



PRESTON POLICE DEPARTMENT

210 Fillmore St. W. • PO Box 657 • Preston, MN 55965
Telephone: 507-765-2153 Fax: 507-765-2794

Part-Time Police Officer

City of Preston
Preston, MN

The City of Preston is currently accepting applications for the position of Part-Time Police Officer. Applications are available on prestonmn.org under employment opportunities. Applicants must be P.O.S.T. licensed or eligible at time of hiring. Position will remain open until filled. Applicants must be able to pass a pre-employment medical, physical, psychological and background check and must be valid to drive in Minnesota. Candidates will be advised of interview dates.

The City of Preston is located in southeast Minnesota and is the County Seat of Fillmore County. The Preston Police Department has two additional contract communities and Officer's patrol/respond to calls in the Cities of Preston, Lanesboro and Fountain. The combined population is approximately 2,600 residence. These three communities are supported primarily by agriculture and tourism. Activities in this area includes hunting in the wooded bluff country landscape, fishing, canoeing, kayaking and tubing on the Root River and biking or hiking on the Root River trail that is accessible in all three communities.

Requirements: Duties will include enforcing state laws and city ordinances, traffic and DUI enforcement, civil and criminal complaints, disturbance calls, traffic crashes and other assignments as delegated.

Pay rate: 2024 starting \$30.45 with COLA.

City of Preston - Preston Public Utilities

Application for Employment

An Equal Opportunity Employer

PO Box 657
210 Fillmore Street West
Preston, MN
Phone: (507) 765-2153

We welcome you as an applicant for employment. Your application will be considered with others in competition for this vacancy. It is the policy of the City of Preston to not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual preference/orientation, or political affiliation. This policy applies to all positions.

The information contained in this application will be considered private and used only in conjunction with your possible employment. Please fill out the application completely as incomplete applications may be rejected. **While resumes are welcome, please do not write "see resume."**

Position applying for Date of Application

How did you learn about this position or come to seek employment with the City of Preston? (Friend/Relative, Newspaper, Radio, Walk-in, Website, etc.)

Name
Last First Middle

Present Address
Street No. City State Zip

Residence Phone Number Cellular Phone Number

May we contact you at work?
 Yes No Work phone number Between hours of

Email address (optional)

Are you 18 years old or over? Yes No Are you a citizen of the United States? Yes No
If not, do you have a work visa? Yes No

Have you ever been employed by the City of Preston before? Yes No

If yes, list dates and positions held

What type of employment are you seeking?

- Full-time regular
- Full-time temporary (up to 6 mos.)
- Part-time regular
- Part-time temporary (up to 6 mos.)
- Seasonal

When will you be available for employment? (check one of the following)

- Now
- Beginning
- Upon weeks notice to present employer.

If you are applying for a position that requires driving, give your driver's license number and the State where it was issued.

License No. State of issue

Select License class and endorsement A B C D 0 1 2 3

SPECIAL SKILLS:

List any special skills. (i.e. typing [give speed], shorthand, supervisory, skilled crafts, maintenance, drafting, personal computer [list software], calculating, duplicating, construction equipment, power tools, etc.) Attach additional sheets if needed.

CRIMINAL HISTORY:

In accordance with Minnesota Criminal Rehabilitation Act Section 364.021, the City of Preston may request information regarding criminal history in the event that you become a finalist for the position which you are applying. For certain positions, criminal background information will be requested during the application stage. Further, the City may conduct a criminal background check on individuals upon making a contingent job offer. If the position requires a criminal background check, no offer of employment shall become final until receipt of the results of the criminal background check, the content of which is acceptable, and formal approval by the appointing authority.

EDUCATION:

School	Name and Location	Course of Study	No. years completed	Did you graduate?	Degree or Diploma	GPA
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vocational/ Tech				<input type="checkbox"/> Yes <input type="checkbox"/> No		
College				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No		

PERSONAL REFERENCES: (not former employers or relatives)

Name and occupation	Phone Number (with area code)	Relationship

EMPLOYMENT EXPERIENCE:

Please give an accurate and complete record of your full-time and part-time employment. Start with your present or most recent employer. Explain all gaps in employment. Attach additional sheets if necessary.

Employer's Name:	Supervisor's Name & Tel Number:	Dates Employed:
<input type="text"/>	<input type="text"/>	From: <input type="text"/>
Employer's Address: (Street Name and Number, City, State, Zip)		To: <input type="text"/>
<input type="text"/>		<input type="checkbox"/> Full-Time
Job Title: <input type="text"/>		<input type="checkbox"/> Part-Time
Nature of Duties: <input type="text"/>		Ave hrs per week <input type="text"/>
Reason for Leaving: <input type="text"/>	May we contact:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer's Name:	Supervisor's Name & Tel Number:	Dates Employed:
<input type="text"/>	<input type="text"/>	From: <input type="text"/>
Employer's Address: (Street Name and Number, City, State, Zip)		To: <input type="text"/>
<input type="text"/>		<input type="checkbox"/> Full-Time
Job Title: <input type="text"/>		<input type="checkbox"/> Part-Time
Nature of Duties: <input type="text"/>		Ave hrs per week <input type="text"/>
Reason for Leaving: <input type="text"/>	May we contact:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer's Name:	Supervisor's Name & Tel Number:	Dates Employed:
<input type="text"/>	<input type="text"/>	From: <input type="text"/>
Employer's Address: (Street Name and Number, City, State, Zip)		To: <input type="text"/>
<input type="text"/>		<input type="checkbox"/> Full-Time
Job Title: <input type="text"/>		<input type="checkbox"/> Part-Time
Nature of Duties: <input type="text"/>		Ave hrs per week <input type="text"/>
Reason for Leaving: <input type="text"/>	May we contact:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer's Name: <input style="width: 90%;" type="text"/>	Supervisor's Name & Tel Number: <input style="width: 90%;" type="text"/>	Dates Employed: From: <input style="width: 90%;" type="text"/>
Employer's Address: (Street Name and Number, City, State, Zip) <input style="width: 95%;" type="text"/>		To: <input style="width: 90%;" type="text"/>
Job Title: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Ave hrs per week <input style="width: 40px;" type="text"/>	
Nature of Duties: <div style="border: 1px solid black; height: 100px; width: 95%; margin-top: 5px;"></div>	Reason for Leaving: <input style="width: 90%;" type="text"/>	
May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Use the space below to detail any additional information you believe is pertinent to the position you are seeking. (Use an additional sheet if necessary.) This may include any correspondence courses, special courses, seminars or training you have taken, special educational achievements, honors, certificates, licenses, or any other knowledge, skills, or abilities you wish to communicate.

I certify that all statements in this application are true. I authorize the City of Preston to investigate any of the statements contained in this application for employment in order to arrive at an employment decision. I agree that any misrepresentation or falsification will result in rejection of this application and may result in my removal from the job after employment. I understand that my employment may be contingent upon the results of a pre-employment physical examination and/or any other required examination. I also understand that this application is not intended to be a contract of employment.

Print, sign and date application and return to the City of Preston along with Notice to Applicants form and Veterans Preference form (if applicable).

Date

Signature of Applicant

NOTICE TO APPLICANTS

(Please read this important information)

HOW THE MINNESOTA DATA PRACTICES ACT AFFECTS YOU:

In accordance with the Minnesota Government Data Practices Act (MN Statute § 13.01 - 13.99) the City of Preston is informing you of your rights as they pertain to the information you provide when filling out the Application for Employment.

Under the Act, the following information is automatically available to the public*: Veteran status, relevant test scores, your rank on our eligible list, your job history, your education and training, and your work availability.

Your name is considered private until you become a finalist for employment by the City of Preston. You become a finalist when and if you are selected to be interviewed prior to being employed.**

If you are hired, the following additional information about you will be public: Your name; your actual gross salary and salary range; your actual gross pension; the value and nature of your fringe benefits; the basis for and the amount of any added remuneration (such as expense or mileage reimbursement in addition to your salary); your job title; your job description; the dates of your first and last employment with us; the existence and status of any complaints or charges against you while you work for the City of Preston (whether or not they result in a disciplinary action); the final outcome of any disciplinary action taken against you as an employee of the City of Preston and all the supporting documentation about your case (the final disposition of any disciplinary action together with the specific reasons for the action and data documenting the basis of the action, excluding data that would identify confidential sources who are employees of the public body); the terms of any agreement settling any dispute arising out of the employment relationship between you and the City of Preston; your badge number; your work location and work telephone number; previous work experience; education and training background; honors and awards received; payroll time sheets or other comparable data that are used only to account for your work time for payroll purposes, except to the extent that release of time sheet data would reveal the employee's reasons for the use of sick or other medical leave or other data that is not public; and your photograph may be shown to a witness as part of an investigation of a charge or complaint against you.

Anything not listed above which is placed in your application folder or your personnel file (such as medical information, letter of recommendation, resumes, etc.) is made by this statute private information and will not be shared with anyone but those members of our staff and appointing authorities or their designees who need it to process your application or file your personnel record or to conduct normal City of Preston business. Also, the following agencies may be authorized by state or federal law to receive private information from your file in order to investigate specific complaints of employment discrimination: the Federal Equal Employment Opportunity Commission and the State departments of Human Rights or Civil Rights. Otherwise, no private record of yours will be shared with any outside person or agency without your informed consent or a valid court order

PURPOSES AND USES

The information requested is used for the following reasons:

1. To distinguish you from all other applicants
2. To enable us to contact you when additional information is required, to send you notices and/or schedule interviews
3. To enable us to ensure your rights to equal opportunities
4. To meet federal and state reporting requirements
5. To make processing more efficient

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 the City of Preston and the policies, rules and regulations promulgated pursuant thereto.

EFFECTS OF NON-DISCLOSURE

You are not legally required to supply any of the data we ask for on your application, but if you choose to withhold it, your application will not be complete and you may not be considered for employment. If you do provide the data, your application will be considered and if you are employed the information you have given us will become part of your employee record.

* "public" means that it is available to anyone who asks to see it

** "private" information is available only to the person it is about and to the staff who must use it in the normal course of conducting City of Preston business.

I have read the information above on Minnesota Data Practices.

Date

Signature of Applicant

*****RETURN THIS SHEET WITH THE APPLICATION*****

VETERANS PREFERENCE POINTS APPLICATION

For Office Use Only:

In Accordance with Minnesota Statute § 43A.11

5 pts 10 pts

If you are a veteran based on M.S. § 43A.11, then you may claim Veteran's Preference points. Veteran's Preference points will be added to the passing score of the qualified applicant. To qualify for Veteran's Preference, the following criteria must be met:

Have separated under honorable conditions from any branch of the armed forces of the United States, and; have served on active duty for 181 consecutive days or more, or for the full period ordered to active duty (not active duty for training); OR have separated by reason of disability incurred while serving on active duty, and; be a United States citizen or resident alien. OR: Be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled because of the disability is not able to qualify.

The information you provide on this form will be used to determine your eligibility for veterans preference points. You are not required to supply this information, but we cannot award veteran's points without it.

ARE YOU APPLYING FOR VETERAN'S PREFERENCE POINTS? Yes No

If Yes, please complete the form below. If No, please sign here: _____

Full Name of Veteran

Full Name of Applicant (if different than Veteran)

Present Address (street number, city, state and zip)

Branch of Service

Period of Active Duty

From To

Rank At Discharge

Type of Discharge

Date of Final Discharge

Service Number

Do your years of Military Service Qualify you for a Pension?

Yes No

Do you have a compensable service related disability?

Yes No % of Disability

PREFERENCE REQUESTED

- Veteran (10 pts)** (DD214 must be submitted to receive points)
- Disabled Veteran (15 pts)** (DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)
- Spouse of Disabled Veteran (15 pts)** (DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)
- Spouse of Deceased Veteran (10 pts, 15 pts if the veteran was disabled)** (Attach DD214, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of activity duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Your Preference Points application **cannot** be considered without supporting documentation. If the documentation is not attached, it must be received in our office no later than five calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner. Supporting documentation:

is attached Will be submitted within five days of Application Deadline

I hereby claim veteran's preference for this position and (swear/affirm) that the information given on this document is true and correct. I also authorize release of necessary information by the Veteran's Administration to the City of Preston.

Signature _____

Date _____