



KANDIYOHI COUNTY SHERIFF'S RESERVE

**Eric Holien, Sheriff
2201 NE 23rd St., Suite 101
Willmar, MN 56201
(320) 235-1260**

MEMBERSHIP APPLICATION FORM

The undersigned hereby make application for membership in the Sheriff's Reserve of Kandiyohi County and furnishes the following information.

PLEASE PRINT

NAME _____
 FIRST **MIDDLE** **LAST**

DATE OF BIRTH _____

HEIGHT _____ **WEIGHT** _____

HAIR COLOR _____ **EYE COLOR** _____

DRIVER'S LICENSE # _____

HOME ADDRESS _____

BUSINESS ADDRESS _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

e-MAIL _____

NEXT OF KIN (NAME AND RELATIONSHIP) _____

Signature _____

Date _____

AUTOBIOGRAPHY

YOUR RESIDENCE _____

CURRENT EMPLOYMENT (profession and position) _____

SCHOOLS ATTENDED _____

MEMBERSHIP IN OTHER ORGANIZATIONS _____

HOBBIES _____

HOW LONG HAVE YOU LIVED IN KANDIYOHI COUNTY _____

MILITARY SERVICE, TOUR OF DUTY AND BRANCH _____

OTHER ACTIVITIES NOT MENTIONED ABOVE _____

REASONS FOR WANTING TO JOIN THIS UNIT _____

Does your employer have object to your membership in the Sheriff's Reserve? ____ Yes ____ No

Are you willing to work in all types of activities of the Sheriff's Reserve? ____ Yes ____ No

If no, please explain what type of activities you will not participate in. _____

What hours do you work? _____

Do you work weekends? ____ Yes ____ No

Do you have any objections using your time in the Sheriff's Reserve on weekend? ____ Yes ____ No

REFERENCE QUESTIONNAIRE

I. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS

Name and Address	Type (Social, Fraternal, Professional, Etc)	Membership (Show Dates)	
		From-	To-

II. CHARACTER REFERENCES

List three (3). Do not include relatives or former employers.

Name	Address (Business address preferred)	Years Known
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EMPLOYMENT APPLICATION

TENNESSEN WARNING

Pursuant to the Minnesota Data Practices Act, you have the right to know:

A. THE PURPOSE AND INTENDED USE OF THE INFORMATION COLLECTED

1. The information we collect about you is classified by law as either Public (anyone can see the information), Private (only you can see the information), or Confidential (you cannot see the information).
2. The purpose and intended use of this is to aid Kandiyohi County, as the employer, in determining your qualifications for employment.
3. The information will also be used by the employer in deciding whether you will be offered employment.

B. MAY YOU REFUSE OR ARE YOU LEGALLY REQUIRED TO SUPPLY THE INFORMATION WE ASK FOR? WHAT ARE THE CONSEQUENCES OF YOUR SUPPLYING OR REFUSING TO SUPPLY THE INFORMATION?

1. You have the right to refuse the information requested and there is no legal requirement that you provide the information requested.
2. If you supply the information requested, it will aid the employer in deciding whether you meet the qualifications essential to employment.
3. If you refuse to provide the information requested, your application for employment will not be complete and, as such, may disqualify you for employment.

C. WHO HAS ACCESS TO THE PRIVATE AND CONFIDENTIAL INFORMATION WE COLLECT ABOUT YOU?

1. Individuals within the Kandiyohi County Auditor's Office and individuals within the Agency seeking to fill the position. The Kandiyohi County Board of Commissioners will also have access to the information.
2. Individuals and agencies for which a statute, federal law, or the State Commissioner of Administration authorizes a new use or sharing of information after you have been given this notice.

Unless otherwise authorized by statute or federal law, government agencies with which we share private or confidential information must also treat the information they receive as private or confidential.

I understand that any appointment will be contingent upon the result of a thorough character investigation and I am aware any false statement of deliberate omission made on this questionnaire may cause my name to be removed from the eligible list or be cause for immediate dismissal if an appointment was made. I have read and understood the Tennessen Warning regarding the Minnesota Data Practice Act.

Signature

Date

Witness

Date



KANDIYOHI COUNTY SHERIFF'S OFFICE
EMPLOYMENT BACKGROUND INVESTIGATION
APPLICANT QUESTIONNAIRE
FOR
NON-LICENSED POSITION

DIRECTIONS FOR COMPLETING THE BACKGROUND PACKET

1. When completing this form, please print the background packet and complete legibly.
2. If you find that there is not space to answer a specific question, provide as much information as space permits, continuing your response on a separate sheet of paper. Include the number of the question and maintain the same format as in the background investigation form.
3. If a question does not apply to you, please write or type N/A.
4. Please sign the form where required. (***Please note signature area on page 10 that need to be notarized***)
5. If you have any questions during the completion of this form, leave blank and mark with a tab. There will be a detective on hand to answer any questions after your interview.

REJECTION CRITERIA FOR KANDIYOHI COUNTY SHERIFF'S OFFICE APPLICANTS

The following MAY result in the withdrawal of the conditional job offer, or termination from employment:

- Felony Conviction (including pardons).
- Felony and Gross Misdemeanor Drug Conviction.
- Criminal Sexual Misconduct Conviction.
- Gross Misdemeanor Conviction in last 5 years.
- Conviction of Assaulting or Eluding a Police Officer.
- Evidence that the applicant has misrepresented or falsified any information to the Department.
- Dismissal from employment or negotiated resignation in lieu of termination.
- Documented instances of misconduct by prior employers.
- Documented instances of undesirable work habits.
- Documented pattern of unfitness or patterns of misconduct.
- Documented history of behavior, which indicates that the applicant will not succeed as a Kandiyohi County Sheriff's Office employee.

- Insufficient references or unsatisfactory references or unsatisfactory qualifications.

6700.700 MINIMUM SELECTION STANDARDS

1. The applicant shall successfully complete an oral examination conducted by or for the agency to demonstrate the possession of communications skills necessary to the accomplishment of the duties and functions of a corrections officer.
2. A licensed physician or surgeon shall make a thorough medical examination of the applicant to determine that the applicant is free from any physical condition, which might adversely affect the performance of corrections officer duties.
3. An evaluation, including an oral interview, shall be made by a licensed psychologist to determine that the applicant is free from any emotional or mental condition, which might adversely affect the performance of corrections officer duties.

Applicant's Signature _____

Date _____

**PROTECTED INFORMATION ADVISORY
(TENNESSEN WARNING)**

Read this advisory before completing the Protected Information Section.

In accordance with the Minnesota Government Data Practices Act, Kandiyohi County 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.

Minnesota Statutes 13.01 and 13.87 on Government Data Practices require that you be informed that the following information, which you are asked to provide on the Application for Employment, is considered private data.

1. Name
2. Home address
3. Home phone number

4. Social Security number
5. Date of birth
6. Conviction record
7. Sex
8. Age group
9. Disability type

We ask this information for the following reasons:

- To distinguish you from all the other applicants and identify you in our personnel files;
- To enable us to verify that you are the individual who makes the application;
- To enable us to contact you when additional information is required, send you notices and/or schedule you for interviews;
- To determine if you meet the minimum wage requirements (if any);
- To determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position you applied for;
- To enable us to ensure your rights to equal opportunities;
- To meet federal and state reporting requirements; and
- To make processing more efficient.
- To conduct a thorough and complete criminal history and felony background check, all names by which an applicant is known must be listed.
- In order to access criminal history and driver's license data, date of birth must be supplied.
- In order to complete, and send for evaluation fingerprint cards as required by statute, the race of the person fingerprinted must be entered on the fingerprint card.
- In order to access criminal history data, the full name and date of birth of your spouse must be supplied.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in Kandiyohi County and the policies, rules and regulations promulgated pursuant thereto.

FURNISHING SOCIAL SECURITY NUMBERS, DATE OF BIRTH (unless a minimum age is required), SEX, AGE GROUP, AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

Private data is available only to you and to other persons in the County Offices who have a bonafide need for this data. Public data is available to anyone requesting it and consists of all data furnished in the employment process, which is not designated in this notice as private data.

If you are hired by Kandiyohi County, you will be legally required to supply your Social Security number and all applicable tax information. This information will be sent to federal

and state tax authorities and to the Social Security Administration; and will enable us to compute your salary deductions. Insurance data, which you will be required to furnish in order to participate in county health and life insurance plans, will be classified as private as will payroll deduction data.

In accordance with Minnesota Statutes Section 13.03 and 13.04, I have been informed of and understand my rights as a subject of data.

/s/ _____
Signature Date

Sworn to and subscribed before _____ this _____ day of
Name of Notary
_____, 20_____.

Signature of Notary Public

Notary Seal

Commission expires _____
Date

PROTECTED INFORMATION

1. What is your full name?

(Last) (First) (Middle)

2. Give any other names you have used or been known by, and give reasons for the change. If none, so state.

3. Where were you born? _____

(City) (County) (State)
4. Date of Birth: _____
(Month/Day/Year) (Sex) (Height)

(Weight) (Hair) (Eyes)

White (Non-Hispanic)____ Black (Non-Hispanic)____

Hispanic____ Asian/Pacific Islander__ American Indian____

5. Social Security Number: _____

In accordance with the Federal Privacy Act of 1974, disclosure is voluntary, the Social Security Number will be used for identification purposes to ensure that proper records are obtained.

6. Are you a native born or naturalized citizen? (Please check one)

Native Born_____ Naturalized_____

7. Spouse's full name: _____
(Last) (First) (Middle)

Spouse's date of birth: _____
(Month/Day/Year)

8. Spouse's Social Security Number: _____

9. Spouse's address: _____
(Address) (City) (State)

10. Ex-spouse: _____
(Last) (First) (Middle)

Date of birth: _____
(Month/Day/Year)

(Address) (City) (State)

11. If you reside with someone other than your spouse or parents, please list:

(Last) (First) (Middle)

Date of birth: _____
(Month/Day/Year)

Occupation: _____

12. List any children living with you (full name and date of birth):

13. List any children not living with you (full name and date of birth):

RESIDENCE

1. Where do you now reside? _____
(Street Address) (Apt. Number)

(City) (County) (State) (Zip)

Telephone Number: () _____

2. How long have you resided there _____

3. In chronological order, state each and every place in which you have lived during the past **ten years**, beginning with your present address. (Include all addresses while you were in school and the military.)

From	To	Street Address, Apt. Number,
Mo.	Mo.	City, State, Zip
Yr.	Yr.	

SIGNATURE PAGE

THIS STATEMENT MUST BE SIGNED

I attest that all of the statements made by me in this Application Questionnaire and documents submitted are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made with the intent to commit fraud, any fraudulent conduct, or any attempted deception by me or by others with my connivance, in any application, paper or document submitted, shall bar me from further examination for at least two (2) years; or omission of any information from this application may be cause for my rejection, or removal from any eligible list, or dismissal if employed.

Signature of Applicant

Date