

# CITY OF EDEN PRAIRIE RESERVE OFFICER APPLICATION



## Eden Prairie Police Department

8080 Mitchell Road, Eden Prairie, MN 55344

Phone: 952.949.6200 fax: 952.949.6203 TDD: 952.949.8399

[www.edenprairie.org](http://www.edenprairie.org)

Date \_\_\_\_\_

## PERSONAL INFORMATION

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Street City State Zip

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ \_\_\_\_\_  
Home phone Alternate phone E-mail

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Are you 18 years or older?  Yes  No

## POSITION INFORMATION

Date available to start: \_\_\_\_\_

Have you ever applied with the City of Eden Prairie before?  Yes  No

If so, when? \_\_\_\_\_ What position? \_\_\_\_\_

Are you able, either with or without reasonable accommodations, to perform the essential functions of this position?  Yes  No

Are you legally permitted to accept permanent employment in the United States? (Proof will be required upon employment including volunteer positions)  Yes  No

## EDUCATION

| School Name and Location<br>Starting with High School | Area of Study | Did you Graduate? | Degree Earned |
|-------------------------------------------------------|---------------|-------------------|---------------|
|                                                       |               |                   |               |
|                                                       |               |                   |               |
|                                                       |               |                   |               |
|                                                       |               |                   |               |

## WORK EXPERIENCE (LIST MOST RECENT FIRST)

Name and Address of Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ May we contact this employer?  Yes  No

Name and Address of Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ May we contact this employer?  Yes  No

Name and Address of Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ May we contact this employer?  Yes  No

Name and Address of Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ May we contact this employer?  Yes  No

## ADDITIONAL EXPERIENCE

### **Military Experience:**

Describe your duties, and any special training: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Rank: \_\_\_\_\_

Status of Final Discharge: \_\_\_\_\_

**List any education, training, and volunteer experience that you have, related to the position:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GENERAL INFORMATION

What computer software programs are you proficient in? \_\_\_\_\_

What equipment do you operate proficiently? \_\_\_\_\_

What trade or professional licenses or certificates do you currently possess?

Type: \_\_\_\_\_

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

Type: \_\_\_\_\_

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

Do you have a valid Minnesota Driver's License?  Yes  No

Do you have a valid Commercial Driver's License?  Yes  No

## PROFESSIONAL REFERENCES

List three people who know you well, preferably from a work environment. Do not list relatives.

**Name**

**Business / Employer**

**Phone Number**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### **IMPORTANT-READ BEFORE SIGNING:**

The facts set forth in my application are true and complete. I understand that if employed, false statements on this application shall be considered cause for dismissal. I authorize investigation of all statements and matters contained in this application which the City of Eden Prairie may deem relevant to my employment and I authorize all my previous employers or other persons having information concerning me or my record to report such information to the City of Eden Prairie. I release each person from all claims or liabilities whatsoever on account of making such inquiry or making such disclosures.

I understand that nothing contained in this employment application or in the granting of an interview, and no City policies, procedures, or manuals that I might receive, are intended to create an employment contract between the City and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guaranty is binding upon the City unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice, and that the City retains a similar right.

The City of Eden Prairie has adopted a drug and alcohol testing policy. Applicant for any City position may be subject to testing under the policy and may be asked to provide a urine specimen after receiving a conditional offer of employment. You may legally refuse to undergo a drug or alcohol test. If you refuse, the City's conditional offer of employment may be withdrawn. If you undergo an initial screening test with a positive test result, a confirmatory test will be performed. The full Drug and Alcohol Testing Policy is available the Human Resources Department at the City Center, during regular business hours. If requested, I agree to submit to a physical examination to determine my physical fitness for employment or continued employment in the event I am employed.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# City of Eden Prairie

## NOTICE CONCERNING APPLICATION DATA

### Application Data

Our application requests that you furnish both public and private data about yourself as defined by the Minnesota Government Data Practices Act (Chapter 13 of Minnesota Statutes). This information will be maintained through the time of your appointment with the City of Eden Prairie and thereafter. If appointed, this information may need to be updated periodically.

### Purpose and Intended Use

The information collected in your application will be used to identify you, analyze your suitability for appointment, and facilitate contact with you. If appointed, the information will also be used to establish and maintain benefit and employee records. Updated information will be used to maintain the accuracy of the application information.

### May You Refuse or Are You Required to Supply the Requested Data

Supplying the data is not mandatory.

### Known Consequences Arising from Supplying or Refusing to Supply the Requested Data

Refusal to supply the information requested may affect the ability to evaluate your application or to appoint you to the position. Supplying the requested data will assist us in evaluating your application and, if appointed, the status of your position and benefits. Refusal to supply updated information may affect the status of your position and benefits.

### Identity of Other Persons or Entities Authorized to Receive the Data

The data may be distributed to and used by personnel of the City of Eden Prairie who are involved directly and/or indirectly in the appointment of, and maintenance of records on employees and members of boards and commissions. The data may be used and disseminated to individuals or agencies specifically authorized access to the data by state, local, or federal law or when approved by the State Commissioner of Administration or by you. The data may be used and disseminated to the City of Eden Prairie's insurance providers.

The above information, as included in the Application, will become part of our permanent records and may be reviewed by you upon request.

I have read and understand the provisions stated above regarding the use of information being requested of me as an applicant, employee and/or member of a Board or Commission of the City of Eden Prairie.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_