**Police Officer Supplemental Application, LMC Model Form**

*Helpful background information on this model may be found in the Information Memo* [“Veterans Preference in Hiring”.](https://www.lmc.org/resources/veterans-preference-in-hiring/)

**Required Supplemental Application Form**

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

POLICE OFFICER

**YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED AS AN APPLICANT.  
Please note:**   
This supplemental form will be used to rank applicants, so please be complete and accurate in your responses.

1. Are you currently POST Board licensed?  *(choose one*) **YES NO**

If yes, please list POST license number: \_\_\_\_\_\_\_

If no, list your POST Board licensure test date: \_\_\_\_\_\_\_

2. Do you possess a valid MN Driver’s License?  *(choose one*) **YES NO**

3. List your education and degrees held:

Organization Degree Achieved Duration

4. Please list your experience with the following computer software programs and your proficiency with each program. Please list and rank any additional program experience. Please rank all programs 1 to 5, with 1being lowest proficiency to 5 being highest proficiency.

* 1. Word Proficiency \_\_\_\_\_\_\_
  2. Excel Proficiency \_\_\_\_\_\_\_
  3. Access Proficiency \_\_\_\_\_\_\_
  4. List other software in which you are proficient: Proficiency\_\_\_\_\_\_\_

1. Have you been involved in the Police, Criminal Justice or Public Safety field either as an employee or volunteer?   
   *(choose one*) **YES NO**

If yes, please explain your police/criminal justice/public safety experience:

Organization Describe duties performed FT, PT or Volunteer? Duration

1. (a) What do you think is the key to providing quality customer service?

(b) Describe how you have demonstrated this in your past work history.

Organization Describe customer service duties Duration

1. Do you possess any verifiable experience in conflict resolution?

*(choose one*) **YES NO**

If yes, please list your certification(s) or classes taken:

1. Are you able to communicate in a second language (ASL-American Sign Language- or speak another language than English) and/or do you have experience working with diverse populations?

*(choose one*) **YES NO**

If yes, please specify your second language experience

Please describe your experience working with diverse populations:

Organization (if applicable) Describe experience Duration

1. Do you possess any of the following licensures?

(For any certifications checked, please list the certification period with start and expiration dates.)

*[Cities will want to list some of their specific preferred licensure- for consideration, several suggestions are listed below but again can be edited as a city desires.]*

* + - Certified Traffic RADAR or LIDAR Operator \_\_\_\_\_\_\_
    - Emergency Medical Responder (EMR)\_\_\_\_\_\_\_
    - S.F.S.T (Standardized Field Sobriety Training) \_\_\_\_\_\_\_
    - OPUE (Occupant Protection Usage and Enforcement \_\_\_\_\_\_\_
    - Drug Recognition Expert (DRE) \_\_\_\_\_\_\_
    - Certified MN Firearms Instructor \_\_\_\_\_\_\_
    - Smith Driving School Instructor \_\_\_\_\_\_\_
    - Certified Intoxilyzer Operator \_\_\_\_\_\_\_
    - Training or Certification as a Field Training Officer (FTO) \_\_\_\_\_\_\_
    - Certified Traffic Accident Reconstructionist \_\_\_\_\_\_\_
    - Certified School Resource Officer (SRO) \_\_\_\_\_\_\_
    - Certified Bike Patrol Officer \_\_\_\_\_\_\_
    - Other position relevant licensure (list: \_\_\_\_\_\_\_)
    - Standardized field sobriety testing, certified course \_\_\_\_\_\_\_
    - Defensive tactics/Response to resistance instructor. \_\_\_\_\_\_\_

1. Do you have any experience in records management and Data Practices?

*(choose one*) **YES NO**

If yes, please detail below your records management and data practices experience and software used.

Organization Duties Performed Duration

11. *Other qualifications:*

Summarize 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 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 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 I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant’s signature: \_\_\_\_\_\_\_

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