

CITY OF TWO HARBORS

PATROL OFFICER – POLICE DEPARTMENT

Required Supplemental Application Form

Applicant Name: _____ Date: _____

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. Have you completed a two or four-year Law Enforcement or Criminal Justice Degree through a Professional Peace Officer Education Program? *(choose one)*

YES NO

2. Have you passed the Minnesota P.O.S.T. Licensing Exam? *(choose one)*

YES NO

3. Are you a licensed police officer in the State of Minnesota or will you be eligible to be licensed upon time of application? *(choose one)*

YES NO

4. Do you possess a current, valid Minnesota driver's license? *(choose one)*

YES NO

I hereby certify that all answers contained in this application are true and I agree and understand that 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.

By my signature on this form, I hereby acknowledge that I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant's signature: _____

Date: _____