



## EDUCATION INFORMATION

Please provide the following information related to your education:

Have you graduated from high school or received a GED?                      \_\_\_ Yes                      \_\_\_ No

Type of School	Name and Location of School	Major or Area of study	Degree or Certificate
High School			
Vocational/Technical			
College/University			
College/University			
Graduate School			

Please list any specialty education courses, workshops, volunteer activities, or training acquired that relate to the position for which you are applying:

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Please list any current licenses, registrations, certificates, apprenticeships, or trades acquired that relate to the position for which you are applying:

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Please list all computer software programs for which you can demonstrate significant knowledge and skill:

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Please list all office equipment for which you can demonstrate experience and skill:

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Please rate your typing ability: \_\_\_ Poor \_\_\_ Fair \_\_\_ Good/Excellent \_\_\_ WPM

Please rate your shorthand ability: \_\_\_ Poor \_\_\_ Fair \_\_\_ Good/Excellent \_\_\_ WPM

Please rate your transcription ability: \_\_\_ Poor \_\_\_ Fair \_\_\_ Good/Excellent

Please list all heavy equipment or machinery for which you can demonstrate significant experience, and skill:

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### EMPLOYMENT INFORMATION

Please provide the following information related to your current and past employment experience:

Current employer name and address: _____	
Supervisor name: _____	Telephone: _____
Position: _____	Hours worked per week: _____
Hire date: _____	Hourly rate/salary: Starting _____ Current _____
Duties performed: _____ _____	
Reason for seeking new employment: _____	May we contact this employer? ___ Yes ___ No
If no, please explain: _____	

Past employer name and address: _____	
Supervisor name: _____	Telephone: _____
Position held: _____	Hours worked per week: _____
Employment dates: From _____ month / year	To _____ month / year
Hourly rate/salary: Starting _____	Ending _____
Duties performed: _____ _____	
Reason for seeking new employment: _____	May we contact this employer? ___ Yes ___ No
If no, please explain: _____	





**APPLICANT STATEMENT**

I certify that all answers to the above questions are true and complete to the best of my knowledge. I understand that any false information or statements contained within or attached to this application may cause rejection of this application and further consideration for employment. In the event of employment, I understand that false information or statements given in my application or interview(s) may result in discharge. I also understand that a transcript may be requested to verify my educational record.

I understand that if I am selected as a finalist for the position for which I am applying, I may be asked to sign a release form to authorize the Bayport Police Department to conduct a background investigation to investigate my employment background and personal history to evaluate my qualifications for the position for which I applied. I also understand that in order to qualify for permanent employment, I must submit to and pass a drug screening test, and depending upon the position, a physical fitness, psychological, or equipment operation exam.

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

\_\_\_\_\_  
Date

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**FOR OFFICE USE ONLY**

Position applied for: \_\_\_\_\_

Date received: \_\_\_\_\_

Selected for initial interview?     Yes     No

If yes, date and time: \_\_\_\_\_

Selected for finalist interview?     Yes     No

If yes, date and time: \_\_\_\_\_

Selected for employment?     Yes     No

If yes, start date: \_\_\_\_\_

Hourly rate / salary: \_\_\_\_\_

Notes:

**CITY OF BAYPORT  
HOLD HARMLESS AGREEMENT**

As a component of the city, applicants are required to provide the information and sign release forms allowing the city to conduct a criminal background and gather information on the applicant. Please be advised that refusal to provide the required signature releases and allow the city to conduct this background check will prohibit the applicant from becoming a volunteer or employee associated with the City of Bayport. Information classified as "public" may be released to anyone requesting it. Information classified as "private" may be released to the subject of the information or to anyone to whom the subject gives their informed consent in writing, pursuant to Minnesota Statutes. Additionally, "private" information may be released pursuant to a court order as may be required by law.

As a person associated with the City of Bayport, you also agree to hold the City of Bayport and its various employees and agents harmless from any cause of action and claim of injury which may directly result from your association with the City of Bayport.

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

\_\_\_\_\_  
Date

**PLEASE PRINT FULL NAME:** \_\_\_\_\_



# CITY OF BAYPORT

294 NORTH 3<sup>RD</sup> STREET  
BAYPORT, MN 55003

## AUTHORIZATION TO RELEASE INFORMATION

It is the policy of the City of Bayport to conduct a background investigation on individuals who are chosen as finalists for employment with the City, to evaluate their qualifications. To be further considered for employment, please print in ink and sign the following form. You are not legally required to provide the information the City of Bayport is requesting and you may refuse to provide some or all of the information requested. However, the City of Bayport may not be able to process your employment documents if you do not provide sufficient information.

Position applying for: \_\_\_\_\_

Full name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City/State Zip

Home telephone: \_\_\_\_\_ Work / cellular telephone: \_\_\_\_\_

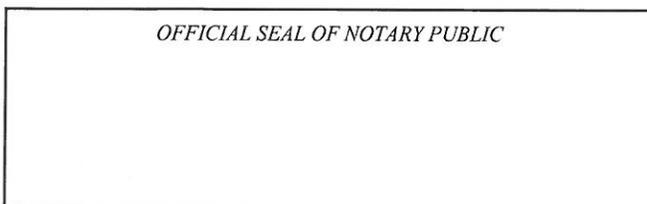
Social security #: \_\_\_\_\_ Driver's license # and state: \_\_\_\_\_

I hereby authorize the City of Bayport to obtain any public or private information related to my employment records, educational records, and personal history for the specific purpose of conducting a background investigation that may provide pertinent data for the city to consider in determining my suitability for employment. I release any and all parties giving and receiving such information from any and all liability or claims for damages.

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

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.



\_\_\_\_\_  
Signature of Notary Public



**Bayport Police Department**

294 North 3<sup>rd</sup> Street  
Bayport, Minnesota 55003  
Phone: 651-275-4400  
Fax: 651-275-4411  
[jjackson@ci.bayport.mn.us](mailto:jjackson@ci.bayport.mn.us)

**Laura Eastman**  
Chief of Police

**Jay Jackson**  
Sergeant

Date: \_\_\_\_\_

ATTN: CHAU, BCA Records, 1430 Maryland Avenue East, St. Paul, MN 55106

\*\*\*\*\*  
The following named individual has made application with the City of Bayport for employment:

Last Name (*print*): \_\_\_\_\_

First Name (*print*): \_\_\_\_\_

Full Middle Name (*print*): \_\_\_\_\_

Maiden, Alias or Former Name (*print*): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male  Female   
*Month / Day / Year*

Social Security Number (*optional*): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Bayport Police Department for the purpose of employment with the City of Bayport.

The expiration of this authorization shall be one year from the date of my signature.

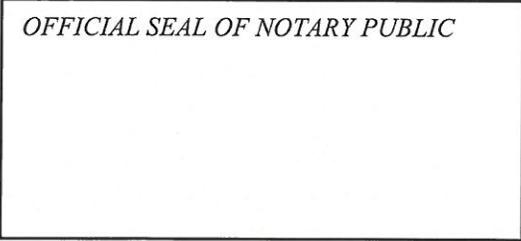
**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTARY:**

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

NOTARY NAME: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public







**CITY OF BAYPORT**  
 294 NORTH THIRD STREET  
 BAYPORT, MINNESOTA 55003  
 PHONE 651-275-4404 FAX 651-275-4411  
 WWW.CI.BAYPORT.MN.US

**INFORMED CONSENT – CHILD PROTECTION BACKGROUND CHECK ACT**

Because the position for which you are applying will require you to provide care, treatment, education, training, instruction, or recreation to children, the City of Bayport will request the Bureau of Criminal Apprehension (BCA) to perform a criminal background check on you under Minnesota Statutes Chapter 299C.62.

As part of your employment application process with the City of Bayport, you are being asked to supply private data that was not requested on the application form. Bayport is requesting you supply the data to determine your suitability for employment with the City of Bayport, including use of the data to conduct criminal history and related record checks. You may refuse to provide any requested data. However, a refusal will prevent the City of Bayport from conducting an adequate pre-employment background investigation which, in turn, may cause your application for employment to be removed from consideration.

Private data, such as date of birth and driver’s license number may be shared with City of Bayport Human Resources staff, the department to which you are applying, the city’s legal advisor, and the Washington County Sheriff’s Office. Otherwise, unless authorized by State statutes or Federal law, your private data will not be released to any other person or agency without your written consent, except under court order or if otherwise authorized or required by law. A written consent for release of private data is known as “INFORMED CONSENT.” Any public data you provide is available to anyone requesting it.

**The private data the City of Bayport is now requesting from you is as follows:**

Have you ever been convicted of any of the following crimes?       Yes       No

*(If yes, please attach a description of the crime and the particulars of the conviction.)*

**BACKGROUND CHECK CRIMES**

Under Minnesota Statutes Chapter 299C

- |                                      |                               |               |
|--------------------------------------|-------------------------------|---------------|
| -- Murder                            | -- Felony Level Assault       | -- Kidnapping |
| -- Criminal Sexual Conduct           | -- Manslaughter               | -- Arson      |
| -- Any Assault Crime Against a Minor | -- Prostitution-Related Crime |               |
- Any of the following Child Abuse Crimes committed against a Minor victim, constituting a violation of Minnesota Statutes Sections:
- |  |  |
|--|--|
| 609.185,(5) Murder in the 1 <sup>st</sup> Degree               | 609.352 Solicitation of Children to Engage in Sexual Conduct                         |
| 609.221 Assault in the 1 <sup>st</sup> Degree                  | 609.377 Malicious Punishment of a Child  |
| 609.222 Assault in the 2 <sup>nd</sup> Degree                  | 609.378 Neglect or Endangerment of a Child   |
| 609.223 Assault in the 3 <sup>rd</sup> Degree                  | 152.021, subd.1,(4) Controlled Substance Crime in 1 <sup>st</sup> Degree             |
| 609.224 Assault in the 5 <sup>th</sup> Degree                  | 152.022, subd.1,(5) or (6) Controlled Substance Crime in 2 <sup>nd</sup> Degree      |
| 609.2242 Domestic Assault                                      | 152.023, subd.1,(3) or (4) Controlled Substance Crime in 3 <sup>rd</sup> Degree      |
| 609.322 Solicitation, Inducement and Promotion of Prostitution | 152.023, subd.2,(4) or (6) Controlled Substance Crime in 3 <sup>rd</sup> Degree      |
| 609.324 Other prohibited acts of Prostitution                  | 152.024, subd.1,(2), (3) or (4) Controlled Substance Crime in 4 <sup>th</sup> Degree |
| 609.342 Criminal Sexual Conduct in the 1 <sup>st</sup> Degree  |  |
| 609.343 Criminal Sexual Conduct in the 2 <sup>nd</sup> Degree  |  |
| 609.344 Criminal Sexual Conduct in the 3 <sup>rd</sup> Degree  |  |
| 609.345 Criminal Sexual Conduct in the 4 <sup>th</sup> Degree  |  |

**TURN OVER**

As the subject of a Child Protection Background Check, your rights include:

- to be informed that the City of Bayport will request this check for becoming or continuing as an employee or volunteer, and to determine whether you have been convicted of any of the above specified crimes, and,
- to be informed of the BCA's response and obtain a copy of the report from the City of Bayport, and,
- to obtain from the BCA any record that forms the basis for the report, and,
- to challenge the accuracy and completeness of any information contained in the report, and,
- to be informed whether the City of Bayport has denied your application because of the BCA's response and not to be required directly or indirectly to pay the cost of the background check.

Minnesota statutes and the BCA require you to complete the following information in order to complete the background check:

**Last Name of Applicant** *(please print)*: \_\_\_\_\_

**First Name** *(please print)*: \_\_\_\_\_

**Middle Name** *(full name-please print)*: \_\_\_\_\_

**Maiden, Alias or Former Name(s)** *(please print)*: \_\_\_\_\_

\_\_\_\_\_

**Date of Birth**: \_\_\_\_\_ **Sex** (M or F): \_\_\_\_\_  
Month/Day/Year

**Social Security Number** *(Optional)*: \_\_\_\_\_

**Signature**: \_\_\_\_\_ **Date**: \_\_\_\_\_

**This release is valid for one year from the date of signature.**