



# INTERNATIONAL FALLS, MN POLICE DEPARTMENT

900 5TH STREET, SUITE 305, INTERNATIONAL FALLS, MN 56649 •  
OFFICE: (218) 283-1900 • DISPATCH: (218)-283-4416 • FAX: (218) 283-3516

## FULL-TIME POLICE OFFICER APPLICATION PACKET

The City of International Falls, MN is opening its application and testing process for Police Officers. The starting pay rate is \$33.48 / hour - \$37.44 / hour.

The City offers a comprehensive and competitive benefits package, including medical, dental, vision, life and long-term disability insurance. Employees also receive generous leave benefits, including vacation and sick time, MN Paid Leave and paid holidays. Additional benefits include free access to the Employee Assistance Program (EAP) and participation in the MN Public Employees Retirement Association (PERA). More details are available on request.

This position works under the direction of the Chief of Police, Investigator and Sergeant. Police Officers are responsible for maintenance and enforcement of laws and ordinances, to answer complaints and calls for service, for the protection of life and property in the City of International Falls, Minnesota; and to assist in the investigation of criminal offenses, accidents or other police problems.

Applicants must be Minnesota POST Licensed eligible by the time of hire. Candidates must successfully pass each of the following exam components:

- Oral Evaluation
- Background
- Psychological
- Physical Examination
- Drug Screening

Qualified candidates may obtain an application at the Police Department or from the city's website at [www.ci.international-falls.mn.us](http://www.ci.international-falls.mn.us).

A completed application, resume and cover letter will be accepted in person; by mail to the International Falls Police Department, 900 5th Street, Suite 305 International Falls, MN 56649; or by email at [scottw@ci.international-falls.mn.us](mailto:scottw@ci.international-falls.mn.us).

**Application deadline is Monday, March 2 at 4:00 p.m.**



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### **Employment Application Instructions**

Unless otherwise directed, type or print clearly, and give complete and accurate information. Provide as much information as space permits. You may continue your response on additional sheets of paper, if necessary. Falsification of this application constitutes grounds for disqualification from employment consideration, or dismissal from employment, if hired. Successful applicants will be tested at the Koochiching County Law Enforcement Center.

Please make sure you've completed the following before returning your application.

1. Review, Sign and "Data Authorization Release Form"
2. Complete, sign and date "City of International Falls Employment Application".
3. Complete Veteran's Preference form if applicable.
4. Include a resume with your application forms.
5. Return all completed forms to the Chief of Police.

CITY OF INTERNATIONAL FALLS  
POLICE DEPARTMENT  
Attn: Chief of Police  
900 5th Street, Suite 305  
International Falls, MN 56649



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## Data Authorization Release Form

I, \_\_\_\_\_, am an applicant for a position with the International Falls Police Department.

I hereby authorize the Chief of the International Falls Police Department and/or his designee to procure any and all information, oral and written, that may be required in connection with my employment application. I fully understand that the information required may include, but not be limited to, data reflected on or related to my education, employment, military service, financial, arrest/conviction records, and any video and audio recordings concerning me. I further authorize the Chief and/or his designees to conduct a background investigation into my personal history.

I fully understand that the above-referenced background investigation may entail the solicitation of information from, and may include contact with the Social Security Administration, former and current employers, academic institutions, military agencies, financial institutions, law enforcement agencies, friends, relatives, and former and current neighbors.

I hereby consent to the release of all data, oral or written, regarding me that may be required by the Chief of the International Falls Police Department and/or his designee and hereby expressly release any party providing said data from any and all liability. I further waive my right to have certain data protected from disclosure under any and all Federal or State statutory provisions to the extent I am authorized to do so.

I hereby grant my informed consent to permit you to make photocopies for the Chief of the International Falls Police Department and/or his designee of data that concerns me and is in your possession.

In giving my consent, I understand that the data gathered shall be used for the limited purpose of evaluating my application with the International Falls Police Department. Upon collection, the data shall be subject to classification under the Minnesota Data Practices Act and, if classified as public, may be subject to release by the International Falls Police Department without my consent.

The law enforcement agency requesting the information pursuant to this release may discontinue processing my application if I refuse to disclose the information requested.

The original or copy of this authorization reflecting my signature is valid for a period of one year from the date below. I reserve the right to cancel this authorization prior to expiration by providing written notice to you and the law enforcement agency where I applied.

\_\_\_\_\_  
Applicant's Printed Full Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



City of International Falls  
 600 4<sup>th</sup> Street  
 International Falls, MN 56649  
 T: (218) 283-9484 | F: (218) 283-3590  
 W: [www.ci.international-falls.mn.us](http://www.ci.international-falls.mn.us)

## EMPLOYMENT APPLICATION

We welcome you as an applicant for employment with the City of International Falls. It is the City’s policy to provide equal opportunity in employment. The City will not discriminate on the basis of race (including traits associated with race, such as but not limited to, hair texture and hair style), color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Advisory for guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

The City of International Falls accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact Sherrri Stensland (218) 283-7984.

Position applying for: \_\_\_\_\_ Check:  Full-time  Part-time  
 Temporary  Seasonal

### Personal Information

Name: (First / Middle / Last)

Address: (Street) \_\_\_\_\_ Today’s Date: \_\_\_\_\_  
(City / State / Zip Code)

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Are you legally eligible to work in the United States? (Proof of citizenship or work eligibility will be required as a condition of employment.)  Yes  No

Are you 18 years or older? Or 17 years old if summer staff?  Yes  No

Are you able to perform the essential functions of the job for which you are being considered?  Yes  No

### Education & Licensing

Name / Location of High School: \_\_\_\_\_ Did you graduate or obtain a GED?  Yes  No

List post-secondary schools attended:

Name and Address of School	Course of Study	Completed	Diploma / Degree
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any current licenses, registrations or certificates you possess, which may be related to this position:

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

If yes, what type? (Proof of a valid license may be required as a condition of employment.)  A  B  C  D  Other

## Employment Experience (List work history beginning with the most recent experience first.)

**"See resume" is not an acceptable response. Resumes will be considered in addition to, but not in lieu of, this application.**

Employer (current employer / most recent)	Job Title
Address: (Street)  (City / State / Zip Code)	Dates Employed _____ to _____ Work Phone _____
Reason for Leaving (be specific)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other
Describe your work in this job.	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Job Title
Address: (Street)  (City / State / Zip Code)	Dates Employed _____ to _____ Work Phone _____
Reason for Leaving (be specific)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other
Describe your work in this job.	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Job Title
Address: (Street)  (City / State / Zip Code)	Dates Employed _____ to _____ Work Phone _____
Reason for Leaving (be specific)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other
Describe your work in this job.	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Unpaid Experience

Describe any unpaid or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which would reveal race, sex, age, disability or other protected status).

## Military Experience

Did you serve in the Armed Forces?  Yes    No      Do you wish to apply for Veteran's Preference points?  Yes    No

Describe your duties in the Armed Forces:

***If you are requesting Veteran's Preference Points, you must complete the "Veterans' Preference form" and submit the application and required documentation to the City by the application deadline of the position for which you are applying.***

## References (Do not include immediate family members.)

Name	Phone	Years Known	Relationship

## Applicant Data Advisories (according to Minn. Statute § 13.04)

The City must advise you of the following purposes and intended use of the data. The City collects this information for purposes of selecting a candidate for hire. Your data will be used to verify your identity and assess your qualification for the position. For public safety positions or in the event you are selected for hire, your data may be used to perform a criminal background check, including using the BCA's website. Consultant, city staff and elected officials involved in the hiring process will have access to the data provided. Data may be shared upon court order or provided to the state or legislative auditor, upon request.

Filling out this application for employment and supplying data is voluntary. The more complete the application, the better your chances of conveying to the City you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.

Minors submitting this application have the right to request that parental access to private data be denied. If you wish to make this request, please submit the request in writing to the Human Resources Director, 600 4<sup>th</sup> Street, International Falls, MN 56649.

## Authorization

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

I acknowledge that I have received a copy of the job description summary for the position(s) for which I am applying. I further acknowledge my understanding that employment with the City of International Falls is "at will," and that employment may be terminated by either the City of International Falls or me at any time, with or without notice.

With my signature below, I am providing the City of International Falls authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact your current employer?", contact with my current employer will not be made without my specific authorization.

I have read the included Applicant Data Advisories, and I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the City of International Falls in writing of any changes to information reported in this application for employment.

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Applicant Signature

Date

# VETERANS' PREFERENCE FORM

**COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE**

*Veterans' Preference Points cannot be considered without supporting documentation. Attach a copy of your Veteran's DD214 (Copy 2, 4 or 6) or other documentation verifying service. Documentation must be received by the application deadline of the posting in order to be considered. (Veteran is defined by Minn. Stat. §197.447)*

**You must submit a PHOTOCOPY of your DD214 (Copy 2, 4 or 6) or other documentation verifying service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance obtaining documentation verifying service, contact your County Veteran's Service Office.**

The City of International Falls operates under a point preference system, which awards points to qualified veterans to supplement their application. After receiving a passing score, ten (10) points are granted to non-disabled veterans on open competitive examinations; Fifteen (15) points are awarded if the veteran has a service-connected compensable disability as certified by the US Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, **or** by reason of disability incurred while serving on active duty, **or** after having served the full period called or ordered for

federal, active duty **and** be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference of a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active-duty service-connected disability rating on 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five points preference only once when applying for the first promotion after securing public employment.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the documentation verifying service, is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your current address.

Name <small>(First / Middle / Last)</small>	Position for Which you Applied Closing Date
Address <small>(Street)</small>  <small>(City / State / Zip Code)</small>	Phone Number
	Are you a US Citizen or Resident Alien? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>

**VETERAN (10 points):** (DD214 or DD215 (Copy 2, 4 or 6) or other documentation verifying service, must be submitted to receive points) Honorably discharged veteran:  Yes  No

**DISABLED VETERAN (15 points):** (DD214, Copy 2, 4 or 6, or other documentation verifying service, and USDVA Summary of Benefits Letter of disability rating decision of 10% or more must be submitted to receive points.) Percent of Disability: \_\_\_\_\_%  
Have you ever applied for promotion in public employment?  Yes  No

**SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):** "Member Copy 4" of DD214 or DD215, or other documentation verifying service, photocopy of marriage certificate, spouse's death certificate and proof veteran is deceased must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran. Date of Death: \_\_\_\_\_ Have you remarried?  Yes  No

**SPOUSE OF DISABLED VETERAN (15 points):** (Veteran's Copy DD214 or DD215, Copy 2, 4, or 6, or other documentation verifying service, and US VA Summary of Benefits Letter of disability rating decision of 10% or more must be submitted to receive points. How does Veteran's disability prevent performance of a stated job "requirement?" Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

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**AFFIDAVIT:** I hereby claim Veterans' Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to the City of International Falls by the required application deadline.

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Signature

Date

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## INFORMATION REGARDING CLAIMING VETERANS' PREFERENCE

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.447, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
  - i. served on active duty for at least 181 consecutive days, or
  - ii. have been discharged by reason of service-connected disability, or
  - iii. have completed the minimum active-duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
  - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the "Member Copy 4" of your DD214 or DD215, or other documentation verifying service. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active-duty service.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, or other documentation verifying service, USDVA verification that veteran died, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of International Falls. Please contact our office at (218) 283-7984 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

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## GENERAL INFORMATION ON THE MINNESOTA GOVERNMENT DATA PRACTICES ACT FOR APPLICANTS, EMPLOYEES AND VOLUNTEERS

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The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of International Falls. First, under “Rights of Subjects of Data” (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other personas or organizations authorized by State or Federal law to receive the data you provide.

Second under “Personnel Data” (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically public:

- Your veteran’s status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment.

If you are hired, the following additional data about you will be considered public information:

- Your name;
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- Your job title, bargaining unit (if applicable) and job description;
- The dates of your first and last employment with us;
- The status of any written complaints or charges against you while you work for the City of International Falls, regardless of whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- Your work location and work telephone number;
- Your education and training background;
- Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your works time for payroll purposes:

except to the extent that release of time sheet data would reveal employee’s reasons for the use of sick or other medical leave or other non-public data;

- Your previous work experience;
- The “complete” terms of any settlement agreement (including buyout agreements) except that the agreement must include the specific reasons if it involves the payment of more than \$10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file, which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of city staff needing it to process city records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census;
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

With the exception of the optional data requested, the data you provide is needed to identify you and assist in determining your suitability for the position for which you are applying. Furnishing the optional data requested about you is voluntary.

**NOTICE REGARDING SOCIAL SECURITY NUMBER:** This information will be used for payroll taxes, insurance purposes, and retained in the employee’s data record.

**NOTICE TO MINORS:** Minors from whom private data or confidential data is collected have the right to request that parental access to the private data be denied.

If you have any questions regarding your rights as a subject of data, please contact the City of International Falls Human Resources Department at 600 4<sup>th</sup> Street, International Falls, MN 56649. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**

**NOTICE REGARDING REQUEST FOR MARRIAGE CERTIFICATE FOR VETERANS’ PREFERENCE DOCUMENTATION:** This information will be used for documentation purposes for verifying marital status for requesting applicable spousal Veterans’ Preference credits.

## EMPLOYMENT ELIGIBILITY VERIFICATION INFORMATION

The United States Government requires all employers to verify new employees' eligibility for employment in the United States. The City of International Falls must decline to hire prospective employees if they fail to present adequate proof of eligibility and identity.

You may present one document from List A or a combination of one document from List B and one document from List C. A list of acceptable documents is below. All documents provided must be **unexpired**.

If you are hired, you must submit the required document(s) before you begin employment. Please be prepared to provide these documents when requested.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List B document.</li> </ul>		<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List C document.</li> </ul>