



Application Process for the City of St. Charles Police Department

- Applications, cover letter and resume must be postmarked by August 12, 2016
- Applicants must be MN POST Board Licensed by the date of employment
- Oral Interview
- Pass a full background check, including a psychological evaluation.
- Applicants must achieve first responder certification during their first year of employment.
- A complete job description and applications are attached or can be found at City Hall during normal business hours.

Submit complete resume, letter of eligibility and official application to City of St. Charles, 830 Whitewater Avenue, St. Charles, MN 55972 (Attn: Chief Ken Frank) 507-932-3020. The City of St. Charles is an Equal Opportunity Employer.

The proposed wage structure is provided below.

	Year 1	Year 2	Year 3	Year 4	Year 5
Annually	\$45,090.68	\$47,345.21	\$49,712.47	\$52,198.10	\$54,808.00
Weekly	\$867.13	\$910.48	\$956.01	\$1,003.81	\$1,054.00
Hourly	\$21.68	\$22.76	\$23.90	\$25.10	\$26.35

POSITION TITLE: POLICE OFFICER

DEPARTMENT: POLICE

DATE: JULY 2016

SUPERVISOR: CHIEF OF POLICE / POLICE SERGEANT

PAY GRADE: IN ACCORDANCE TO LELS LOCAL UNION CONTRACT

POSTING CLOSING DATE: AUGUST 12, 2016

DESCRIPTION OF WORK

General Statement of Duties: Performs responsible police work involving the protection and safety of the community through prevention and control of crime, preserving peace, regulating traffic, providing emergency services; enforces federal, state and local laws; and performs related duties as required.

Supervision Received: Works under the general supervision of the Police Chief and/or Sergeant; receives some technical direction from other full-time police officers.

Work Schedule: Must have the ability to work a flexible work schedule and be able to report to work upon short notice if requested.

Supervision Exercised: None.

TYPICAL DUTIES PERFORMED

The listed examples may not include all duties performed by all positions in this class. Duties may vary somewhat from position to position within a class.

- *Patrol the community to enforce laws, detect and prevent crime, and protect life and property.
- *Apprehend and arrests law violators, types reports of incidents and arrests, and assists with prosecution of law violators.
- *Perform criminal and accident investigations including collecting and preserving evidence, taking pictures and preserving the crime scene.
- *Enforce traffic and parking laws, operates radar, and issues warnings and citations as necessary.
- *Respond to accident scenes and fires, administers first aid until more qualified personnel arrive on the scene, directs traffic flow, investigates accidents and prepares reports.
- *Testify in court as arresting or investigating officer and assists the County Attorney as needed.
- *Check businesses to ensure no vandalism or break-ins have occurred and doors and windows are locked.

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**Police Officer
City of St. Charles**

- *Interview witnesses and victims and takes their statements; interrogates suspects.
- *Assist other agencies such as the county, area communities, and the State Highway Patrol as needed; maintains contact and cooperates as appropriate.
- *Maintain related records including entering data into the computerized data base.
- *Answer citizen requests for information including directions, regulations, ordinances and resources for information.
- *Serve warrants.
- *Maintain a high visibility while on patrol; takes actions or mediates disputes as necessary to prevent crime.
- *Operate and assists in maintaining department equipment and vehicles.
- *Maintain crowd control at special events, public dances and disaster scenes.
- *Locate and remove stray animals and transports to the pound.
- *Remove hazards in roadways and on sidewalks and places barricades as needed, when public works staffs are off duty.
- *Review daily reports made by other officers to determine activity in the community and potential problems.
- *Act as spotters in severe weather and assists in maintaining control and safety as required.
- *Speak at schools on bicycle safety and other public relations or crime prevention activities.
- *Notify citizens of death or accident of relative.

KNOWLEDGE, SKILLS, AND ABILITIES

- *Considerable knowledge of law enforcement procedures and techniques including operation of police vehicles, radios, radars and related equipment.
- *Considerable knowledge of federal, state, and local laws and department policies.
- *Working knowledge of City layout including important buildings and the street system.
- *Considerable skill in handling and discharging firearms in an efficient and safe manner.
- *Considerable skill to expertly drive a motor vehicle under any condition.
- *Considerable ability to analyze situations and determine appropriate action.
- *Considerable ability to respond quickly and appropriately to crises and emergency situations.
- *Considerable ability to cope with situations firmly, courteously, and with respect for citizens' rights.
- *Considerable ability to apply laws to specific incidents.
- *Considerable ability to see, hear, and remember people, evidence, facts, and circumstances at all times of the day and night requiring both color and night vision.
- *Considerable ability to communicate effectively with others and maintain strict confidentiality.
- *Considerable ability to work independently, without direct supervision.
- *Considerable ability to stand or walk for long periods of time.
- *Considerable ability to bend, crouch, stoop, stretch or crawl periodically as needed.

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**Police Officer
City of St. Charles**

- *Considerable ability to chase and subdue suspects or law violators as needed.
- *Considerable ability to lift and carry or drag evidence or people from floor to waist weighing up to 100 pounds.
- *Considerable ability to operate radar, radios and telephones, other department equipment and vehicles.
- *Considerable ability to read and follow department policies and to read police reports and a computer screen.
- *Working ability to prepare accurate and thorough reports and to enter data and use computer word processing programs.
- *Working ability to investigate crime and accidents.
- *Working ability to pull, push, twist, turn as needed in apprehending suspects or assisting at an accident scene.
- *Working ability to work around periodic loud noises caused by gunfire or sirens.
- *Second language skills are desirable.

MINIMUM QUALIFICATIONS

Must possess a valid Minnesota Class C driver's license, and be licensed as a Peace Officer or be eligible to be licensed in the State of Minnesota. Must complete P.O.S.T. training as required by law. First Responder Certification.

CITY OF ST. CHARLES EMPLOYMENT APPLICATION
Equal Opportunity, Reasonable Accommodation Employer

City of St. Charles
 830 Whitewater Ave
 St. Charles, MN 55972



Name: _____ Social Security Number: _____ Date: _____

Address: _____ Home Telephone: _____ Other Number: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Position Applied For: _____

Are you a current City of St. Charles Employee? Yes No If Yes, what department: _____

EDUCATION RECORD

Did you graduate from high school or receive a GED certificate? yes no

SCHOOL NAME	LOCATION	HOURS EARNED	DIPLOMA, DEGREE OR CERTIFICATE EARNED	MAJOR FIELD OF STUDY
Business/Technical/Vocational 1.				
2.				
Colleges/Universities 1.				
2.				
3.				

LICENSES

Driver's License – "X" those that apply	For positions which require specific licenses, copies of licenses will be required at the time of interview.
Operators: <input type="checkbox"/> C <input type="checkbox"/> M Commercial: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Endorsements: <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> X Expiration Date? _____ Number: _____	List other current licenses, certifications, or registrations required for the position for which you are applying. Indicate types and dates received.

SPECIAL SKILLS/LANGUAGES

List any special skills you possess and/or equipment or office machines you can operate.

Languages (Other than English): 1. <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	2. <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
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OTHER INFORMATION

If you are not a current City Employee, have you previously worked for the City? Yes No When? _____
 Have you been convicted of a crime within the last ten years? Yes No
 If yes, list all such offenses and state date, name of court and disposition. You may omit minor violations for which you paid a fine of \$100 or less.
 Are you related to any member of the City Council or any person now employed by the City of St. Charles? Yes No
 If yes: Name: _____ Department: _____ Relationship: _____

EMPLOYMENT RECORD

Please list all employment or volunteer experience. Begin with your present or last position and work back. Provide sufficient, qualifying experience. Please explain all periods of unemployment exceeding 90 days. Additional Information Sheets are available if needed.

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full-time <input type="checkbox"/>	Position Title: _____
Employer: _____		Part-time <input type="checkbox"/>	Ending Salary: _____
Address: _____			
City/State/Zip _____			
Start Date _____	Time in this position: _____	Supervisor's Name: _____	
End Date _____		Supervisor's Phone: _____	
Reason for Leaving: _____			
Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying.			

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full-time <input type="checkbox"/>	Position Title: _____
Employer: _____		Part-time <input type="checkbox"/>	Ending Salary: _____
Address: _____			
City/State/Zip _____			
Start Date _____	Time in this position: _____	Supervisor's Name: _____	
End Date _____		Supervisor's Phone: _____	
Reason for Leaving: _____			
Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying.			

May we contact this employer? Yes No

Employer: _____ Full-time Position Title: _____
 Address: _____ Part-time Ending Salary: _____
 City/State/Zip _____

Start Date _____ End Date _____ Time in this position: _____ Supervisor's Name: _____
 Reason for Leaving: _____ Supervisor's Phone: _____

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying.

May we contact this employer? Yes No

Employer: _____ Full-time Position Title: _____
 Address: _____ Part-time Ending Salary: _____
 City/State/Zip _____

Start Date _____ End Date _____ Time in this position: _____ Supervisor's Name: _____
 Reason for Leaving: _____ Supervisor's Phone: _____

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying.

I certify that I have made no misrepresentation in this application and I have not withheld information in my statements and answers to questions. I hereby authorize the City of St. Charles to investigate and verify any representations made by me, either orally or in writing. I hereby release the City, and any individual who provides or obtains information pursuant to this authorization, from any and all liability for damages of any kind which may result to me on account of compliance, or attempts to comply, with this authorization. I am also aware that my application is subject to the Texas open records law and may be released as a public document. I also understand that this application is the property of the City of St. Charles and will become a part of my personnel file if I am hired.

Signature of Applicant: _____ Date: _____



City of St. Charles
 830 Whitewater Ave
 St. Charles, MN 55972
 507-932-3020
 507-932-5301 Fax

APPLICANT INFORMATION
EEO Data

Are you a current City of St. Charles Employee? Yes No

Have you ever applied for a job with the City of St. Charles? Yes No

The following information is requested for record keeping purposes. The information will not be used for making employment decisions and will be separated from your application.

PERSONAL DATA

Requisition Number	Job Title	Social Security No.	Last Name	First Name	Middle Initial
Address		City	State	Zip Code	Phone Number
E-mail Address:					
Sex <input type="checkbox"/> M - Male <input type="checkbox"/> F - Female	Date of Birth	Ethnic Origin <input type="checkbox"/> 1-White <input type="checkbox"/> 2- Black <input type="checkbox"/> 3 - Hispanic <input type="checkbox"/> 4 - Asian/Islander <input type="checkbox"/> 5-Other			

Signature of Applicant: _____ Date: _____



City of St. Charles
830 Whitewater Ave
St. Charles, MN 55972
507-932-3020
507-932-5301 Fax

RECORD RELEASE

I hereby give my authorization for the City of St. Charles to conduct a records check on myself for employment purposes. This will include but is not limited to the release of academic and employment records.

Name: _____

Date of Birth _____

Address: _____

State: _____

Zip Code: _____

Signature of Applicant: _____ Date: _____

CITY OF ST. CHARLES

DRIVER'S LICENSE CHECK AUTHORIZATION

By signing below and providing my Driver's License number, I authorize the City of St. Charles to conduct a pre-employment check on my Driver's License. I understand both the validity and record will be verified for use in determining my eligibility for employment.

Full Name (First, Middle, Last)

Date of Authorization

Driver's License Number

State**

** If not Minnesota, this authorization will permit the City of St. Charles to obtain this information from the Department of Public Safety.

VETERAN'S PREFERENCE

You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed.

The City of St. Charles operates under a point preference system which awards points to qualified veterans to supplement their exam results. Five (5) points are granted to non-disabled veterans on open competitive examinations; ten (10) points are added if the veteran has a service connected compensable disability as certified by the Veteran's Administration. A person who is eligible to receive a monthly veteran's pension based exclusively on length of service will not qualify for preference points.

To qualify for preference for a competitive exam you must have 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 the full period called or ordered for active duty and be a United States citizen or resident alien. Veterans preference may be used by the surviving spouse of a deceased veteran and by the spouse of a disabled veteran who is unable to qualify.

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 your DD214 form is submitted to our office Separate from this sheet, please attach a note indicating the position for which you are applying and your present address.

COMPLETE THIS FORM ONLY IF YOU ARE A VETERAN AND CLAIMING VETERANS PREFERENCE

Name (Last)	First	Middle	SS #	Position applying for:	
Address (Street)			City	State	Zip
Phone Number		Are you a U.S. Citizen or Resident Alien?			
		Yes		No	

ACTIVE DUTY INFORMATION: (NOTE: A PHOTOCOPY of your form DD214 must accompany this claim sheet). Have you (or your disabled or deceased spouse) served on active military duty without interruption for 181 days or more or for the full period called on orders to active duty? Yes No

Type of Separation: Honorable Medical Other

Are you receiving, or are you eligible to receive a monthly veterans pension based exclusively on length of military service? Yes No

FOR DISABLED VETERANS: Percentage of Disability: _____ % *Letter from VA in proof of disability must submitted to receive points.*

Permanent? Yes No Currently Existing? Yes No

FOR SPOUSES OR DECEASED VETERANS: (NOTE: A PHOTOCOPY of marriage certificate and spouse's death certificate must be submitted to receive points.) You are ineligible to receive points if you have remarried or were divorced from the veteran.

Date of death: _____ Have you remarried? Yes No

FOR SPOUSES OF DISABLED VETERANS:

Spouse's Present Occupation: _____
 NOTE Letter from VA proving disability must be submitted to receive points.)

AFFIDAVIT: I hereby claim veteran's preference for this examination and certify that all the information given is true, complete and correct to the best of my knowledge.

I hereby authorize the Veterans Administration to release information necessary to process this application to the Personnel Department.

 Signature

 Date

City of St. Charles

GENERAL AUTHORIZATION AND RELEASE

Pursuant to MN Statute 13.05

Subd. 4 Minnesota Data Practices

To: St. Charles Police Department

I, _____, hereby authorize the St. Charles Police Department to conduct a Criminal History Check on myself and to release the data collected to the St. Charles City Administrator.

I understand that the Criminal History Check will be performed by retrieving and reviewing data maintained by the Minnesota criminal justice information system (CJIS). If I have resided in Minnesota for less than five years, I hereby authorize the St. Charles Police Department to also conduct a search of the national criminal records repository, including the criminal justice data communications network.

The purpose of the Criminal History Check is to determine whether or not a conviction record may be a job related consideration affecting my suitability for a position with the City of St. Charles, Minnesota.

I understand that refusal to give my consent for a Criminal History Check may disqualify me from the City position I have applied for.

I understand that another "responsible authority" may have access to all or part of the information in the report, if the access is authorized or required by Minnesota Statutes or Federal Law.

I understand that I will receive a copy of the Criminal History Check and shall have the right to challenge the accuracy or completeness of the information contained in the report under Minnesota Statutes Section 13.04, subd. 4.

This authorization shall be valid for a period of one year, but I reserve the right to cancel this authorization at any time prior to its expiration by providing written notice to the St. Charles Police Department.

I have resided in Minnesota for the past five years: _____ yes _____ no

PLEASE PRINT	
(FILL OUT COMPLETE NAME)	
First Name:	Middle Name:
Last Name:	SS#:
Address:	
City:	State:
Date of Birth:	MNDL#:

Signature:

Date:



City of St. Charles

AUTHORITY TO RELEASE INFORMATION AFFIDAVIT

I, _____, hereby authorize and grant my informed consent to permit _____ to release any information, privileged or not, to any background investigator as authorized by the *City of St. Charles*. The data which I authorize to be released consists of private data, as defined by Minnesota Statute 13.02, Subd. 12, that has been collected by you as a result of my contacts and association with you and/or your agents and representatives. The information for which release is authorized includes, but is not limited to:

My character, ability, reputation, work performance, employment history, personnel data, driving record, credit history, criminal arrest or conviction data, civil judgements, educational achievements.

This information is for confidential use and for the express purpose of determining my eligibility for employment with the *City of St. Charles*, and cannot be used for any other purpose under penalty of law, United States Code Annotated, Title 15, Commerce and Trade, Subchapter III.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the *City of St. Charles*, or to you.

NAME: _____

Signature: _____

Sworn and subscribed before me this _____ day of _____, _____.

Notary: _____ (Seal)

I hereby state that any information obtained as a result of the above authorization will be for the confidential use of the *City of St. Charles*, to determine the eligibility of the above-named applicant for employment with the *City of St. Charles*, and that it will not be used for any other purpose.

Signature of Presenting Agent: _____