

APPENDIX A

DATA PRACTICES

ADVISORY FOR APPLICATION FORM

This application is to assist the **Buffalo Police Department** in determining whether to select you for employment as a police officer.

Certain information requested on the application is classified as private data under the Minnesota Government Data Practices Act (MGDPA) Minn. Stat. Ch. 13.01 et seq. and may be released only to you, to those in the appointing authority whose jobs reasonably require access to the data, to those authorized by state or federal law to have access to the data and to those for whom you provide a written informed consent authorizing disclosure. The public data you supply is available to anyone who requests it.

Before you are certified as eligible for appointment or considered as a finalist for the position, the following information on the form is private: your name; your address; your telephone number. When you are certified as eligible or considered as a finalist, your name becomes public. For this purpose, the MGDPA defines a finalist as an individual who is selected to be interviewed prior to selection.

You are not legally required to provide any of the requested information. However, if you do not do so, we will not be able to process your application or consider you for appointment to a position.

We ask for this information for the following reasons.

1. To distinguish you from all other applicants and identify you in our personnel files;
2. To enable us to verify that you are the individual who takes the exam;
3. To enable us to contact you when additional information is required, send you notices and/or schedule you for interviews;
4. To determine whether or not your criminal conviction record may be a job-related consideration affecting your suitability for the position you for which you applied;
5. To enable us to ensure your rights to equal opportunities and to meet affirmative action goals;
6. To meet federal reporting requirements; and
7. To make processing more efficient.

I have read and understand the information stated above.

Signature_____ Date_____

APPENDIX B

BACKGROUND NOTIFICATION FORM

To _____
(Applicant)

From: **Buffalo Police Department**

Reference: Background investigation and collection of protected data.

Please be advised that the **Buffalo Police Department** is commencing the background investigation process for the purpose of considering your application for the police officer position. Attached is a form, which explains the intended use of this data and the purpose for its collection.

APPENDIX C

DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION FORM

READ THIS ADVISORY BEFORE COMPLETING THIS FORM:

The Minnesota Government Data Practices Act requires you to be informed that the following information which you have been asked to provide on the attached form is considered private data:

1. Your full name.
2. Any and all previous names by which you are known, regardless of whether or not they were your legal names
3. Your date of birth.
4. Your race.
5. Your sex.

The purpose and intended use of this data is to conduct the background inquiries. The specific use for each category of data is described below:

1. To conduct a thorough and complete criminal history and felony background check, all names by which an applicant is or has been, know must be listed.
2. In order to access driver's license data, date of birth must be supplied.
3. In order to complete, and send for evaluation fingerprint cards as required by statute, the race and sex of the person fingerprinted must be entered on the fingerprint card.
4. In order to access criminal history data, date of birth, race and sex must be supplied.

This data will be used solely for the above mentioned purposes. You are not legally required to provide the requested information. However, if you do not, the agency will be unable to conduct the required background inquiries and will not be able to process your application and the agency will not be able to consider you for appointment to this position.

The information obtained by use of protected class data will be available to you and those in the appointing authority who have a bona fide need for the data.

The data may also be used for other purposes necessary for the administration of law, rule or ordinance but will be disseminated only as required by law.

It you are certified as eligible for appointment to a position or are considered a finalist, your name becomes public.

I have read and understand the information stated above.

Signature_____ Date_____

APPENDIX C-1

PROTECTED INFORMATION FORM

Please read carefully the data practices advisory form attached. After reading, please sign and date the form.

Forward both the signed data practices advisory and the protected information forms to the Buffalo Police Department with your completed background packet.

FULL NAME:

DATE OF BIRTH:

RACE:

SEX:

List any and all other names by which you are or have been known:

1.
2.
3.
4.
5.
6.

APPENDIX D

BACKGROUND INFORMATION ADVISORY FORM

This background investigation form is to be used to assist in determining whether to select you as a police officer for the **Buffalo Police Department**.

Certain information requested on the application is classified as private data under the Minnesota Government Data Practices Act (MGDPA) Minn. Stat. Ch. 13.01 et seq., and may be released only to you, to those in the appointing authority whose jobs reasonably require access to the data, to those authorized by state or federal law to have access to the data, and to those for whom you provide a written informed consent authorizing disclosure. The public data you supply is available to anyone who requests it.

Before you are certified as eligible for appointment or considered as a finalist for the position, the following information on the form is private: your name; your address; your telephone number; your eligibility for licensure as a peace officer; and your status with respect to peace officer licensure. When you are certified as eligible or considered as a finalist, your name becomes public. For this purpose, the MGDPA defines a finalist as an individual who is selected to be interviewed prior to selection.

You are not legally required to provide any of the requested information. However, if you do not do so, we will not be able to process your application or consider you for appointment to a position.

We ask for this information for the following reasons:

1. To distinguish you from all other applicants and identify you in our personnel files;
2. To enable us to verify that you are the individual who takes the exam;
3. To enable us to contact you when additional information is required, send you notices and/or schedule you for interviews;
4. To determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position you applied for;
5. To enable us to ensure your rights to equal opportunities and to meet affirmative action goals;
6. To meet federal reporting requirements; and
7. To make processing more efficient.

Before you are certified as eligible for appointment or considered a finalist for a position, only the following information you have been asked to provide is public: Veteran's status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. The remainder is private. If you are certified as eligible or become a finalist, your name becomes public. **I have read and understand the information stated above.**

Signature_____ Date_____

APPENDIX D-I

BACKGROUND INVESTIGATION INFORMATION PACKAGE

DIRECTIONS FOR COMPLETING THE BACKGROUND FORM:

1. Read and sign the Data Practices Advisory which accompanies this package.
2. When completing this form, please print clearly.
3. A set of releases is contained at the end of the form. Please complete the proper release form as indicated in the background investigation form. You will have to copy extra releases. Therefore, complete the background investigation form first and then determine the type and number of releases you will need.
4. If you find that there is not adequate space to answer a specific question, provide as much information as space permits. Then continue your response on individual sheets of paper. Include the number of the question and maintain the same format as in the background investigation form.
5. If a question does not apply to you, please write N/A (not applicable).
6. Include any requested documents.
7. Be sure to sign the form and the autobiography.

Call the Background Investigator at the Buffalo Police Department if you have any questions.

Applicant Information

1. What is your full name?

(Last)

(First)

(Middle)

2. Academic Component of Professional Peace Officer Program completed at: (Complete a Type I release for this school.)

Date Completed Academic Component: _____

Skills Component of Professional Peace Officer Education Completed at: (Complete a Data Practices release for this school.)

Date Completed Clinical Skills Component: _____

Date of Passing Peace Officer Licensing Examination: _____

2a. If you were trained as a peace officer out of state, please complete the following:

Name of Training Program: (Also give complete address)

Date of Completion: _____ Length of Course _____

Date of Peace Officer Certification or License: _____

Date of Passing the POST's Reciprocity Exam: _____

3. Are you "eligible for a license?" Yes _____ No _____

If yes, when does your eligibility expire? _____

(Please attach a photocopy of POST Board eligibility letter.)

4. Are you currently licensed as a peace officer? Yes _____ No _____

If yes, please provide the following information: License#: _____

Date Originally Issued: _____ Expiration Date: _____

- | | |
|---------------------|-----------------------|
| Valid-Active Status | Valid-Inactive Status |
| Lapsed | Surrendered |
| Suspended | Revoked |

- | | |
|---------------------------------------|--|
| <u> </u> Valid-Active Status | <u> </u> Valid-Inactive Status |
| <u> </u> Lapsed | <u> </u> Other (please explain below) |

- [illegible]

Yes _____ No _____

[illegible]

Name	Full Address	Phone Number

[illegible]

13. List all college degrees and major area of study:

1. _____
2. _____
3. _____
4. _____
5. _____

14. List any disciplinary action taken against you by the college(s) you attended:

Date	School	Problem	Brief Explanation

15. It is understood I will immediately forward copies of transcripts in my possession from all high schools and colleges attended to the following address:

To: **Buffalo Police Department 212 Central Avenue Buffalo, MN 55313**

Attention: **Background Investigator**

A release form must be completed for each school, in the event that we need to obtain a transcript.

16. Have you ever served in an active military organization of the United States? If not, go to question 26. Yes _____ No _____ If yes, give details:

17. Have you ever served in a military organization of any foreign government? Yes _____ No _____ If yes, give details:

18. Give Branch of Service:_____

Military Specialty:_____

19. Rank held:_____ Service Serial #:_____

Name of Commanding Officer at Time of Discharge:_____
(Complete Data Practices Release Form.)

20. Give period or periods of active service:

From_____ To_____

From_____ To_____

From_____ To_____

21. How many discharges or separations from the service were given to you?

Discharges_____ Separations_____

22. Has your discharge or separation notice ever been corrected or changed?

Yes_____ No_____

23. What was the nature of the change?

Changed from:_____ To:_____

24. Were you ever the subject of any military disciplinary action?

Yes_____ No_____

If yes, give details of charges, agency concerned, dates and dispositions:

25. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the United States, any foreign government, or the National Guard of any state? Yes _____ No _____

If yes, state whether your are active or inactive: _____

Branch _____ Regiment _____ Unit _____

Rank _____ Address _____

From _____ To _____

(If you were, complete Data Practices Release Form.)

26. Present Employer: _____
(Name of Company)

(Company Address) (City/State) (Zip Code)

(Complete Data Practices Release Form.)

Date Hired: _____ Duties Include: _____

Can your current employer be contacted prior to a job offer?

Yes _____ No _____ If no, please explain: _____

27. Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member? Yes _____ No _____

If yes, give details: _____

28. List below chronologically (earliest dates first), each and every place you were previously employed since the age of 18. OMIT NONE. Give correct, full address. Give dates of idleness between periods of employment in proper sequence. (Include all part-time employment.) (Complete Type I release form for each employer.)

From Month/Year	To Month/Year	Name & Address of Employer	Immediate Supervisor	Reason for Leaving

29. Were you ever discharged or asked to resign from employment?

Yes_____ No_____ If yes, please complete the following:

Employer	Date Left	Reason for Leaving

30. Were you ever subjected to disciplinary action in connection with any employment?

Yes_____ No_____ If yes, give details:

31. Have you ever possessed a professional or occupational license, permit or certificate, (excluding peace officer license)? Yes_____ No_____

If yes, give details_____

(Complete a Data Practices Release Form if you answered yes.)

32. Has any license or permit (excluding driver's license or learner's permit) issued to you by any city, state or federal agency ever been denied, revoked, suspended or canceled, or to any corporation or partnership of which you were an officer, director, or partner?

Yes_____ No_____

If yes, give details_____

33. Have you ever been the subject of a background investigation conducted by a law enforcement agency which was considering you for employment?

Yes_____ No_____

If yes, complete the following: Complete a Data Practices Release Form for each agency
Complete the reason for not being hired section

Date	Agency	Position Applied For

Agency	Date of Application	Reason for not being hired.

34. List below every professional organization in which you are or were a member.

From Month/Year	To Month/Year	Name of Organization and Address	Type of Organization

35. Do you have a savings, checking, or money market account?
Yes_____ No_____

If Yes, complete the following:

(Complete a Data Practices Release Form for each institution in number 35. Please include the account number and the type of account after the name listed on the release (as shown below). Also, complete a Credit Information release form.)

Name of Institution/Address	Account Number	Type of Account

36. **FINANCIAL OBLIGATIONS:** Give the names and addresses of the individuals, companies or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, and any other debts and payments. Include account numbers where applicable.

Type	Name and Address of Creditor	Account Number	Total Balance	Monthly Payment

37. Were you ever a party to any civil action or proceeding in this state or elsewhere, or have you been named in a notice of claim that you may be a defendant in a civil action or proceeding? Yes_____ No_____

Indicate below every civil action or proceeding:

Date	Action or Proceeding	As Plaintiff, Defendant Petitioner, Respondent	Court Disposition

38. Have you ever been named as a defendant in an adult criminal proceeding?

Yes_____ No_____

If yes, give details:_____

NOTE: Conviction of a crime, other than a felony, in and of itself is not an automatic bar to employment, but only in so far as it relates to fitness to perform a particular job. Age and time of the offense and rehabilitation will be taken into account when considering an applicant.

39. As an adult, have you ever been convicted for any violation of the criminal law (excluding parking violations)? Yes_____ No_____

If yes, complete the information below:

Date	Violation	Location	Court Disposition	Agency Concerned

40. Have you ever been fingerprinted (exclude only present application with this department)? Yes_____ No_____ If yes, fill in the following:

When	Where	Reason for Fingerprinting

41. As an adult, have you ever received a summons (ticket) for violation of the traffic laws in this state or any other state (exclude parking violations)?
Yes_____ No_____ If yes, insert the information below.

Date	Offense	Location	Court Disposition	Agency Concerned

42. Was your driver's license or other vehicle operator's license ever revoked?
Yes_____ No_____ Suspended? Yes_____ No_____

If you answered yes to either one of the above, complete below:

Which License:_____

When:_____ Where:_____

Why:_____

43. If you answered yes to question #42, was such license ever restored?

Yes_____ No_____ If yes, complete the following:

When:_____Where:_____

Why:_____

44. Have you ever been involved in a motor vehicle accident?

Yes_____ No_____ If yes, state details:_____

45. Do you or did you possess a Minnesota Driver's License?

Yes_____ No_____ If yes, complete the following:

Driver's License Number:_____

Type of License:_____

(Complete Data Practices Release Form and address to:
Minnesota Department of Public Safety
Driver & Motor Vehicle Section
Transportation Building St. Paul, MN 55155)

46. Do you or did you ever possess a driver's license issued by any state other than Minnesota? Yes_____ No_____ If yes, provide the following information:

Name of State:_____

Type of License:_____

(Complete Data Practices Release Form and list the name of the state.)

47. Has an auto insurance company taken action against your insurance coverage?

Yes_____ No_____

If yes, give details (include companies name):_____

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information from this application may be cause for rejection, or dismissal if employed.

(Signature of Applicant)

(Date)

APPENDIX D-11
AUTOBIOGRAPHY FORM

There are several reasons that this agency is requesting this information. In particular, this agency is interested in activities or events in your life which you believe will help you become a good law enforcement officer. We are interested in learning why law enforcement appeals to you, and what you think you can contribute to our agency. Furthermore, this exercise will be used to assess your ability to express yourself in writing, and to demonstrate that you possess the necessary written skills (spelling, grammar, punctuation, etc.) to adequately function as a law enforcement officer.

Minn. Stat. Sec. 363.03, subd. 4(a) forbids agencies to seek and obtain any information regarding race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability or age. Therefore, we request that you make no mention of your status regarding these protected classes in your autobiography. Failure to comply with this request may result in the elimination of the autobiography and may affect your potential consideration for employment with this agency.

Instructions:

1. Write or print as clearly and legibly as possible.
2. Use a pen or ball point.
3. Sign your autobiography using your normal signature.
4. Use a separate sheet if necessary

APPENDIX E

DATA PRACTICE RELEASE FORM

General Authorization and Release
Pursuant to Minn. Stat. Sec. 13.05, subd. 4
Minnesota Data Practices Act

TO: _____

I, _____ permit you, _____
(Applicant Name) (Name of Company/Agency)

hereby authorize and grant my informed consent to release to and make available to police department and/or its agents and/or representatives, data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minn. Stat. Sec. 13.02, subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes: _____

All Information gathered of any type.

I understand that the purpose of permitting the Buffalo Police Department to have access to this information is to determine my suitability for employment with that department. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the department, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the department or to you of that fact.

(Original Signature)

(Date)

Agencies and Data Available (to be used with General Authorization and Release Form):

POST:

All data submitted for licensing, continuing education data, disciplinary action or data practice release forms.

SCHOOLS:

Grade records, attendance records, disciplinary records, student activity records, teachers evaluation forms.

PUBLIC EMPLOYMENT:

Job history, education and training records, attendance records, performance evaluations and disciplinary records.

DRIVER'S LICENSE DATA:

All information regarding traffic accidents, driver's license information (including dates and dispositions of traffic citations), vehicle registration.

APPENDIX F

CREDIT RELATED
INFORMATION FORM

TO: Credit Reporting Agency

I have applied for a position as a peace officer with the Buffalo Police Department. As a part of that department's evaluation of my suitability for employment in this position, a background investigation is being conducted.

I request and authorize you to release any and all information concerning my credit, credit rating, and credit bureau reports to the department. Please send this information to: Buffalo Police Department
212 Central Avenue
Buffalo, MN 55313
Attn: Background Investigator

This authorization shall be valid for a period of one year, but I reserve the right to cancel the authorization at any time prior to that expiration by providing written notice to the department or to you.

(Original Signature)

(Date)

APPENDIX E

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General Authorization and Release
Pursuant to Minn. Stat. Sec. 13.05, subd. 4
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