to that necessary for the administration and management of the Lower Sioux hiring process. If the Lower Sioux Community employs you, the data will be available to:

1. Administration/Department of Finance;
2. Internal Revenue Service/Social Service Administration;
3. Department Heads/Supervisors where job openings occur.

The information collected from you or from other agencies or individuals authorized by you is used to determine your qualifications for employment with the Lower Sioux Community. Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You are not required to provide certain information; however, it may be necessary to determine if you qualify for employment. Disclosure of your Social Security Number and Date of Birth is voluntary unless you are hired. If hired, you must disclose your Social Security Number in order to be in compliance with State and Federal Tax Withholding Laws. You are not required to provide your home telephone number, however, we may not be able to employ you in certain jobs where you may be required to come to work on short notice.

Your Name and Address are required information. If you do not supply the required information, the Lower Sioux Police Department will not be able to consider you for employment.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained on you,
2. The right to be told the contents and meaning of the data,
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact: the Chief of Police 507-697-6185.

I have read and understand the above information regarding my rights as a subject of government data.

Applicant Signature: \_\_\_\_\_

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

# APPLICATION FOR VETERANS PREFERENCE POINTS

**Eligibility:** Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their training and experience examination results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points, you must:

Be separated under honorable conditions from any branch of the armed forces of the United State after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as described above) or the spouse of a disabled veteran who, because of the disability, is not able to qualify.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. **You are not required to supply this information, but we cannot award veterans points without it.**

**Instructions:** You must supply a copy of your DD214. Disabled veterans must also supply Form FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate, the Veteran's DD214 and FL-802 or death certificate. If you do not include these documents with this application, be sure to include your name, and the name of the position for which you are applying, when you do submit the documents. All documentation must be received no later than seven (7) calendar days after the application deadline for the position for which you are applying.

**Veterans preference application:**

Name of veteran \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name                      First Name                      Middle Name                      Month/Day/Year

Address \_\_\_\_\_  
Street Number or R.F.D.                      City                      State                      Zip Code

Veteran:  Self  Spouse                      If spouse, veteran's name: \_\_\_\_\_

Type of preference requested:  Veteran  Disabled Veteran  Spouse of veteran  Spouse of disabled veteran

Did the veteran serve on active military duty without interruption for 181 days or more or qualify under M.S. 197.447?

Yes  No    If reserve unit, submit evidence of 181 or more consecutive days of service.

Is the veteran a United States citizen?  Yes  No

Date of entry into service: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Branch: \_\_\_\_\_

Date of final discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Rank at discharge: \_\_\_\_\_

Service number: \_\_\_\_\_

Type of discharge/separation:  Honorable  Medical  Other \_\_\_\_\_

Do you have a compensable service-related disability?  Yes  No

FOR SPOUSES OF DECEASED VETERANS:	FOR SPOUSES OF DISABLED VETERANS:
Attached marriage certificate, death certificate and DD214 Form	Veterans present occupation: _____
Date of death ____/____/____    Have you remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veterans total earnings from employment past 12 months \$ _____

Supporting documentation:  Is attached                       Will be submitted within 7 days of application deadline

I hereby claim veteran's preference for this application and swear/affirm that the information on this document is true and correct. I also authorize the release of necessary information by the Veterans Administration to the Lower Sioux Community.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY NUMBER |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

## Equal Employment Opportunity Data

The Lower Sioux Police Department is an equal opportunity employer with Native American Preference. We are committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. To help us comply with Federal/State equal employment opportunity record keeping, reporting and other legal requirements, please answer the question's below. This form will be kept in a confidential file separate from the attached application for employment.

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

Position(s) applied for: \_\_\_\_\_

Referred by: \_\_\_\_\_

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

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Sex:  Male  Female

Race/Ethnic Group: (Check One)

- WHITE** (NOT OF HISPANIC ORIGIN)-INCLUDING PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA OR THE MIDDLE EAST.
- BLACK**-ALL PERSONS HAVING ORIGINS IN ANY OF THE BLACK AFRICAN RACIAL GROUPS; NOT OF HISPANIC ORIGIN.
- HISPANIC**-ALL PERONS OF MEXICAN, PUERTO RICAN, CUBAN OR SOUTH AMERICAN OR OTHER SPANISH CULTURE OR ORIGIN REGARDLESS OF RACE.
- AMERICAN INDIAN OR ALASKIAN NATIVE**-ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF NORTH AMERICA OR WHO MAINTAIN IDENTIFIABLE TRIBAL AFFILIATIONS THROUGH MEMBERSHIP AND PARTICIPATION OR COMMUNITY RECOGNITION.
- ASIAN OR PACIFIC ISLANDERS**-ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTEAST ASIA, THE INDIAN SUBCONTINENT OF THE PACIFIC

**IS THERE ANY REASON YOU WOULD BE UNABLE TO DO THE ESSENTIAL FUNCTIONS OF THE JOB?**

No  Yes (explain) \_\_\_\_\_