POLICE OFFICER (part-time)

The City of Breckenridge, MN, is accepting applications for a part-time Police Officer position. This position requires working anywhere from 4-hour to 12-hour shifts and the possibility of working up to 40 hours per week. Applicants must be licensed or eligible to be licensed by the MN POST Board at the time of application. Hourly wage is \$32.01/hour. A completed application and resume are required. Applications may be submitted as well as obtained via email to elonghenry@breckenridgemn.net on our website at www.breckenridgemn.net or by calling City Hall at (218) 643-1431. This position will remain open until filled. EOE

City of Breckenridge 420 Nebraska Avenue Breckenridge, MN 56520 218-643-1431

Application is attached below.

Application for Employment

We welcome you as an applicant for employment with the City of Breckenridge. It is the City of Breckenridge's policy to provide equal opportunity in employment. The City of Breckenridge will not discriminate on the basis of race, 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 Practices Advisory for information regarding what is considered public and private information as an applicant, and if you are selected for the position, as an employee.

The City of Breckenridge 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 Elise Longhenry at (218) 643-1431.

(First)

(MI)

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(Last)

Name:

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Street Address		
City, State, Zip		
Phone Number	Alternate Phone	
Email		
Please print in INK or type when completing this application	n	
Title of position applying for:		
Are you legally eligible to work in the United States in the position for applying?	which you are	☐ Yes ☐ No
Proof of citizenship or work eligibility will be required as a condition of	of employment.	
Are you at least 18 years old?		☐ Yes ☐ No
Date available for work (seasonal applicants only):		//
How did you hear about this position? Newspaper (be specific):		_
Online (be specific): Other (be specific):		

Educational Information

Indicate the bink set	la aamulatad		
Indicate the highest grad			
12345678	9 10 11 12 GED	13 14 15 16	MA MS PHD JD
Grade School	High School	College/Technical	Graduate
Did you graduate:	□Yes□No	□Yes□No	□ Yes□ No
(Please check)	High School	College/Technical	Graduate JD
School Name	Address	Course of study	Dograd
	Address	Course of study	Degree
High School:			
College:			
Graduate School:			
Technical/Vocational:			
Other:			
Other:			
List any other courses, semi position:	inars, workshops, or training	g you have that may provide y	you with skills related to this
List any current licenses, re	gistrations, or certificates yo	ou possess which may be rela	ated to this position:

Employment Experience

List present or most recent employer first. Please note "see resume" is not an acceptable response for any entries on this application. Resumes will only be considered in addition to, but not in lieu of, this application. Please include a minimum work history of 10 years.

Company	Name of last supervisor	Hrs/Week	
Address	Start Date	Starting Salary	
City, State, Zip	End Date	Final Salary	
Phone Number	Last job title		
Reason for leaving (be specific):			
Describe your work in this job:			
May we contact this employer? ☐ Yes	No		
Company	Name of last supervisor	Hrs/Week	
Address	Start Date	Starting Salary	
City, State, Zip	End Date	Final Salary	
Phone Number	Last job title		
Reason for leaving (be specific):			
Describe your work in this job:			
May we contact this employer? ☐ Yes	No		

Employment Experience Continued

Company	Name of last supervisor	Hrs/vveek	
Address	Start Date	Starting Salary	
City, State, Zip	End Date	Final Salary	
Phone Number	Last job title		
Reason for leaving (be specific):			
Describe your work in this job:			
May we contact this employer? □	∕es □No		
Company	Name of last supervisor	or Hrs/Week	
Address	Start Date	Starting Salary	
City, State, Zip	End Date	Final Salary	
Phone Number	Last job title		
Reason for leaving (be specific):			
Describe your work in this job:			
May we contact this employer? \Box	′es □ No		

Unsalaried Experience

Describe any unsalaried or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which would reveal race, sex, religion, age, disability, or other protected status).
Military Experience
Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No
Describe your duties:
Do you wish to apply for Veterans' Preference points: ☐ Yes ☐ No
If you answered "yes," you must complete the enclosed application for Veterans' Preference points, and submit the application and required documentation to the City of Breckenridge by the application deadline of the position for which you are applying.
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 Breckenridge is "at will," and that employment may be terminated by either the City of Breckenridge or me at any time, with or without notice.
With my signature below, I am providing the City of Breckenridge 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 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 Breckenridge in writing of any changes to information reported in this application for employment.
Signature Date

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE NOTE: COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE, MUST BE ATTACHED

(Veteran is defined by Minn. Stat. § 197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 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 in obtaining a copy of your "member Copy 4" of your DD214, or other documentation verifying service, contact your County Veterans' Service Office.

The City of Breckenridge operates under a point preference system, which awards points to qualified veterans to supplement their application. 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 U.S. 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

Signature

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, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 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 for the first promotion after securing employment with the City of Breckenridge.

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 "Member Copy 4" DD214, or other 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 present address.

Name (Last)	(First)	(MI)		Position	For Which You Applied	1	
				Closing	Doto		
Address (Street)	(City)	(State)	(Zip)	Phone N		Are you a US Cit	tizen or Resident Alien?
/ laa. 355 (51. 351)	(5)	(Glato)	(=.P)			YES	□ NO
						L 1E3	
VETERAN (10 poin							
	of DD214 or DD215, or ot	her documenta	tion verifying se	ervice, mu	st be submitted to rece	eive points)	
Honorably	discharged veteran		☐ Yes	□No			
DISABLED VETER							
	of DD214, or other docum	entation verifyi	ng service, and	USDVA I	etter of disability rating	ງ decision of 10%	or more must be
submitted to receive	• '						
Percent of	f Disability:%						
Have you	ever been promoted with	in the City of B	reckenridge em	ployment	? Yes _	☐ No	
	ASED VETERAN (10 pc						
("Member Copy 4" of	of DD214 or DD215, or ot	her documenta	tion verifying se	ervice, pho	otocopy of marriage ce	ertificate, spouse's	s death certificate and
proof veteran died o	on or as a result of active	duty must be s	ubmitted to rece	eive points	s. You are ineligible to	receive points if	you have remarried or
were divorced from	the veteran).						
Date of De	eath:	Have you re	emarried?	Yes	No		
SPOUSE OF DISA	<u>BLED VETERAN</u> (15 poi	nts):					
("Member Copy 4" of	of DD214 or DD215, or ot	her documenta	tion verifying se	ervice, and	I USDVA letter of disa	bility rating decisi	ion of 10% or more
must be submitted t	o receive points).						
How does	Veteran's disability preven	ent performance	e of a stated job	requirer "	nent?" Due to the vete	ran's service-con	nnected disability the
veteran is	unable to qualify for this	position becaus	se (be specific):				
AFFIDAVIT: I here	by claim Veterans' Pref	erence points	for this exami	nation an	d swear/affirm that th	he information o	iven is true, complete
	best of my knowledge.	•				_	
	ents and submit them t	-	_	_		-	
		•	3		••		

Date

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, 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. Disability incurred while on, or as a result of, active duty for training purposes does not quality for disabled veteran preference per Minn. Stat. §§ 197.455 and 197.447.
- 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 on or as a result of active duty, 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 Breckenridge. Please contact our office at (218-643-1431) or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Breckenridge appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) for which you are applying:				
Gender: ☐ Male ☐ Female				
With which racial/ethnic group do you identify?				
☐ Black or African American				
☐ Hispanic or Latino				
\square American Indian or Alaskan Native through Tribunal affiliation or community recognition				
□ Caucasian/White				
☐ Asian				
□ Native Hawaiian or other Pacific Islander				
☐ Two or more races				
Disability status, defined as:				
 Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning); Has a history of a disability (such as cancer that is in remission); Is regarded as having such an impairment. Do you claim disability status? ☐ Yes ☐ No 				

Applicant Data Practices Advisory

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of Breckenridge. 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 persons or organizations authorized by State of 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;
- You 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 Breckenridge, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- You 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:

Applicant Data Practices Advisory Continued

- 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 and 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 you assist in determining your suitability for the position for which you are applying. The optional data is used in summary form by the city's Affirmative Action Program to monitor protected class employment and meet federal, state and local reporting requirements. Furnishing the optional data requested about you in 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 Administrator, City of Breckenridge, 420 Nebraska Avenue, Breckenridge, MN 56520. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**

¹ A city will want to review Minn. Stat. §363A.36 to determine whether it is required to have a formal Affirmative Action Program in place. If a formal plan is not in place, work with your legal counsel to review this sentence as appropriate.