

# CITY OF New York Mills

M I N N E S O T A

Applicant Name: \_\_\_\_\_

## POLICE OFFICER

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**YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED AS AN APPLICANT.**  
**Please note: PLEASE FILL IN COMPLETELY, DO NOT WRITE-IN "REFER TO RESUME"**  
This supplemental form will be used to rank applicants, so please be complete and accurate in your responses.

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1. Do you have at least two years vocational training? (*circle one*) **YES** **NO**  
If yes, please explain your education:

Name of School \_\_\_\_\_ Course of Study \_\_\_\_\_ Degree \_\_\_\_\_

2. Do you have a valid POST and Driver's License (or be eligible to obtain)?  
(*circle one*) **YES** **NO**

3. What Education, Training, Seminars, Courses, or Certifications do you have?

4. How many years of law enforcement experience do you have?

Entity/Title \_\_\_\_\_ Duties \_\_\_\_\_ No. of Years \_\_\_\_\_

**28 Centennial 84 Dr. West    Box H    56567    (218) 385-2213**

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5. Do you have State of Minnesota Law Enforcement Knowledge?

If yes, please detail below:

6. Do you have experience with technical writing, computer and record keeping?  
(circle one) **YES** **NO**

If yes, please detail below:

7. Do you have local law enforcement experience?  
(circle one) **YES** **NO**

If yes, please detail below:

8. Do you have volunteer experience?  
(circle one) **YES** **NO**

If yes, please detail below your experience.

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*Other qualifications:*

Summarize any other special job-related skills and qualifications acquired from employment, education or other experience.

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I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in my application for employment or this addendum will be grounds for disqualification for employment, or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

I further understand that if offered a position, I must submit to and pass a controlled substance screen and will be required to submit to and pass a criminal background check, and employment reference checks.

By my signature on this form, I hereby acknowledge that I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant's signature: \_\_\_\_\_

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