

LAKES AREA LAW ENFORCEMENT EMPLOYMENT CO-OP

APPLICATION FOR EMPLOYMENT

PLEASE PRINT LEGIBLY • EQUAL OPPORTUNITY EMPLOYER

Personal Information

Today's Date	LAST Name	FIRST Name	MIDDLE Name
List any alias names you have used in the past or maiden name if applicable.			
Date of Birth	Drivers License Number	Drivers License State	
Social Security Number	Home Phone Number	Cell Phone Number	E-mail Address

Current and Previous Addresses

	House Number & Street	City	State	Zip Code	From		To	
					Mo	Yr	Mo	Yr
Current								
Previous								
Next Previous								

Employment Information

<p>Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired, you will be required to provide proof of eligibility.</p> <p>Are you eighteen (18) years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired, you will be required to provide proof of age.</p> <p>If hired, on what date would you be available to work?</p>	<p>Departments you are applying to:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> ALL DEPARTMENTS <input type="checkbox"/> Armstrong P.D. <input type="checkbox"/> Arnolds Park P.D. <input type="checkbox"/> Clay County S.O. <input type="checkbox"/> Dickinson County S.O. <input type="checkbox"/> Emmetsburg P.D. </div> <div style="width: 45%;"> <input type="checkbox"/> Estherville P.D. <input type="checkbox"/> Lake Park P.D. <input type="checkbox"/> Milford P.D. <input type="checkbox"/> Okoboji P.D. <input type="checkbox"/> Spencer P.D. <input type="checkbox"/> Spirit Lake P.D. </div> </div>
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Certifications

Are you ILEA Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you certified in any other state? If yes, what state? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have at least a two-year degree in Criminal Justice, Police Science, or other related field? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Education

School	Name & Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary		X					<input type="checkbox"/> Yes	X
						<input type="checkbox"/> No		
High							<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		
College							<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		
Other (Specify)							<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		

Employment History • List present and past employment below, with the most recent employment first

1	Name and Address of Company	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
		Mo.	Year	Mo.	Year				
	Describe the work you did.								
	Telephone								
	Permission to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No								

2	Name and Address of Company	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
		Mo.	Year	Mo.	Year				
	Describe the work you did.								
	Telephone								
	Permission to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No								

3	Name and Address of Company	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
		Mo.	Year	Mo.	Year				
	Describe the work you did.								
	Telephone								
	Permission to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No								

4	Name and Address of Company	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
		Mo.	Year	Mo.	Year				
	Describe the work you did.								
	Telephone								
	Permission to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No								

5	Name and Address of Company	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
		Mo.	Year	Mo.	Year				
	Describe the work you did.								
	Telephone								
	Permission to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No								

Employment History • Continued

6	Name and Address of Company	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
		Mo.	Year	Mo.	Year				
	Describe the work you did.								
	Telephone								
	Permission to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No								

7	Name and Address of Company	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
		Mo.	Year	Mo.	Year				
	Describe the work you did.								
	Telephone								
	Permission to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No								

8	Name and Address of Company	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
		Mo.	Year	Mo.	Year				
	Describe the work you did.								
	Telephone								
	Permission to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No								

9	Name and Address of Company	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
		Mo.	Year	Mo.	Year				
	Describe the work you did.								
	Telephone								
	Permission to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No								

10	Name and Address of Company	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
		Mo.	Year	Mo.	Year				
	Describe the work you did.								
	Telephone								
	Permission to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No								

Military History

Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, was your last discharge honorable? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list any skills, experiences or qualifications that would be of special benefit for the position that you are applying for.

Criminal Record

Have you ever been convicted of a crime, including traffic offenses? Yes No If yes, please list below.

Date	Location	Crime	Explanation

Personal References

Please do not list former employers or relatives

Name and Occupation	Address	Phone Number

May we call you at home to follow up on this application? Yes No

If yes, what is the best time to call? _____ Which phone number should we use? Home Cell

May we call you at work to follow up on this application? Yes No

If yes, what is the best time to call? _____ What is your work phone number? _____

Please read and sign below

My signature below signifies that the facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides not to employ me.

_____ Date

_____ Signature of Applicant