

# EAST RANGE POLICE DEPARTMENT PATROL OFFICER

The East Range Police Department is currently accepting applications for a full-time Patrol Officer. The ERPD provides Public Safety services to the cities of Aurora and Hoyt Lakes under the direction of the East Range Public Safety Board.

Applicants must be POST Board licensed or eligible by the hire date. Lateral transfers are encouraged to apply. The posting will remain open until filled.

Applications and further information may be obtained from the East Range Police Department at 801 Dorchester Drive, Hoyt Lakes, MN 55750 and the following websites:

Published: POST Board

City of Hoyt Lakes Website City of Aurora Website

East Range Police Department Website

League of MN Cities Website

Post Date: 08/1/2024

Attach: Position Description

ERPD Application

### East Range Police Department

#### **DESCRIPTION OF WORK**

General Statement of Duties: Performs responsible police work involving the protection and safety of the community through prevention and control of crime, preserving peace, regulating traffic and providing emergency services; performs related duties as required.

Supervision Received: Works under the general supervision of the Police Chief and Sergeant(s).

Supervision Exercised: None.

#### **ESSENTIAL FUNCTIONS**

- Patrols the community to enforce laws and city ordinances, detect and prevent crime and protect life and property.
- Apprehends and arrests law violators, prepares written reports of crimes and assists in prosecution of law violators.
- Collects and preserves evidence.
- Enforces traffic laws, operates radar, and writes violations.
- Responds to accident scenes, fires, and rescue operations; administers first aid until more qualified personnel arrives on the scene, and directs traffic flow.
- Checks businesses for signs of vandalism or break-ins.
- Administers PBT or DMT to persons suspected of exceeding the blood alcohol limit.
- Interviews witnesses and victims and takes their statements; interrogates suspects, and investigates crime.
- Assists in making public presentations and participate in area meetings on specialized topics.
- Assists other agencies such as the county, area communities, and the State Highway Patrol as needed.
- Locates and removes stray animals and contacts owner and/or alternate animal control officer when the animal control officer is unavailable.
- Meets with officer on previous shift to determine activity in the community and potential problems.
- Guards prisoner/suspects when in holding facility and transports to various locations including shelters, psychiatric facilities, juvenile centers, detox or the county seat as appropriate.
- Testifies in court as the arresting officer.
- Performs specialized work in record keeping, juvenile, child abuse and neglect, bike safety program, investigation, and/or narcotics when directed by supervisor.
- Solicits funds, maintain a special program budget, purchase materials, and prepare and present promotional or fund raising programs under the direction of the Chief.

#### **ESSENTIAL FUNCTION (cont.)**

- Participates in continuing education and training programs.
- Identifies potentially hazardous conditions and notifies appropriate personnel (i.e. Civil Defense Director, Public Works crews, etc.); ensures appropriate action is taken; may activate siren or drive the ambulance as needed.
- Assumes partial duties of Police Chief when directed.
- Oversees crowd control in the city to maintain order during special events such as hockey games, weddings, and other social events at area.
- Work independently in remote area under various conditions

#### **OTHER DUTIES AND RESPONSIBILITIES**

• Performs other related duties as required.

#### REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES

- Knowledge of police procedures and techniques.
- Knowledge of federal, state, and local laws.
- Knowledge of PBTs used for alcohol testing.
- Knowledge of police mobile data terminal.
- Knowledge of computer software used in law enforcement
- Skill in handling and discharging firearms in an efficient and safe manner.
- Skill to expertly drive a motor vehicle sometimes under adverse conditions and at high speeds.
- Ability to analyze situations and determine appropriate action.
- Ability to respond quickly and appropriately to crisis and emergency situations.
- Ability to apply laws to specific incidents.
- Ability to observe and remember people, facts, and circumstances.
- Ability to communicate effectively with general public, other law enforcement agencies, and City staff.
- Ability to investigate crimes and accidents.
- Ability to prepare accurate and thorough reports.

#### **MINIMUM QUALIFICATIONS**

Certified as a First Responder or require within 6 months of employment. Must possess a Minnesota Class D driver's license, and licensed as a peace officer in the State of Minnesota or eligible for licensure by the hire date.

### EAST RANGE POLICE DEPARTMENT

### AMERICANS WITH DISABILITIES ACT - PHYSICAL & ENVIRONMENTAL JOB FACTORS

Position: Patrol Officer Date: August 1<sup>st</sup>, 2024

PHYSICAL FACTORS	CODE	ENVIRONMENTAL FACTORS	CODE
Standing Stationary	0	Work Alone	F
Moving About	F	Work With Others	0
Sitting	0	Work Around Others	F
		Public Contact	С
PHYSICAL STRENTHS & DEMANDS		Shift Work	С
Lifting - Push & pull while stationary		Extended Day	V
Sedentary - up to 10 lbs.	0	Inside	0
Light Work - 11 to 20 lbs.	0	Outside	0
Medium Work - 21 to 50 lbs.	0	Confined Area	V
Heavy Work - 51 to 100 lbs.	0	Extreme Hot	F
Very Heavy Work - over 100 lbs.	0	Extreme Cold	F
		Wet and/or Humid	F
Carrying - Push & Pull while moving about		Noise	V
Sedentary - up to 10 lbs.	0	Vibration	V
Light Work - 11 to 20 lbs.	0	Mechanical Equipment	0
Medium Work - 21 to 50 lbs.	0	Electrical Equipment	С
Heavy Work - 51 to 100 lbs.	0	Pressurized Equipment	V
Very Heavy Work - over 100 lbs.	0	Burning Material/Equipment	V
		Explosive Material/Equipment	V
Climbing	٧	Radiant Energy	V
Balancing	V	Moving Objects	F
Stooping	V	High Places	V
Kneeling	V	Fumes/Odors	0
Crouching	V	Dirt/Dust	0
Crawling	V	Gases	V
Reaching	V	Poor Ventilation	V
Twisting - Sitting	F	Other (specify)	•
Twisting - Standing	0	Other (Specify)	
Handling	F	5 mar (epas.ry)	
Fingering	F		
Feeling	F		
Talking	F		
Hearing	C		
Seeing - Near Vision	С		
Seeing - Far Vision	С		
Seeing - Depth Perception	С	V = Very Infrequent, 1 to 2 times a week	
Seeing - Accommodation	С	O = Occasional, Up to 1/3 of time a week	
Seeing - Color Vision	С	F = Frequent, 1/3 to 2/3 of time a week	
Seeing - Field of Vision	С	C = Constant, more than 2/3 of time a week	
Smelling	С	2 23.0.2,	
Walking	0		
Reading	F		
Driving	F		
Night Vision	F		
Other (specify)	'		
Office (Specify)	<u> </u>		I



# Mailing Address East Range Police Department 206 Kennedy Memorial Drive

Hoyt Lakes, MN 55750

#### Physical Address

East Range Police Department 801 Dorchester Drive Hoyt Lakes, MN 55750 (218) 225-2000 phone (218) 225-2292 fax

Email: police@eastrangepd.com

# EMPLOYMENT APPLICATION -INSTRUCTIONS-

#### \*PLEASE READ AND FOLLOW THESE INSTRUCTIONS\*

#### GENERAL INFORMATION

- IMPORTANT! You <u>MUST</u> complete all parts of the application. Read the job announcement carefully before you apply.

  Announcements may contain special instructions and requirements.
- Type or print clearly in dark ink. Applications in pencil will not be accepted. Legible photocopies are acceptable.
- We cannot be responsible for failure of other agencies or postage services to forward
  applications by the deadline. Applications will not be accepted after the closing date of
  the job announcement.
- If your application is incomplete or does not clearly show the experience and/or training required, your application may be rejected at the East Range Public Safety Board's discretion.
- For jobs with an experience and training rating, your score will be determined by an
  evaluation of the job related experience and training you describe on the application
  form and any addendum/supplement provided by the ERPD. Pay close attention to items
  14-19. Be complete.
- Your application and all attachments become the property of the ERPD and will not be returned

#### \*KEEP A COPY OF YOUR COMPLETED APPLICATION\*

#### IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private, that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43 Subd.2). If you are employed, the data will be available to the Department of Finance, the Internal Revenue Service and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the East Range Public Safety Board by letter.

Office use:	1.	Position Announcement	4.	Rating Points
	2.	Position Description	_ 5.	ADA Job Factors
	3.	Benefits Statement		

PRIVATE DATA	WHY WE ASK FOR IT	ARE YOU LEGALLY OBLIGATED TO PROVIDE IT	WHAT MAY HAPPEN IF YOU DON'T PROVIDE IT
Social Security Number	To distinguish you from all other applicants and to make processing more efficient.	No	In most cases, nothing. However, it will help ensure we do not confuse your records with those of others.
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Conviction Record	To determine whether we may process an application from you and to determine whether your record may be a job-related consideration.	Yes	We will not be able to make determinations required by law. Failure to provide relevant conviction information may be grounds for dismissal.

Office Use:	Date Received_	
	Initials	

# EAST RANGE POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

### BE SURE TO READ INSTRUCTION PAGE BEFORE COMPLETING APPLICATION

	GENERAL INF	OKMATION	
1) Title of specific position for which  2) When will you be available for emp  Now Beginning	Full Time loyment? (Check one		3) Date of Application
3) Last Name: First Name:	M.I.		4) Social Security #
5) Street Address: City:	State/Zip:		6) Residence Phone #
7) Are you fluent in a language, include English? Yes No  If so, which	_		8) May we contact you at work: Yes No
9) Have you previously been employed Yes No  If yes, Date Position	•	·	10) Are you over the age of 18?  Yes No  If no, please give date of birth  ———————————————————————————————————
11) Are you able to work the schedule Yes No	hours for this posit	tion?	12) Are you legally eligible to work? Yes No
13) Your employment may involve use of Yes No MN Drivers Lice	•	•	
PLEASE BE COMPLETE		ATION aining Points are d	etermined by items 14-19.
14) Education: Did you graduate fro School Attended:	_		
If No, last grade in high school co	mpleted:		
Name and location of College,	Did you	Certificate o	Major Course of Study
University, Technical Schools	Graduate?	Degree	,
	Yes No		

### WORK EXPERIENCE

List your present or most recent experience first

15 A).	
Employer Name	Length of Employment:
Address	From// to//
Phone Number	Total: Years Months
Your Job Title	□ Full-time □ Part-time Hours Per Week
Supervisor's Name & Title	Reason for Leaving:
Number and Type of Positions You Supervised	
Description of job duties - Be Complete	
Description of Job duties - De complete	
May we contact this Employer? Yes No	
If no, explain:	
1) no, explain.	
15 B).	Length of Employment:
•	From/ to/
Employer Name	From// to// Total: Years Months
Employer NameAddress	From// to// Total: Years Months  □ Full-time □ Part-time Hours Per Week
Employer NameAddressPhone Number	From// to// Total: Years Months
Employer NameAddress	From// to// Total: Years Months  □ Full-time □ Part-time Hours Per Week
Employer Name	From// to// Total: Years Months  □ Full-time □ Part-time Hours Per Week
Employer Name  Address  Phone Number  Your Job Title  Supervisor's Name & Title	From/ to/ Total: Years Months □ Full-time □ Part-time Hours Per Week Reason for Leaving:
Employer Name	From/ to/ Total: Years Months □ Full-time □ Part-time Hours Per Week Reason for Leaving:
Employer Name	From// to// Total: Years Months  □ Full-time □ Part-time Hours Per Week Reason for Leaving:
Employer Name  Address  Phone Number  Your Job Title  Supervisor's Name & Title	From// to// Total: Years Months  □ Full-time □ Part-time Hours Per Week Reason for Leaving:
Employer Name	From// to// Total: Years Months  □ Full-time □ Part-time Hours Per Week Reason for Leaving:
Employer Name	From// to// Total: Years Months  □ Full-time □ Part-time Hours Per Week Reason for Leaving:
Employer Name	From// to// Total: Years Months  □ Full-time □ Part-time Hours Per Week Reason for Leaving:
Employer Name	From// to// Total: Years Months  □ Full-time □ Part-time Hours Per Week Reason for Leaving:
Employer Name	From// to// Total: Years Months  □ Full-time □ Part-time Hours Per Week Reason for Leaving:
Employer Name	From// to// Total: Years Months  □ Full-time □ Part-time Hours Per Week Reason for Leaving:
Employer Name	From/ to/
Employer Name	From/ to/

## WORK EXPERIENCE List your present or most recent experience first 15 C). Employer Name \_\_\_\_\_ Length of Employment: Address \_\_\_\_\_ From \_\_\_\_/\_\_\_ to \_\_\_\_/\_\_\_ Total: Years\_\_\_\_\_ Months\_\_\_\_ Phone Number \_\_\_\_\_ ☐ Full-time ☐ Part-time Hours Per Week Your Job Title \_\_\_\_\_ Reason for Leaving: Supervisor's Name & Title \_\_\_\_\_ Number and Type of Positions You Supervised \_\_\_\_\_ Description of job duties - Be Complete May we contact this Employer? Yes \_\_\_\_ No \_\_\_ If no, explain: 15 D). Length of Employment: From \_\_\_\_/\_\_\_ to \_\_\_\_/\_\_\_\_ Employer Name \_\_\_\_\_ Total: Years\_\_\_\_ Months\_\_\_\_ Address \_\_\_\_\_ □ Full-time □ Part-time Hours Per Week\_\_\_\_ Phone Number Reason for Leaving: Your Job Title \_\_\_\_ Supervisor's Name & Title \_\_\_\_\_ Number and Type of Positions You Supervised Description of job duties - Be Complete May we contact this Employer: Yes \_\_\_ No \_\_\_ If no, explain:

WORK EXPERIENCE					
List y	List your present or most recent experience first				
15 E).  Employer Name	Fr To	otal: Years Full-time □ Part-ti	to//		
Number and Type of Positions You Sup	ervised				
Description of job duties - Be Complete  May we contact this Employer? Yes No					
If no, explain:					
16) List relevant current professional memberships, registrations or licenses. Include date first issued:					
VOLUNTEER AND UNPAID WORK EXPERIENCE					
Kind of Volunteer Activity	Do not specify Organiza  Major Responsibilities	# Hours/Month	How Long? From To		

	ADDITIONAL EXPERIENCE OF	R TRAINING	
18) Describe any additional a	experience or training that qualifies y	ou for this position (Be Spec	cific).
	ment do you operate? (i.e. computers, e/hardware you are familiar with.	construction equipment, too	ls, etc).
and lawfully authorized o	Immigration Reform and Control Act o alien workers. If hired, you will be rec alien program. Failure to provide said	quired to provide written do	cumentation of
21) Police and Fire Position A	Applicants only:		
· ·	nce in jail or prison, plead guilty for o	·	-
	e could have been imposed? You may a ed, set aside or purged, or if you have		
	NO YES		
	separate sheet with explanation. Info you from employment, unless adversel		
, , ,	Police and Fire positions, other pos	•	•
background check as a	condition of employment.		
	REFERENCES		
List at least four people <u>oth</u>	<u>er than relatives</u> who can be contacted re		k habits and character.
NAME	ADDRESS	PHONE NUMBER	OCCUPATION AND RELATIONSHIP

#### VETERAN'S PREFERENCE POINTS APPLICATION

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for Veteran's preference points you must:

- Be separated under honorable conditions from any branch of the armed forces of the United States 1) after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or
- 2) Be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND
- 3) NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

If you supply the supporting documentation by separate n be included.	nail, your name and the position applied for must
A letter from the Veteran's Administration can serve as docum	nentation of a compensable service-connected disability.
ARE YOU APPLYING FOR VETERAN'S PREFERENCE POI	NTS? 🗆 Yes 🗆 No
If "yes," your DD214 or other documentation must be recapplication deadline for the position.	eived no later than 7 calendar days after the
Preference Requested: 🗆 Veteran	□ Disabled Veteran
□ Spouse of Disabled Veteran [	□ Spouse of Deceased Veteran
If Spouse, veteran's name	
Branch of Service	Period of Active Duty: From
Rank at Discharge	То
Type of Discharge	Do you have a compensable service-related
Date of Final Discharge	disability? □ Yes □ No
Service Number	Are you receiving or eligible for a military
	pension? □ Yes □ No
Your preference Points application cannot be considered w	without supporting documentation (see instructions

Supporting Documents: are attached		will be subm	itted within 7 days of a	days of application deadline.	
	FOR OFFICE USE ONLY:	10 Points	15 Points		

above). If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

#### SIGNATURE & AUTHORIZATION FOR RELEASE OF INFORMATION

I understand this employer has the right to verify information provided in the application. If there are any misrepresentations on this application or my resume or made by me in an interview, which may be discovered now or anytime in the future, I may be discharged for cause without severance pay of any kind. False information or misrepresentation may also subject me to the penalty provisions of M.S.43A.39.

In connection with this application for employment, I authorize this employer and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to my current and past employment and applications for employment, my records maintained by an educational institution relating to academic performance (such as transcripts), a criminal history check, background check, and/or driver's license record review. Moreover, I hereby release this employer and any agent acting on its behalf from any and all liability by reason of requesting such information from any person. A photocopy of this authorization will be treated in the same manner as the original.

	YES
	YES, but not present employer until job is offered.
	NO (we may be unable to hire you without this information).
true and con	at any and all statements in this application or information provided are application or information provided are applicate and hereby acknowledge that I have read and understand the contained herein.
DATE	
	E (do not print)

# East Range Police Department Consent Form

PERSONAL INFORMATION (P	lease Print)			
First Name	Last Name		Middle Nam	ie
Maiden, Alias or Former and Dates	Used	Date of Birth	Sex	
Social Security Number		Driver's License Numbe	er and State	
ACKNOWLEDGEMENT/AUTHO	DRIZATION			
I,	employment with the	(Full Name: <i>first, m</i> e East Range Police Depo		
I realize I am not legally required will not be able to determine whet consideration. I understand that it basis of a criminal conviction, I will complaints or grievances afforded information prepared by the East Police Department's behalf is prival provisions of Minnesota Statutes, reverse side of this form.	her my driving recor if I am rejected as a I be notified in writi by <i>Minnesota Statu</i> Range Police Departr ate data; that is, it m	d or conviction record, i candidate for the posit ng and will be given any i tes, Chapter 364. I und nent or other agent acti nay be released only purs	f any, is a jo ion cited abo rights to pro erstand that ng on the Ea suant to the	b-related ove on the cessing of t st Range statutory
I hereby authorize the East Range gather information retained by loc whether any convictions of a crime 90 days could have been imposed,	cal, county, state, and e or moving traffic vi	d federal agencies as ne colations, for which a jai	cessary to de I sentence or	etermine r more than
I specifically authorize the East Range Police Department to disclose all criminal history and driving record information to the East Range Public Safety Board for the purpose of determining my suitability for employment. Moreover, I hereby release the East Range Public Safety Board, its agents, and any agency named above from any and all liability.			my	
The duration of this authorization signature although I understand the writing. Criminal history backgroup Fire applicants, unless and until the	his authorization can nd checks will not be	be revoked by me if I is conducted on applicant	ndicate such	intent in
Applicant's Signature			Date	

#### IMPORTANT FACTS ABOUT INFORMATION ON THIS FORM

Certain information requested on this form is considered private; that is, it may be released only to you and agencies where you may be considered for employment. This form is part of the East Range Police Department's employment application materials. Information in your application that is defined by law as public may be released on request and includes: veteran status; relevant test scores; rank on eligible list; job history; education and training; and work availability. Your name is private data except when certified as eligible for appointment to a vacancy or when you are considered by the appointing authority to be a finalist for a position in public employment. (To comply with M.S. 13.43, Subd. 2 and Subd 3). A summary of your rights under the Fair Credit Reporting Act will be provided to you prior to any adverse action taken by the East Range Public Safety Board, regarding your application for employment, based on information obtained through the use of this form.

Private Data	Why We Ask For It?	Are You Legally Obligated To Provide It?	What May Happen If You Don't Provide It?
Name	To distinguish you from all other applicants.	Yes	Failure to provide may be cause for rejection of your application.
Maiden Name/Date of Birth/Sex/Social Security Number/Driver's License Number	To be able to conduct criminal background and driver's license checks.	No	Failure to provide may be cause for rejection of your application.