



**OFFICE**

**KANABEC COUNTY SHERIFF**

SHERIFF BRIAN SMITH

18 NORTH VINE STREET, SUITE 143, MORA, MN 55051

## TENNESSEN WARNING

This application is to assist in the process of referring you to the Kanabec County Sheriff's Office for a possible position as a Reserve Deputy Sheriff. Certain information requested on the application is private, that is, it may be released only to you or the Kanabec County Sheriff's Office.

### PRIVATE DATA

### WHY WE ASK FOR THE INFORMATION AND WHAT MAY HAPPEN IF YOU DON'T PROVIDE THE INFORMATION

Name	To distinguish you from all other applicants. Failure to provide information may be cause for rejecting an application.
Street Address	To be able to send you notices. Failure to provide information may be cause for rejecting an application.
Telephone Numbers	To be able to contact you to determine your availability for an interview.
Conviction Record	To determine whether we may legally accept an application from you. To determine whether your record may be a job-related conviction.
Driver's License Number	To determine whether you may operate a Sheriff's Office vehicle if requested and authorized by the Sheriff's Office.

EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION

## WEARING THE STAR OF HONOR AND SERVICE

ADMINISTRATION (320) 679-8410 • 24 HOUR DISPATCH (320) 679-8400 • FAX (320) 679-8422

# Volunteer Application

*Please Print All Information*

**NAME:** \_\_\_\_\_  
Last First Middle

**ADDRESS:** \_\_\_\_\_  
Street  
City, State, and Zip

**PHONE:** (\_\_\_\_) \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_  
Home Business

**DRIVERS LICENSE NUMBER:** \_\_\_\_\_ **State:** \_\_\_\_\_

## VOLUNTEER POSITION INTEREST

☐ Reserve Deputy Sheriff

**List experiences or skills you have relating to the position you are seeking:**

**List special or personal interests you have relating to the position you are seeking:**

**Why do you want this position?** \_\_\_\_\_

## Please list two references:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Occupation

(\_\_\_\_) \_\_\_\_\_  
Home Phone Number

(\_\_\_\_) \_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Occupation

(\_\_\_\_) \_\_\_\_\_  
Home Phone Number

(\_\_\_\_) \_\_\_\_\_  
Business Phone Number

**Have you ever been convicted for a violation of the law other than a minor traffic ticket?**

☐ No

☐ Yes (Provide details on a separate sheet attached to this application)

*I certify that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of this application will disqualify me from selection or result in dismissal.*

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Signature of Applicant

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Date

**RETURN THIS APPLICATION TO:**

Kanabec County Sheriff's Office  
Attn: Chief Deputy Kevin Braiedy  
18 North Vine Street Suite 143  
Mora MN 55051

Kanabec County does not discriminate on the basis of race, color, national origin, sex, religion, age and handicapped status in employment or the provision of services.

The following information is required for completion of a background check that is necessary for the volunteer position for which you have applied. This information is to distinguish you from other applicants and to make processing more efficient. Failure to provide information may be cause for rejection. *Please print all information.*

NAME: \_\_\_\_\_  
Last First Middle

NICKNAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
Month, Day, Year

CURRENT ADDRESS: \_\_\_\_\_  
To Present Street  
MM/YY City, State and Zip

PREVIOUS ADDRESSES: (List addresses for the last 10 years)

\_\_\_\_\_ To \_\_\_\_\_  
MM/YY MM/YY Street  
City, State and Zip

\_\_\_\_\_ To \_\_\_\_\_  
MM/YY MM/YY Street  
City, State and Zip

\_\_\_\_\_ To \_\_\_\_\_  
MM/YY MM/YY Street  
City, State and Zip

\_\_\_\_\_ To \_\_\_\_\_  
MM/YY MM/YY Street  
City, State and Zip

**CURRENT EMPLOYER: (list employment for the last 10 years)**

**Employment Dates:** From \_\_\_\_\_ to \_\_\_\_\_

You Job Title: \_\_\_\_\_

Name of Organization and Department: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Address, City, State and Zip

Supervisor: \_\_\_\_\_ Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

**PREVIOUS EMPLOYERS:**

**Employment Dates:** From \_\_\_\_\_ to \_\_\_\_\_

You Job Title: \_\_\_\_\_

Name of Organization and Department: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Address, City, State and Zip

Supervisor: \_\_\_\_\_ Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

**Employment Dates:** From \_\_\_\_\_ to \_\_\_\_\_

You Job Title: \_\_\_\_\_

Name of Organization and Department: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Address, City, State and Zip

Supervisor: \_\_\_\_\_ Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

**Employment Dates:** From \_\_\_\_\_ to \_\_\_\_\_

You Job Title: \_\_\_\_\_

Name of Organization and Department: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Address, City, State and Zip

Supervisor: \_\_\_\_\_ Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

**Employment Dates:** From \_\_\_\_\_ to \_\_\_\_\_

You Job Title: \_\_\_\_\_

Name of Organization and Department: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Address, City, State and Zip

Supervisor: \_\_\_\_\_ Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

**Employment Dates:** From \_\_\_\_\_ to \_\_\_\_\_

You Job Title: \_\_\_\_\_

Name of Organization and Department: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Address, City, State and Zip

Supervisor: \_\_\_\_\_ Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

**Employment Dates:** From \_\_\_\_\_ to \_\_\_\_\_

You Job Title: \_\_\_\_\_

Name of Organization and Department: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Address, City, State and Zip

Supervisor: \_\_\_\_\_ Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

I certify that all statements made are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of this information will disqualify me from selection or result in dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**AUTHORIZATION TO RELEASE INFORMATION  
(MINNESOTA STATUTE 13.05, SUBDIVISION 4)**

**TO:**

I hereby authorize and grant consent to the Kanabec County Sheriff's Office, it's agents and/or representatives to obtain and collect information about me, including information that has been classified as private, as defined by Minnesota Statute 13.02, Subdivision 12. The information includes all data collected, created, received, retained or disseminated relating to my dealings with an individual or agency.

I understand that the information gathered will aid in determining my suitability for a volunteer position with the Kanabec County Sheriff's Office.

This authorization is valid for one year, but I have the right to cancel it by providing a written notice. A photocopy of this authorization will be treated in the same manner as the original.

Full Name (Print) \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date