



Date: _____

I am an applicant for the position of _____ with Mille Lacs County. I hereby authorize Mille Lacs County, the BCA and/or their designees to procure any and all information, oral or 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, past employment, military and arrest/conviction records. I further authorize Mille Lacs County, the BCA and/or their designees to conduct a background investigation into my personal history. I hereby consent to the release of any and all data, oral or written, regarding me that may be required by Mille Lacs County, the BCA and/or their designees 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. In giving my consent, I understand that the data gathered shall be used for the limited purpose of evaluating my application for employment with Mille Lacs County. A photostatic copy of this authorization/release is as valid as the signed original. This instrument shall become invalid once the data requested has been provided in its entirety or within six (6) months of the original date of signature hereunder, whichever occurs first.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____
Month/Day/Year

Sex: ___ Male ___ Female

Social Security Number: _____

Driver's License Number: _____

- I authorize Mille Lacs County, the BCA and/or their designees to disclose all criminal history record information to the Mille Lacs County Sheriff's Office for the purpose of an employment reference check.
- I authorize Mille Lacs County, the BCA and/or their designees to disclose all criminal history in regards to the Minnesota Child Protection Background Check Act, Minn. Stat. § 299C.60 to the Mille Lacs County Administrative Services Office for the purpose of an employment reference check.

Signature of Applicant

Date

Notary:



PEACE OFFICER/CORRECTIONAL OFFICER/DISPATCHER APPLICANT

PERSONAL HISTORY STATEMENT

INSTRUCTIONS TO THE APPLICANT

The information you provide in the Background Investigation Information Package will be used to assist in determining your suitability for employment with the Mille Lacs County Sheriff's Office. An extensive background investigation will be conducted into your personal history; the results of this investigation will be submitted to a Hiring Review Board. If the Board makes a favorable recommendation, you will receive a conditional offer of employment. This initial offer is contingent upon your successful completion of both a MEDICAL and a PSYCHOLOGICAL EXAMINATION. Based on the results of these final tests and further review by the Hiring Review Board, you may then be offered a position.

Keep in mind that:

1. All statements are subject to verification.
2. Deliberate inaccuracies or incomplete statements will bar or remove you from any consideration for employment.
3. All time periods in your background, unless otherwise specified, must be accounted for.
4. If you are applying for a peace officer position, Minnesota Rules, Chapter 6700.0700, requires a comprehensive background investigation be conducted prior to your hire.

It is to your advantage to respond openly. Any negative factor(s) in your background will be evaluated in terms of the circumstances surrounding its occurrence, and consideration will be given to the degree of relevance it has to employment with a law enforcement agency. For example, having been fired from a job or having an arrest record may not, in and of itself, disqualify you from consideration for employment. During the investigation, the investigator will inquire into the facts surrounding each occurrence, and an evaluation will then be made about the relevance of these facts to the requirements of the position for which you have applied.

Please print your responses to this questionnaire in ink. Do NOT type on this form, and do not have another person make entries for you. If a question does not apply to you, write "N/A" in the space provided for your answer. If you need additional space to answer a question, use a blank sheet of paper and attach it to this questionnaire. Please print your name at the top of the sheet, and remember to identify the additional information by question number.

Please read the attached Letter of Understanding carefully and sign it in the presence of a notary public; return it, along with the completed information packet, to the Sheriff's Office.

The contents of this questionnaire will be considered confidential and will be used only for investigating your suitability for employment with the Mille Lacs County Sheriff's Office, or shared with another law enforcement agency in possession of a notarized permission waiver signed by you. There is one exception to the confidentiality of your background investigation. Should it be discovered that you are

currently involved in criminal activity, or have committed an undiscovered crime, the law enforcement agency having jurisdiction WILL BE NOTIFIED.

As soon as completed, return this questionnaire, along with all attachments, to the Mille Lacs County Sheriff's Office, 640 3rd St SE, Milaca, MN 56353. You may return the packet by mail or by delivering it in person to the reception window in the Sheriff's Office lobby.

Any questions you may have regarding the completion of this packet may be addressed by contacting the person whose business card is attached.

I have read and completely understand the above statement.

Signature of Applicant

Date

Do not sign this page until the time of your interview with the Investigating Officer for the Mille Lacs County Sheriff's Office.

The previous statement was verbally read to me. I was given the opportunity to ask questions and have them thoroughly explained to me.

Signature of Applicant

Date

Investigating Officer
Mille Lacs County Sheriff's Office

Date

LETTER OF UNDERSTANDING

I am applying for a position with the MILLE LACS COUNTY SHERIFF'S OFFICE. I understand that there are certain requirements I must meet in order to be deemed qualified to fill this position. I understand that I must submit to an extensive background investigation, which will include the following, at a minimum: Review of my completed PERSONAL HISTORY STATEMENT, thorough criminal background check, and thorough examination of prior employment.

A Hiring Interview Panel will evaluate the results of this investigation and make a preliminary decision as to my potential suitability for employment. I may at this point receive a conditional offer of employment, which will be followed by completion of some or all of the following tests, depending upon the position being sought: Standard Medical Examination, Psychological Evaluation, and Physical Abilities Test.

The aforementioned tests will be administered in a manner selected by the MILLE LACS COUNTY SHERIFF'S OFFICE. I understand that the results of the test are the property of the agency to which I have applied, and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

A second Hiring Review Board will evaluate all test results as they relate to the requirements of the job, along with previous information, and will make a final decision as to my suitability for employment.

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of this process does not guarantee employment with the MILLE LACS COUNTY SHERIFF'S OFFICE, only that I will be considered for positions as they become available, pursuant to established rules and regulations of the MILLE LACS COUNTY SHERIFF'S OFFICE. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the MILLE LACS COUNTY SHERIFF'S OFFICE.

Signature of Applicant

Print Full Name

Date

State of Minnesota

County of _____

Subscribed and Sworn to before me this _____ day of _____, 20____, personally appeared _____.

Notary Public

**MILLE LACS COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATION INFORMATION PACKAGE**

Directions:

1. When completing this form, please print clearly in ink.
2. If you find that there is not adequate space to answer a specific question, provide as much information as space permits, and then continue your response on an individual sheet of paper. Print your name at the top of the sheet, include the question number, and maintain the same format as in the background investigation form.
3. If a question does not apply to you, please write "N/A" (not applicable) – do not leave it blank.
4. Attach any requested documents.
5. Be sure to sign and date this form.

1. What is your full name?

(Last)	(First)	(Middle)
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2. Where do you now reside? _____

Telephone Number(s): _____

3. In chronological order, list each and every address at which you have resided during the past seven years, beginning with your present address. For each address where you rented, please include the name, address and phone number of your landlord. (Include all addresses while you were in school and the military.)

From Mo./Yr.	To Mo./Yr.	Street Address	Apt. No.	City, State & Zip	Own or Rent

4. Are you a native-born or naturalized citizen? (Please check one.) Yes _____ No _____

5. Provide the following information for your father, mother, brothers, and sisters.

Relationship	Name	Address	Phone

6. List names and contact information for three friends and/or associates. Do not include former employers or school teachers.

Name	Full Address	Telephone

7. List chronologically (earliest date first) all schools and colleges you have attended.

8. List all college degrees you have achieved, and your major area(s) of study.

9. List any disciplinary action taken against you by the schools or college(s) you attended:

Date	School	Problem	Brief Explanation

10. I understand that I must immediately forward transcripts from colleges attended to the following address:

Mille Lacs County Sheriff's Office
640 3rd Street SE
Milaca, MN 56353

11. Have you ever served in an active military organization of the United States?

Yes _____ No _____ (If No, go to question 21. If Yes, give details.)

12. Have you ever served in a military organization of any foreign government?

Yes _____ No _____ (If Yes, give details.)

13. Give branch of service: _____

Military specialty: _____

14. Rank held: _____ Service Serial #: _____

Name of Commanding Officer at time of discharge: _____

15. Give periods of active service:

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

16. How many discharges or separations from the service were given to you?

Discharges: _____ Separations: _____

17. Has your discharge or separation notice ever been corrected or changed? Yes _____ No _____

18. What was the nature of the change?

Changed from: _____

To: _____

19. Were you ever the subject of any military disciplinary action? Yes _____ No _____

If yes, give details of charges, agency concerned, dates, and dispositions:

20. Are you now, or were you ever, an active or inactive member of the Reserve Forces (any branch) of the United States, any foreign government, or the National Guard of any state?

Yes _____ No _____

If yes, state whether active or inactive: _____

Branch: _____ Regiment: _____ Unit: _____

Rank: _____ Address: _____

From: _____ To: _____

21. Present employer: _____

Name of Organization

Address _____ City, State _____ Zip Code _____

Date hired: _____ Position Title: _____

Duties include: _____

Can your current employer be contacted prior to a job offer? Yes _____ No _____ (If No, explain.)

22. Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member? Yes _____ No _____ (If Yes, give details.)

23. List below -- in chronological order, with earliest date first -- each and every place you have been employed since the age of 18. **OMIT NONE.** Give correct, full address. Give dates of idleness between periods of employment in proper sequence. Include all part-time employment.

From Mo./Yr.	To Mo./Yr.	Name, Address and Phone # of Employer	Immediate Supervisor	Reason for Leaving

24. Were you ever discharged or asked to resign from employment? Yes _____ No _____
 (If Yes, please complete section below.)

Employer	Date Left	Reason for Leaving

25. Were you ever subjected to disciplinary action in connection with any employment?

Yes _____ No _____ (If Yes, give details.)

26. Have you ever possessed a professional or occupational license, permit, or certificate (excluding peace officer license)? Yes _____ No _____ (If Yes, give details.)

27. Has any license or permit (excluding driver's license or learner's permit) issued to you -- or to any corporation or partnership of which you were an officer, director, or partner -- by a city, state, or federal agency ever been denied, revoked, suspended, or cancelled?

Yes _____ No _____ (If Yes, give details.)

28. Have you ever been the subject of a background investigation conducted by a law enforcement agency which was considering you for employment? Yes _____ No _____ (If Yes, complete below.)

Date	Agency	Position Applied

29. List below every professional organization in which you are, or have been, a member.

From Mo./Yr.	To Mo./Yr.	Name and Address of Organization	Type of Organization

30. Have you ever been a party to any civil action or proceeding in this state or elsewhere, or been named in a notice of claim that you may be a defendant in a civil action or proceeding?

Yes _____ No _____ (Indicate below every civil action or proceeding.)

Date	Action or Proceeding	As Plaintiff, Defendant, Petitioner, Respondent	Court Disposition

31. Have you ever been named as a defendant in an adult criminal proceeding?

Yes _____ No _____ (If Yes, give details.)

Note: Conviction of a crime, other than a felony, is not an automatic bar to employment. How the offense relates to fitness to perform a particular job, age at the time, and subsequent rehabilitation will be taken into account when considering an applicant.

32. As an adult, have you ever been convicted for any violation of the criminal law (excluding parking violations)? Yes _____ No _____ (If Yes, complete information below.)

Date	Violation	Location	Court Disposition	Agency

33. Have you ever been fingerprinted? Yes _____ No _____

When	Where	Reason for Fingerprints

34. As an adult, have you ever received a summons (ticket) for violation of the traffic laws in this state or any other state (excluding parking violations)? Yes _____ No _____ (If Yes, fill in information below.)

Date	Offense	Location	Court Disposition	Agency Concerned

35. Has your driver's license or other vehicle operator's license ever been revoked? Yes _____ No _____ Suspended? Yes _____ No _____ (If you answered Yes to either of the above, complete below.)

Which license: _____

When: _____

Where: _____

Why: _____

36. If you answered Yes to Question #35, was such license ever restored? Yes _____ No _____ (If Yes, complete the following.)

When: _____

Where: _____

Why: _____

37. Have you ever been involved in a motor vehicle accident? Yes _____ No _____ (If Yes, complete the following.)

38. Do you or did you ever possess a Minnesota Driver's License? Yes _____ No _____ (If Yes, complete the following.)

Driver's License Number: _____ Type of License: _____

39. Do you or did you ever possess a driver's license issued by any state other than Minnesota? Yes _____ No _____ (If Yes, provide the following information.)

Name of State: _____ Type of License: _____

(If you have not trained to become a professional peace officer, please skip to page 12.)

40. Academic Component of Professional Peace Office Program completed at:

Date completed Academic Component: _____

Skills Component of Professional Peace Officer Program completed at:

Date Clinical Skills component completed: _____

Date Peace Officer Licensing Examination successfully completed: _____

If you were trained as a peace officer out of state, please complete the following:

Name of training program: (also give complete address)

Date of Completion: _____ Length of Course: _____

Date of Peace Officer Certification or License: _____

Date of passing the POSTS's Reciprocity Exam: _____

41. Are you "eligible" for a license? Yes _____ No _____

If yes, when does your eligibility expire? _____
(Please attach a photocopy of POST Board eligibility letter.)

42. Are you currently licensed as a peace officer? Yes _____ No _____

If yes, please provide the following information: License #: _____

Date originally issued: _____ Expiration Date: _____

43. Current status of your Peace Officer License: (Please attach a photocopy of your license certification and current renewal card.)

_____ Valid: Active Status _____ Valid: Inactive Status

_____ Lapsed _____ Surrendered

_____ Suspended _____ Revoked

44. Have you ever possessed a part-time peace officer license?

Yes _____ (If yes, answer below) No _____

Current status of this license?

_____ Valid: Active Status _____ Valid: Inactive Status

_____ Lapsed _____ Other (please explain below)

I certify that all of the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that provision of any false or misleading information, or omission of information, on this questionnaire may be cause for rejection of my application, or dismissal if employed. **I UNDERSTAND THAT I MUST RETURN THIS COMPLETED PACKAGE BY THE DEADLINE DATE OR I WILL NOT BE CONSIDERED FOR THIS POSITION, WITHOUT EXCEPTIONS.**

DEADLINE DATE IS: _____

Signature of Applicant: _____

Date: _____ Time: _____

GENERAL AUTHORIZATION AND RELEASE (TYPE I)

To:

I hereby authorize and grant my informed consent to permit you,

To release to and make available to the Mille Lacs County Sheriff's Office and/or its agents and/or representatives, data classified as private and copies thereof, including any information pertaining to my employment, credit history, education, academic achievement, attendance, athletics, personal history, work performance, background investigations, polygraph examinations, internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed, which concerns me and may be in your possession. The data, which I authorize to be released, consists of private data, as defined by MN Stat. 13.02, Subd. 12, and has been collected by you, as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data, which has been collected, created, received, retained or disseminated in whatever form, which in any way relates to my dealings with you and your agency. I understand that I am not legally required to authorize the release of this data; however, failure to do so is grounds for exclusion from the selection process. I also understand that the purpose of permitting the Mille Lacs County Sheriff's Office to have access to this information is to determine my suitability for employment with that MLC SO. The information I provide may be shared with the staff and/or representatives of the Mille Lacs County Sheriff's Office who require this information to fulfill the responsibility of their positions. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the department, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to the expiration, cancel the written authorization by providing written notice to the Mille Lacs County Sheriff's Office or to you of that fact. By signing below I acknowledge that I have read and understand what I have read.

Applicant's Signature: _____

Printed name of applicant: _____

Date: _____ Time: _____