



*12260 S. Diamond Lake Road
Dayton, Minnesota 55327
P: (763) 427-4589
F: (763) 427-3708
<http://www.cityofdaytonmn.com>*



DAYTON POLICE RESERVES

The Dayton Police Reserve Officers assist the Police Department with many duties throughout the year. Any citizens wishing to apply for the Dayton Police Reserve should stop in to the Police Department and pick up an application and Veteran's Preference form or click on the links, print the forms, fill them out, and return them to:

**Dayton Police Department
12260 South Diamond Lake Road
Dayton, MN 55327**

Any questions, please call (763) 427-2017



DAYTON POLICE DEPARTMENT
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**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
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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 _____



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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)



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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)



Office: (763) 427-4589
 Fax: (763) 427-3708

City of Dayton
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Application for Veterans Preference Points

Eligibility:

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their application results. Points are awarded subject to the provisions of Minnesota Statute 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 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 be the surviving spouse of a deceased veteran or the spouse of a disabled veteran who because of the disability is not able to qualify.

The information you provide on this form will be used to determine your eligibility for veteran's preference points.

Instructions:

You are not required to supply this information, but we cannot award veteran's points without it. You must supply a copy of your DD214. Disabled veterans must also supply forms 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.

Please state the name of the position you are applying for: _____

Veteran: _____self _____spouse		If spouse, veteran's name: _____	
Branch of Service: _____		Period of Active Duty: From: _____ To: _____	
Rank at Discharge: _____	Type of Discharge: _____	Date of Final Discharge: _____	
Service Number: _____		Do you have a compensable service-related disability? _____Yes _____No	
Preference Requested: _____Veteran _____Spouse of veteran _____Disabled veteran _____Spouse of disabled veteran			

Your Preference Points application cannot be considered without supporting documentation (see instructions above). **If the documentation is not attached, it must be received in our office no later than seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.**

Supporting documentation: _____is attached _____will be submitted within 7 days of application deadline.

Applicant's Signature: _____ Date: _____