# MINNESOTA DEPARTMENT OF PUBLIC SAFETY


## Minnesota State Patrol Training & Development Section

1900 West County Road I, Shoreview, Minnesota 55126-4914
Phone: 651/757-1900 Fax: 651/628-6797
Internet: www.dps.state.mn.us/patrol


Alcohol and Gambling Enforcement

Bureau of Criminal Apprehension

Driver and Vehicle Services

Emergency Communication Networks

Homeland Security and Emergency Management

Minnesota State Patrol

Office of Communications

Office of Justice Programs

Office of Traffic Safety

State Fire Marshal and Pipeline Safety

Minnesota State Patrol

Dear State Patrol Trooper Applicant:

Welcome to the background investigative process with the Minnesota State Patrol. The process is important and your willingness to participate fully is appreciated. Please take your time to thoroughly and honestly complete the information that is requested of you.

If you have successfully completed the written test, physical fitness test and have been selected to continue in the selection process, please complete the Minnesota Department of Public Safety Background Investigation Questionnaire. It is expected all information requested will be completed in full by you and will be accurate and forthright. Any misrepresentation of information or the deliberate exclusion or omission of requested information or characteristics inconsistent with the Minnesota State Patrol Core Values of Respect, Integrity, Honor and Courage, may negatively impact the evaluation of your suitability for hire.

Please complete and return the Background Investigation Questionnaire to the Minnesota State Patrol Training & Development Section at the time of your scheduled oral board interview. There are no exceptions to the deadline.

The Minnesota State Patrol will assign an investigator to complete your background investigation. The background investigator will make contact with you sometime after July 30th if you are a LETO applicant or Sept. 24th if you are a Traditional applicant to setup an initial meeting. Please bring the following original documents (no photocopies) to your first meeting with the background investigator.

- Driver License
- Social Security Card
- Certified copy of your birth certificate, Papers of Naturalization or Passport.
- Minnesota Peace Officers License or letter of eligibility (traditional applicants only)

If you are not interested in continuing in the selection process, please contact the MSP Application Coordinator at 651-757-1902 or e-mail patrol.applicant@state.mn.us to have your name removed from consideration.

You are required to notify the background investigator if any of the information you provide changes after this background questionnaire has been completed and while you are still being considered for employment by the Minnesota State Patrol.

If you have any questions or concerns, please feel free to contact the MSP Application Coordinator at 651-757-1902 or e-mail at patrol.applicant@state.mn.us.

Sincerely,

Lori R. Hodapp

Captain Lori Hodapp
Director of Training and Development

## BACKGROUND INVESTIGATION INSTRUCTIONS

You are required to read and sign the Data Practices Rights Act Advisory and Consent Form.

You are required to fully answer all questions in the documents provided. If the question does not apply to you, write "N/A" in the appropriate space.

In addition to the required responses, you are required to send the following documentation as part of your completed package.

1. Forms certifying any name change (a photocopy is acceptable)

2. **CERTIFIED transcripts from:**
   a. High school
   b. College and/or vocational technical college
   c. Skills course

3. Proof of United States citizenship:
   a. U.S. Birth certificate or,
   b. U.S. Passport or,
   c. Certification of naturalization
   (Photocopies are acceptable)

4. Driver's license (a photocopy of your current state driver's license).

5. Social Security card (a photocopy of the card). You will be required to produce the Social Security if you are offered and accept employment with the State Patrol. For now a photocopy is sufficient.

6. An applicant for the State Patrol must request from the Social Security Administration a report called "Detailed Earnings Information." The Social Security Administration has a request form for this information available on their website, which is www.ssa.gov. The form can be found by link on their website called "Get a Form" (Currently that is on the left hand side of the main web page). If you scroll on the Forms webpage you will see a section called "Other Social Security Forms." You will find at the bottom of this subsection a form number SSA-7050, "Request for Social Security Earnings Information." For your convenience the current direct link to that form is " http://www.ssa.gov/online/ssa-7050.pdf. "

   When completing the form you need to request "Detailed Earnings Information." Please be advised that there are fees for this information. You are requested to obtain earnings for the lesser of "Since age 18 or the last 10 years." That means the longest period

information is being obtained for is 10 years. The fee is based on the number of years to be provided. Currently the schedule attached to the form indicated the amount for 10 years is $35.

If requesting this information through the mail, it takes about two months to receive the response. You may be able to speed this process by going to your nearest Social Security Administration office. Once you receive this report from the Social Security Administration you are to provide it to the person who is conducting your background investigation. It is a good idea and is recommended to let them know this report of earnings has been requested by providing them a copy of the request document. (rev: 1/12/2011)

7. Peace Officer license or letter from POST (photocopies are acceptable)

8. One (1) recent photograph (3x5 or larger) of yourself (within the last 30 days) from the waist up. Print your full name on the back of the photograph. (Wear casual clothing and do not wear a hat. Include only yourself). This photograph is required to assist in the background investigation process.

9. DD-214 for each separation from service if veteran or NG-52 for National Guard Service separation.

Please carefully read the attached form titled "Informed Consent Authorizing the Release of Information." Please leave the top portion of that form blank and simply SIGN AND DATE THE FORM. Copies of this document will be provided to those persons requesting them before they will release information about you to the department. If for some reason a person needs an original of this form you will be contacted and arrangements will be made for you to provide it.

You may be asked to provide additional forms and releases as your background investigation is conducted.

Please do not use staples, paperclips, or binders. Put the completed questionnaire in page number order, followed by the requested forms and releases. We suggest that you make a copy of your completed background package for yourself.

If you have any questions about the questionnaire or the background investigation, please contact the Minnesota State Patrol by email at: patrol.applicant@state.mn.us or by phone at (651) 757-1902.

**There are blank pages at the end of the background packet if you need additional space to answer a question**

# MINNESOTA DEPARTMENT OF PUBLIC SAFETY

**Driver License/Criminal History Form**

The Department of Public Safety requests the following information in order to determine if you have been convicted of crimes, which directly relate to the position you seek with the Department of Public Safety. The requested information is a continuation of the application process pursuant to Minnesota Statute. Your signature on this form authorizes the Department of Public Safety to request a search of your record for any driver license and criminal history.

While you are not required to provide this information, failure to do so may result in removing your name from consideration. The information requested below is private data by law. Your name, including any previous names and your date of birth are necessary to accurately access criminal history information. Although optional, you are requested to provide your gender and race/ethnicity to ensure that the records received are yours. Access to this information will be limited to individuals within the Department of Public Safety whose job duties reasonably require access and to any individuals to whom you provide written consent. Additionally, access to this information will be released without your consent as follows:

- to the Commissioner of Minnesota Management and Budget (Minn. Stat. Ch. 43A);
- to labor organizations, to the extent necessary to implement state law governing labor relations (Minn. Stat. §13.43);
- if required by court order; or
- authorized by other state or federal law.

Please provide us with the information requested below. Please Print.

_____ _____ _____
Last Name First Name Middle Name

List previous names used: _____ Date of Birth: _____

_____ Gender: Female _____

_____ Race/Ethnicity: _____

Have you been convicted of a felony, gross misdemeanor, or misdemeanors for which a jail sentence may have been imposed? Yes____ No____

If yes, please use the reverse side to provide a complete chronology of your offense history. Include the type of offense, county, state, date and final disposition (i.e. jail time, fine, probation, etc.).

Driver License Number _____ State of Issue _____

**********

I certify the above information to be true and accurate to the best of my knowledge. I understand that failure to disclose information or providing false information may subject me to the penalties of M.S. §43A.39.

_____ _____
Signature Date

## Disclosure of Intent to Obtain Consumer Reports
## {Minn. Stat. 13C- Access to Consumer Reports)

For employment purposes, I authorize _____ and/or
(State Agency Name)

American DataBank to obtain consumer reports in connection with my employment application or from time to time during employment in accordance with applicable law. These consumer reports may include, but are not limited to, names and dates or previous and current employment, work experience, work habits, work performance, criminal history records (from local, state, federal or other law enforcement agencies' records, sexual offenders lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, residential history, social security number trace or validation, civil case history, OIG/GSA history, OFAC/Patriots Act history, sanctions lists and FBI fingerprint check. A summary document detailing your rights as a consumer accompanies this form.

**Tennessen Notice**

The agency identified above and American DataBank, as its vendor, will obtain consumer reports as indicated on this form's reverse side to allow the hiring agency to make informed decisions on my suitability for employment. Vendor personnel, Agency Human Resource, Background Check Administrator and management personnel with a job-related need to know will have access to this data.

I understand that I am not legally required to give my consent, but that if I do not, I will be removed from consideration for employment. I understand that I have an obligation to fully and accurately provide all information requested for background check purposes. I have reviewed and understand the contents of this document.

_____

Applicant Name  Applicant Signature  Date

**Applicant-** Place an X in the box if you want a free copy of your consumer report sent to you. ☐


Creation Date: September 6, 2011

American DataBank

# Disclosure and Authorization Form

*PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION*

_____ ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an 'investigative consumer report" which may include, but is not limited to information about your character, general reputation, personal characteristics and/or mode of living, employment history, work experience, work habits, work performance, workers compensation claims, criminal history records, sexual offender's lists, warrant records, motor vehicle records, military records, educational verification, license verification, credit history, civil records, government exclusion lists, FBI finger printing, and drug testing or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by ***American DataBank**, 110 Sixteenth St., 8th Fl., Denver, CO 80202, 1-800-200-0853*, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

I acknowledge receipt of the disclosure regarding background investigation and a summary of your rights under the Fair Credit Reporting Act and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by ***American DataBank**, 110 Sixteenth St., 8th Fl., Denver, CO 80202, 1-800-200-0853, www.americandatabank.com,* another outside organization acting on behalf of the company and/or the company itself. I agree that a facsimile ("fax'), electronic or photographic copy of this authorization shall be as valid as the original.

**Last Name** _____ **First Name** _____ **Middle** _____

**Other Names/Alias** _____

**Social Security* #** _____ **Date of Birth*** _____

**Driver's License #** _____ **State of Driver's License** _____

**Present Address** _____ **Phone Number** _____

**City/State/Zip** _____

**Signature:** _____ **Date:** _____

**This information will be used for background screening purposes only and will not be used as hiring criteria.*

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New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the company by contacting the consumer reporting agency identified above directly.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants or employees only: By signing above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

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**American DataBank**, 110 16th St 8th Floor, Denver, CO 80202,
**Toll Free:** 1-800-200-0853, **Confidential Fax:** 1-800-717-5787
*American DataBank's privacy policy can be found at www.americandatabank.com/privacypolicy.aspx*

*Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

  In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS AND CONTACT:

Consumer reporting agencies, creditors and others not listed below:
Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580
877-382-4357

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)
Office of the Comptroller of the Currency, Compliance Management, Mail Stop 6-6
Washington, DC 20219
800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)
Federal Reserve Board, Division of Consumer & Community Affairs
Washington, DC 20551
202-452-3693

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)
Office of Thrift Supervision, Consumer Complaints
Washington, DC 20552
800-842-6929

Federal credit unions (words "Federal Credit Union" appear in institution's name).
National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314
703-519-4600

State-chartered banks that are not members of the Federal Reserve System
Federal Deposit Insurance Corporation Consumer Response Center,
2345 Grand Avenue, Suite 100
Kansas City, Missouri 64108-2638
877-275-3342

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission
Department of Transportation, Office of Financial Management
Washington, DC 20590
202-366-1306

Activities subject to the Packers and Stockyards Act, 1921
Department of Agriculture, Office of Deputy Administrator - GIPSA
Washington, DC 20250
202-720-7051

# MINNESOTA GOVERNMENT DATA PRACTICES ACT ADVISORY
# AND
# CONSENT FORM

As an applicant for employment in a position with the Minnesota Department of Public Safety, you are being asked to provide private and/or confidential information about yourself which will be used to evaluate your suitability for employment with this agency. Your signature on this form authorizes the Department of Public Safety to request a search of your records for any civil or criminal history, employment verification, driver's license information and the use a photograph of myself (or photograph from my driver's license).

The purpose and intended use of this information is to conduct a background investigation. Your name, including former names, address, driver's license number and your date of birth are necessary to accurately access civil, criminal, employment and drivers license information. Although optional, you are requested to provide your sex, height, weight, hair and eye color, race, and your social security number to ensure that the records received are yours. You are also asked if you are native born or naturalized. This information is used to determine if international record checks must be conducted. Finally, I have been informed that the taking and submitting of your fingerprints may be required.

Attached are several documents which require your signature and/or personal information about you. You are being asked to complete the requested information and sign these documents in order to fully consider your suitability for employment with this agency. Although you are not legally required to provide the information being requested of you or sign any release and authorization forms, failure to provide this requested information and sign these authorizations may result in the inability to evaluate your suitability for employment in this position.

The private information that you provide may be released to:

- You;
- Persons authorized to have access to the information under state or federal law;
- Persons authorized by court order to have access to the information;
- Persons to whom you give written consent to have access to the information;
- Department of Public Safety personnel having the need and right to know the information in order to fulfill their job responsibilities.

I authorize and grant my informed consent to the Minnesota Department of Public Safety to request a search for employment purposes of my records for any civil or criminal history, employment verification or driver's license information.

Applicant's Signature_____ Date_____

Printed Name of Applicant: _____

## Informed Consent
## Authorizing the Release of Information

I _____ am providing my informed consent to_____, permitting you, to release and make available to the Minnesota Department of Public Safety, or its agents all information you have about me. The information covered by this authorization includes all data, regardless of form or how it was obtained, which in any way relates to my dealings with you. I also authorize the release of copies of documents containing such information.

This includes, but is not limited to, information pertaining to my employment and work performance, discipline, credit history, education, personal history, criminal history (obtained by means of computer or by submission of fingerprints), Predatory Offender Registration, driving record, photograph of myself (or photograph from my driver's license), background investigations, and internal affairs investigations, related to me and is known to you or is in your possession. I also permit the Department of Public Safety to verify with the Minnesota Department of Revenue my tax filing and payment status.

I hereby release you, your organization, its agents or representatives from any liability for any damage which may result from furnishing the information requested above.

This authorization shall be valid for a period of one year (from date signed), but I reserve the right to cancel the written authorization at any time prior to that expiration, by providing written notice the Minnesota Department of Public Safety.

Applicant's Signature: _____Date:_____

Printed Name of Applicant: _____

# Applicant Notice – Credit Report

INSTRUCTIONS: If the Required checkbox is marked then please read and provide the following information. If the Not Required checkbox is marked then you do not have to complete what follows.

**REQUIRED:** ☒ **NOT REQUIRED:** ☐

The position you have applied for requires a background investigation. It has been determined that as part of this process we must obtain and review your credit report. This report is prepared by a credit reporting agency. When a credit report is obtained by the Department of Public Safety (as part of the background process) you have the right to a free copy from the credit reporting agency.

Full name _____
(Last name, First Name Middle Name)

Former name _____

Social Security Number _____

Present Address: _____
(Street Address)

_____
(City, State, Zip Code)

Former Address: _____
(Street Address)

_____
(City, State, Zip Code)

By signing this document, I acknowledge that I am authorizing the Department of Public Safety to obtain my credit history.

Signature: _____ Date: _____

**PLEASE INDICATE WHETHER OR NOT YOU WOULD LIKE A COPY OF THE CREDIT REPORT:**

I do <u>not</u> wish to receive a copy of my credit report ☐

If a credit report is obtained, please send me a free copy: ☐

**MINNESOTA DEPARTMENT OF PUBLIC SAFETY**
**BACKGROUND INVESTIGATION QUESTIONNAIRE**
**FOR**
**LICENSED (SWORN) PEACE OFFICERS**

YOU ARE REQUIRED TO NOTIFY THE DEPARTMENT OF PUBLIC SAFETY IF ANY OF THE INFORMATION PROVIDED CHANGES AFTER THIS BACKGROUND QUESTIONNAIRE HAS BEEN COMPLETED AND WHILE YOU ARE STILL BEING CONSIDERED FOR EMPLOYMENT BY OUR AGENCY.

**A. PERSONAL INFORMATION**

1. Name (PLEASE PRINT):
   _____
   Last First Middle
2. List any other names (including nicknames/aliases, maiden names) you have used or have been known by: _____

3. Address: _____
   Street Address
   _____
   City State Zip Code
   E-mail Address: _____
   Personal Web-Site Address: _____
   (include social media sites such as Facebook, blogs, etc.)

4. Telephone Number(s):
   Home: _____ Work: _____
   Cell: _____ Other: _____

5. Date of Birth: _____

   Place of Birth: _____
   City State Zip Code
6. Social Security Number: _____-_____-_____

7. Are you a United States Citizen? ☐ Yes ☐ No
   If not, what is your anticipated date of citizenship? _____

8. Name of Spouse (if applicable) _____
   Spouse's Maiden Name (if applicable) _____

9. Please provide the following information on your father, mother, sisters, and brothers (age 18 or older) Relationship - Name - Address & Phone No. c - email Address:

10. Please provide the following information for all your children born (by birth, adoption or marriage):

| Name | Date of Birth | With Whom and Where Does Child Reside |
|---|---|---|
| | | |

**B. RESIDENCES**

1. List your home addresses (permanent or temporary) including school and military, since age 18, starting with the most recent: Include landlord's e-mail address or web address, if available.

| From (Mo/Yr.) | To (Mo/Yr.) | Street Address | City/State/Zip | Landlord/Corp Name & Phone #. |
|---|---|---|---|---|
| | | | | |

2. Please list all persons (including non – family members) who currently live or have lived with you in the past 3 years.

| Name | Relationship | Occupation | Place of Employment |
|---|---|---|---|
| | | | |

**C. EDUCATION**

1. List below all the schools you have attended.

| Name of School | Address (city, state ,zip) | From - Mo/Yr. | To - Mo/Yr. | Last Grade or Term | Date of Graduation |
|---|---|---|---|---|---|
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2. Do you hold a G.E.D. certificate in lieu of a high school diploma? ☐ Yes ☐ No

3. What college degree(s) do you hold? _____
_____

4. College cumulative grade point average: _____

5. List all awards received from high school and college:

| Date | School | Award |
|---|---|---|
| | | |
| | | |
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6. List all intern programs in which you have participated (high school and college):

| Date | School | Department | Advisor Name and Telephone# |
|---|---|---|---|
| | | | |
| | | | |

7. Special Qualifications and Skills:
List any other special licenses or permits you hold or have held (e.g., pilot, nursing):

| License Type | Licensing Authority | Date of Issue | Date of Expiration |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

8. Are you fluent in any language other than English? ☐ Yes ☐ No If YES, provide the following information:

Which language(s)?

How was your fluency obtained? (i.e., school, home, travel)?

Who can verify the fluency of your language skills?

**The Remainder of This Page is Intentionally Left Blank**

**D. PEACE OFFICER LICENSING**

1. Are you currently licensed as a peace officer in Minnesota?
   ☐ Yes ☐ No ☐ Full-time ☐ Part-Time

   License # _____Date of issue _____ Date of expiration_____

2. If not licensed, are you currently eligible for licensing? ☐ Yes ☐ No If you are not currently licensed or have not received your letter of eligibility, when will you be taking the P.O.S.T. licensing examination?
   _____(date)

3. If you currently hold a peace officer license, please check the status of your license:
   ☐ Valid-Active Status ☐ Valid-Inactive Status
   ☐ Lapsed ☐ Surrendered
   ☐ Suspended ☐ Revoked

4. Has the P.O.S.T. Board ever taken disciplinary action against your license? ☐ Yes ☐ No
   If YES, please provide the date and brief explanation:

   _____
   _____
   _____
   _____
   _____
   _____

5. Minnesota Law Enforcement Skills Course completed at:
   _____ Date _____

6. If you were trained in another state, please complete the following information:

| Name of Training Program | Address (city, state ,zip) | Date of Completion |
|---|---|---|
| | | |
| | | |
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| | | |
| | | |

7. If you are currently a peace officer from outside of Minnesota, have you taken the MN P.O.S.T. Board reciprocity examination? ☐ Yes ☐ No If your answer is NO, when will you be taking the exam?
   Date: _____

**E. REFERENCES**

1. Fill in below the names of three (3) persons who are NOT peace officers, NOT related to you and NOT FORMER EMPLOYERS, who have known you well for at least five (5) years. Include complete information, city, state, zip code, cell phone numbers, and e-mail addresses. All persons referenced may be asked to provide information and opinions about your character, ability, experience, and personality.

(1) Name _____ Years known _____
Home address: _____
E-mail address: _____
Business Address: _____
Home telephone: ( ) _____ Business telephone: ( ) _____
Business, Occupation, or Profession: _____

(2) Name _____ Years known _____
Home address: _____
E-mail address: _____
Business Address: _____
Home telephone: ( ) _____ Business telephone: ( ) _____
Business, Occupation, or Profession: _____

(3) Name _____ Years known _____
Home address: _____
Business address: _____
E-mail address: _____
Home telephone: ( ) _____ Business telephone: ( ) _____
Business, Occupation, or Profession: _____

2. List peace officers with whom you are or have been closely associated with.

| Name | Department | Address (city, state, zip) | Phone # |
|---|---|---|---|
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3. List all professional or civic organizations with which you are or have been affiliated.

_____
_____
_____

**F. EMPLOYMENT**

1. Are you now, or have you ever been engaged, in any business as an owner, partner, or a corporate member? ☐ Yes ☐ No If YES, please give pertinent details. (Include name of business, address, city, state, zip, phone numbers and e-mail address)

_____
_____
_____
_____
_____

2. Have you ever been terminated, voluntarily resigned, or given the option to resign from any employment? ☐ Yes ☐ No If YES, give pertinent details below:

_____
_____
_____
_____
_____
_____
_____

3. Were you ever subjected to any disciplinary action in connection with any employment? ☐ Yes ☐ No If YES, give pertinent details below. If you have been involved in a workplace investigation, suspension, or have received any type of discipline from your present or past employers, you must disclose this now.

_____
_____
_____
_____
_____
_____
_____
_____
_____

4. Have you ever filed for unemployment compensation? ☐ Yes ☐ No If YES, please provide the following information.

| Date | County/City | State |
|---|---|---|
| | | |
| | | |

5. Beginning with your MOST CURRENT EMPLOYER, list all the jobs you have had in the last 10 years, or since age 18 if less than 10 years. OMIT NONE. Include military service, temporary part-time jobs, and volunteer work in proper sequence.

Name of Employer:
Address (city, state, zip):
E-mail Address:
Telephone # Exact Title of Your Position:
Additional Telephone #
Duties:
Dates (mm/yyyy) of Employment: From To Monthly Salary
Name of Immediate Supervisor
Were you required to take a drug test as a condition of employment: ☐ Yes ☐ No
Reason for Leaving:

---

Name of Employer:
Address (city, state, zip):
E-mail Address:
Telephone # Exact Title of Your Position:
Additional Telephone #
Duties:
Dates (mm/yyyy) of Employment: From To Monthly Salary
Name of Immediate Supervisor
Were you required to take a drug test as a condition of employment: ☐ Yes ☐ No
Reason for Leaving:

---

Name of Employer:
Address (city, state, zip):
E-mail Address:
Telephone # Exact Title of Your Position:
Additional Telephone #
Duties:
Dates (mm/yyyy) of Employment: From To Monthly Salary
Name of Immediate Supervisor
Were you required to take a drug test as a condition of employment: ☐ Yes ☐ No
Reason for Leaving:

---

Name of Employer:

Address (city, state, zip):

E-mail Address:

Telephone # Exact Title of Your Position:

Additional Telephone #

Duties:

Dates (mm/yyyy) of Employment: From To Monthly Salary

Name of Immediate Supervisor

Were you required to take a drug test as a condition of employment: ☐ Yes ☐ No

Reason for Leaving:

---

Name of Employer:

Address (city, state, zip):

E-mail Address:

Telephone # Exact Title of Your Position:

Additional Telephone #

Duties:

Dates (mm/yyyy) of Employment: From To Monthly Salary

Name of Immediate Supervisor

Were you required to take a drug test as a condition of employment: ☐ Yes ☐ No

Reason for Leaving:

---

Name of Employer:

Address (city, state, zip):

E-mail Address:

Telephone # Exact Title of Your Position:

Additional Telephone #

Duties:

Dates (mm/yyyy) of Employment: From To Monthly Salary

Name of Immediate Supervisor

Were you required to take a drug test as a condition of employment: ☐ Yes ☐ No

Reason for Leaving:

Name of Employer:

Address (city, state, zip):

E-mail Address:

Telephone # Exact Title of Your Position:

Additional Telephone #

Duties:

Dates (mm/yyyy) of Employment: From To Monthly Salary

Name of Immediate Supervisor

Were you required to take a drug test as a condition of employment: ☐ Yes ☐ No

Reason for Leaving:

---

Name of Employer:

Address (city, state, zip):

E-mail Address:

Telephone # Exact Title of Your Position:

Additional Telephone #

Duties:

Dates (mm/yyyy) of Employment: From To Monthly Salary

Name of Immediate Supervisor

Were you required to take a drug test as a condition of employment: ☐ Yes ☐ No

Reason for Leaving:

6. Provide the names, address and phone numbers for 2 current or recent co-workers. Also provide e-mail addresses, if possible.

Name Address (city, state, zip) Telephone #

E-mail Address:

Name Address (city, state, zip) Telephone #

E-mail Address:

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**G. CRIMINAL JUSTICE/LAW ENFORCEMENT APPLICATIONS**

1. Have you previously applied for a position for employment with the Minnesota Department of Public Safety? ☐ Yes ☐ No If YES, complete the following information:

| Date(s) | Position Applied For |
|---|---|
| | |
| | |
| | |

2. Have you ever been, or are you now, the subject of a background investigation conducted by a law enforcement agency? ☐ Yes ☐ No If YES, complete the following information.

| Date(s) | Department (include address, city, state, zip, phone) |
|---|---|
| | |
| | |
| | |
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| | |

3. List all law enforcement agencies where you have taken employment tests and/or interviewed for employment during the last five years.

4. Have you ever been, or are you currently, on any law enforcement officer eligibility list?
☐ Yes ☐ No If YES, provide the following information.

| Agency | Date Placed on List & Current Status |
|---|---|
| | |
| | |

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5. Are you currently or have you ever been a member of any organized law enforcement reserve unit?
☐ Yes ☐ No If YES, complete the following information.

| | |
|---|---|
| Name of Agency: | |
| Address (city, state, zip): | |
| Telephone #: | Highest Rank Held as a Reservist: |
| Name of Immediate Police Reserve Supervisor: | |
| Name of Agency Police Reserve Coordinator: | |
| Dates (mm/yyyy) of Police Reserve Membership: From | To |

| | |
|---|---|
| Name of Agency: | |
| Address (city, state, zip): | |
| Telephone #: | Highest Rank Held as a Reservist: |
| Name of Immediate Police Reserve Supervisor: | |
| Name of Agency Police Reserve Coordinator: | |
| Dates (mm/yyyy) of Police Reserve Membership: From | To |

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## H. MILITARY EXPERIENCE

ALL APPLICANTS MUST PROVIDE A DD 214 OR NG-52 FOR EACH SEPARATION FROM SERVICE. IF YOU DO NOT HAVE THESE COPIES, THEY CAN BE OBTAINED IN THE COUNTY WHERE YOU RESIDED AT THE TIME OF DISCHARGE.

1. Have you ever served in the United States Armed Forces? ☐ Yes ☐ No
   If YES, answer questions 2 - 13 of this section.
2. What is your service number? _____
3. What was the highest rank that you held? _____
4. What was the date and location of your first entrance into active duty?
   Date: _____ Location: _____
5. What were your unit assignments in the service?
   Branch(es) of Service:_____

| Specialty | Unit | Location | Date: From/To |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

6. How many discharges or separations from the service were given to you?
   Discharges _____ Separations_____

7. Has your discharge or separation notice ever been corrected or changed? ☐ Yes ☐ No
   If YES, please explain.
   _____

8. Are you now, or were you ever, an active or inactive member of any branch of the United States Reserve Forces or National Guard? ☐ Yes ☐ No If YES, provide the following information:

   Active _____ Inactive _____ Branch _____ Unit _____

   Location/Drill Site _____ Dates: From _____ To _____

   Highest Rank _____ Name of Immediate Supervisor in Last Unit _____

9. Were you ever charged, or the subject of a special or summary court martial, captain's mast, company/non-judicial punishment, or any other disciplinary action under the Uniform Code of Military Justice? ☐ Yes ☐ No If YES, provide the following information:

| Date(s) | Type Of Action | Disposition | Details |
|---|---|---|---|
| | | | |
| | | | |

10. Have you ever served in a military organization of any foreign government? ☐ Yes ☐ No
    If YES, please explain:
    _____
    _____
    _____

## I. JUDICIAL ACTION

Conviction of a crime, (other than an applicant disqualifier) is not an automatic bar to employment. It may be considered as it relates to fitness to perform as a licensed (sworn) peace officer with the Department of Public Safety. The age and time of the offense and rehabilitation measures will be taken into account when considering an applicant.

1. List all CRIMINAL and CIVIL action in which you have been, or are currently involved as a defendant, plaintiff, respondent, or complainant. This includes bankruptcy, divorce, custody hearings, etc. List all adult proceedings. IF YOU ARE INVOLVED IN A JUDICIAL ACTION AFTER THIS BACKGROUND INFORMATION HAS BEEN SUBMITTED AND WHILE YOU ARE STILL BEING CONSIDERED FOR EMPLOYMENT, YOU MUST CONTACT US IMMEDIATELY.

| Date | County/ State | Action/ Proceeding | Defendant, Plaintiff, Respondent, Comp | Disposition |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. As an adult, have you ever been fingerprinted by a law enforcement agency or in connection with employment? ☐ Yes ☐ No If YES, provide the following information:

| Date | Location | Reason for Fingerprinting |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

3. As an adult, have you ever had a record of a criminal conviction expunged or a pardon for a crime? ☐ Yes ☐ No (NOTE: Disclose all expunction or records or pardons. Minnesota Statutes Section 364.09 provides an exemption for law enforcement licensing in the use of criminal convictions for consideration of employment). If YES, provide the following information:

| Date | State | Offense |
|---|---|---|
| | | |
| | | |

4. As an adult, have you ever had any contact with a law enforcement agency as a SUSPECT, VICTIM, or COMPLAINANT? ☐ Yes ☐ No If YES, complete the following information:
IF YOU HAVE CONTACT WITH LAW ENFORCEMENT AGENCY AFTER THIS BACKGROUND INFORMATION HAS BEEN SUBMITTED AND WHILE YOU ARE STILL BEING CONSIDERED FOR EMPLOYMENT, YOU MUST CONTACT US IMMEDIATELY.

| Date | Police Agency | Circumstances |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

5. Have you ever been affiliated with a gang, and/or do you have relatives or friends that are gang members? ☐ Yes ☐ No If YES, please explain.

6. Please list all law enforcement contacts that were for a violation of the traffic laws or criminal code of this or any other state, but did not result in the issuance of a citation or criminal prosecution.

7. Do you use or have you used non-prescriptive illegal drugs such as marijuana, cocaine, LSD, opiates, amphetamines or methamphetamine? ☐ Yes ☐ No

8. Do you use alcohol or have you used alcohol in the past? ☐ Yes ☐ No
Describe your alcohol use:

**J. DRIVING RECORD/INSURANCE**

1. Do you currently possess a valid Minnesota driver's license? ☐ Yes ☐ No

If YES, complete the following information:

License Number:

Date Issued:

Date of Expiration:

Years of Driving Experience:

If NO, provide the following information:

State Issuing License | License Number:

Date Issued:

Date of Expiration:

Years of Driving Experience:

2. Have you ever possessed a driver's license in a state other than Minnesota? ☐ Yes ☐ No

If YES, complete the following information:

| Date | State | Date Issued | License Number |
|---|---|---|---|
| | | | |
| | | | |

3. Has your driver's license ever been ☐ Suspended ☐ Revoked ☐ Canceled ☐ Withdrawn

If you have had one of these actions or any other action taken against your driver's license, provide the following information:

Was your license restored? ☐ Yes ☐ No Date of reinstatement _____

4. Have you ever been refused a driver's license in another state? ☐ Yes ☐ No If YES, complete the following information:

| Date | State | Reason for Refusal |
|---|---|---|
| | | |
| | | |

5. Have you ever been involved in a motor vehicle crash? ☐ Yes ☐ No If YES, complete the following information:

| Date | City/State | Circumstances |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

6. If you have been involved in a motor vehicle crash (you will have answered yes to the previous question) and it was reported to law enforcement provide the following information?

| Date Reported | Law Enforcement Agency | (also provide city, county, and state for the agency |
|---|---|---|
| | | |
| | | |
| | | |

7. Have you ever received a citation/summons for a violation of the traffic laws of Minnesota or any other state (excluding parking violations)? ☐ Yes ☐ No If YES, provide the following information: IF YOU RECEIVE A CITATION/SUMMONS AFTER THIS BACKGROUND INFORMATION HAS BEEN SUBMITTED, AND WHILE YOU ARE STILL BEING CONSIDERED FOR EMPLOYMENT, YOU MUST CONTACT US IMMEDIATELY.

| Date | County/State | Police Agency | Offense - Disposition |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. List all the vehicles you own or drive on a regular basis:

| Make | Model | Year | License Plate# |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

9. Has an automobile insurance company ever taken action against your insurance coverage?
☐ Yes ☐ No If YES, complete the following information:

| Date | Insurance Company | Reason/Circumstances |
|---|---|---|
| | | |
| | | |

10. Have you ever had an automobile crash where you did not have auto insurance coverage, or have you ever been charged with driving without insurance? ☐ Yes ☐ No If YES, complete the following:

| Date of Crash/Charge | City and County where Incident Took Place |
|---|---|
| | |
| | |

11. List your automobile insurance company and agent.

| Company Name: | |
|---|---|
| Agent Name: | Policy Number: |
| Agent Address: | |
| Agent Phone Number: | |
| How long have you been insured with this company? | |

If less than 3 years provide identical information for previous company(s) as follows:

| Company Name: | |
|---|---|
| Agent Name: | Policy Number: |
| Agent Address: | |
| Agent Phone Number: | |
| How long have you been insured with this company? | |

| Company Name: | |
|---|---|
| Agent Name: | Policy Number: |
| Agent Address: | |
| Agent Phone Number: | |
| How long have you been insured with this company? | |

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**K. FINANCIAL INFORMATION**

1. Have you ever been bonded? ☐ Yes ☐ No ; Have you ever been refused a bond? ☐ Yes ☐ No If YES to either question, complete the following information:

| Date | By Whom | Reason being bonded or refusal of bond |
|---|---|---|
| | | |
| | | |

2. Have you ever had any garnishment, wage attachment, or civil judgment or lien filed against you? ☐ Yes ☐ No If YES, complete the following information:

| Date | County/State | Status |
|---|---|---|
| | | |
| | | |

3. Have you ever been declared delinquent or in arrears in child support payments ordered by the court? ☐ Yes ☐ No If YES, complete the following information:

| Date | County/State | Status |
|---|---|---|
| | | |
| | | |

4. Do you have a checking, savings, or money market account (including e-accounts)? ☐ Yes ☐ No

| Name of Institution | Address (city, state, zip) | Type of Account | Account # |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

5. Do you own real property? ☐ Yes ☐ No If YES, complete the following information:

| Address | City/County/State/Zip |
|---|---|
| | |
| | |

6. Do you currently have any loans or liens on real property? ☐ Yes ☐ No

Company Name, Address, Phone Number:

7. Have you ever had any property repossessed or foreclosed upon? ☐ Yes ☐ No If YES, please describe:

8. Do you have control or access to checking or saving accounts which are not your own?
☐ Yes ☐ No If YES, please explain

_____
_____
_____

9. Please list all other credit accounts and loans (credit cards, auto loans, etc.)

| Name of Institution | Address (city, state, zip) | Type of Account | Account # |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. Do you have any loans or financial obligations to persons, or businesses, not disclosed elsewhere in this document? ☐ Yes ☐ No If YES, please provide the following information.

| Name of Person or Business | Address (city, state, zip) | Purpose or Reason of Loan or Obligation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

11. Do you have any outstanding (unpaid) tax obligations? This would include state, federal or local taxes, business or income tax, and property taxes. ☐ Yes ☐ No If YES, please explain.

_____
_____
_____

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## CERTIFICATION OF STATEMENTS MADE

I hereby certify that all statements made in this questionnaire and accompanying documents are true and complete. I understand that providing false or misleading information or omitting required information in completing this background questionnaire or during the selection process will result in exclusion from the selection process. I further understand that providing false or misleading information in this hiring process may be construed as fraud in obtaining a peace officer license and may result in revocation of my peace officer license eligibility.

YOU ARE REQUIRED TO NOTIFY THE DEPARTMENT OF PUBLIC SAFETY IF ANY OF THE INFORMATION PROVIDED HEREIN CHANGES AFTER THIS BACKGROUND QUESTIONNAIRE HAS BEEN COMPLETED AND WHILE YOU ARE STILL BEING CONSIDERED FOR EMPLOYMENT BY OUR AGENCY.

Applicant's Signature (full) _____

Printed Name _____ Date _____

## ADDITIONAL INFORMATION

Please indicate the section letter with the question number you are adding additional information to

Example - Section D Question 2 (additional information here)

## ADDITIONAL INFORMATION

## ADDITIONAL INFORMATION