



## DAYTON POLICE DEPARTMENT

12260 South Diamond Lake Road

Dayton, MN 55327

763-427-2017

## DAYTON POLICE RESERVE APPLICATION FOR MEMBERSHIP

Members of the Dayton Police Reserve must be at least 18 years of age, possess a valid MN Driver's License, and must agree to a complete background check including fingerprints, criminal history, warrant check and driver's record check. There can be no convictions other than minor traffic offenses. Application must be filled out completely. Willful misrepresentation or material omissions may cause rejection of this application or termination from membership. **When completing this application, please try to use abbreviations only in the following situations: Ave, St, etc. and Jr. or Sr. as part of a name.** You are encouraged to attach any information which you believe qualifies you for membership.

## AUTHORIZATION TO RELEASE INFORMATION

Please fill out all areas completely.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Other \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Previous Address (if above address is less than 5 years)

---

City \_\_\_\_\_ State \_\_\_\_\_

As an applicant for a position with the Dayton Police Reserve, I am requested to furnish information for use in determining the status of my moral, physical and mental qualifications. In this connection, I authorize release of any and all information concerning me, including information of a confidential and/or privileged nature.

I hereby release you, your organization, or others under your supervision, from any liability or damage which may result from furnishing the requested information.

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

Present Employer \_\_\_\_\_

Position \_\_\_\_\_ Hours of work \_\_\_\_\_

Have you ever been discharged or forced to resign from employment because of misconduct or unsatisfactory service? \_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

List below any extended absences from work and fully describe the causes or circumstances \_\_\_\_\_

\_\_\_\_\_

Do you have any type of First Aid Training? \_\_\_\_\_

Have you ever been convicted as an adult for a criminal violation? \_\_\_\_\_

The existence of a criminal record will not automatically disqualify you for consideration for membership. The determination will be made under the requirements of Chapter 364 of the Minnesota Statutes. To enable us to comply with those requirements, we must have the following information for each conviction:

Nature of Offense	Date and Place	Disposition
-------------------	----------------	-------------

\_\_\_\_\_

Have you served in the United States Armed Forces? \_\_\_\_ If yes,

Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Branch \_\_\_\_\_

What are your outside interests? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you applying for this position? \_\_\_\_\_

\_\_\_\_\_

List the names, addresses and telephone numbers of three (3) persons who have known you for the last or at least three (3) years. Do not include employers or anyone related to you. The persons whom you list may be asked to evaluate your ability, character, experience, personality and other qualities.

Name	Address	Phone	Yrs Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all Schools Attended

Type of School	Name & Address	From	To	Degree
Elementary				
Junior High				
High School				
Other				

Describe any correspondence courses, seminars, training, and skills that might help you qualify for this position. \_\_\_\_\_  
 \_\_\_\_\_

Are you taking any prescribed medications? \_\_\_\_\_ If Yes, name them and what they are prescribed for? \_\_\_\_\_  
 \_\_\_\_\_

Do you have any physical limitations which could affect your work performance?  
 \_\_\_\_\_

Have you been involved in a Motor Vehicle Accident? \_\_\_\_\_ If Yes, please explain  
 \_\_\_\_\_  
 \_\_\_\_\_



# DAYTON POLICE DEPARTMENT

12260 South Diamond Lake Road

Dayton, MN 55327

763-427-2017

## GENERAL AUTHORIZATION AND RELEASE

To: \_\_\_\_\_  
(Agency/Person/Company)

I, \_\_\_\_\_, hereby authorize and permit you,  
(Applicant's Name)

\_\_\_\_\_, to release to and/or make available to the Dayton 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 Minnesota State Statutes 13.02, Sub 12, and has been collected by you as a result of my contacts and associations with you and/or agents and representatives.

The information for which release is authorized includes all data which had been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that I am not legally required to authorize the release of data; however, failure to do so is grounds for exclusion from the selection process. I also understand that the purpose of permitting the Dayton Police Department to have access to this information to determine my suitability for employment with that department. The information I provide may be shared with the staff and/or representatives of the Dayton Police Department who require this information to fulfill the responsibility of their positions.

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 will be valid for a period of one (1) 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.

\_\_\_\_\_  
(Applicants Signature)

\_\_\_\_\_  
(Date)



# DAYTON POLICE DEPARTMENT

12260 South Diamond Lake Road

Dayton, MN 55327

763-427-2017

## MEDICAL DATA RELEASE/WAIVER

I, \_\_\_\_\_, the undersigned hereby authorize the following person(s), Agencies, Medical/Mental Health Clinics, Hospitals \_\_\_\_\_

\_\_\_\_\_

to release and/or exchange information on file regarding myself. (Including Maiden name, if necessary)

Name: \_\_\_\_\_  
(Please print Full Name) Date of Birth

This is your full and sufficient authorization, pursuant to Minnesota Statute 144.335, to release to the Dayton Police Department, its representatives, or employees, all medical information maintained while I was a patient at you facility on any date.

I hereby release you and the medical facility providing data requested in connection with this instrument from any and all liability. I further waive any rights I may have under any State or Federal Law that protect the requested data from disclosure.

A photocopy of this release/waiver is effective and binding as the original and is valid for a period of twelve (12) months subsequent to the date designated under my signature.

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)