



**Application for Volunteering
Scott County Sheriff's Office
Emergency Management Division
301 S Fuller St
Shakopee, MN 55379
Phone: (952) 496-8181
Fax: (952) 445-4622**

VOLUNTEER POSITION: _____

DATE APPLIED: _____

NAME (LAST, FIRST, MIDDLE INITIAL) _____ SSN _____

HOME TELEPHONE NUMBER _____ ALTERNATIVE TELEPHONE NUMBER _____

STREET ADDRESS _____

CITY, STATE, COUNTY, ZIP _____

DO YOU HAVE RELATIVES WHO WORK IN THE DEPARTMENT IN WHICH YOU ARE APPLYING?

YES NO

IF YES, PLEASE INDICATE THEIR POSITION, NOT THEIR NAME.

NAME AND LOCATION OF HIGHSCHOOL _____ Did you receive a high school diploma or GED?
 YES NO

PLEASE LIST POST-SECONDARY SCHOOLS YOU HAVE ATTENDED:

NAME AND LOCATION	CREDITS EARNED		DEGREE: <input type="checkbox"/> Yes <input type="checkbox"/> No AND MAJOR FIELD OF STUDY
	QTR	SEM	

This question must be answered before your application will be considered complete.

During the past five (5) years, have you served a sentence in a jail or prison or been convicted of a misdemeanor or felony for which a jail sentence could have been imposed? Yes No

You may answer "No" to this question if the conviction or criminal records thereof have been annulled, seal set aside, or purged, or if you have been pardoned pursuant to law.

If you answered "Yes" to this question, please attach a separate sheet of paper giving full particulars (date, place, nature of the offense). A conviction will not necessarily disqualify you from employment unless direct related to the nature of the position applied for.

Scott County does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to public assistance, treatment, or employment in its programs or services.

WORK EXPERIENCE

PART OR ALL OF YOUR EMPLOYMENT RATING MAY BE BASED ON THE INFORMATION BELOW. LIST YOUR MOST RECENT POSITION FIRST. INDICATE ANY CHANGE IN JOB TITLE UNDER THE SAME EMPLOYER AS A SEPARATE POSITION.

***A RESUME AND/OR ADDITIONAL PAGES MAY BE ATTACHED
(but NOT accepted in lieu of the application)***

PRESENT OR MOST RECENT EMPLOYER	KIND OF BUSINESS	ADDRESS
YOUR TITLE	Reason for leaving	DATES OF EMPLOYMENT From: To:
YOUR DUTIES (Indicate your responsibilities, size of operation, supervision if any, etc)		HOURS PER WEEK
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone #	NAME OF SUPERVISOR
PRESENT OR MOST RECENT EMPLOYER	KIND OF BUSINESS	ADDRESS
YOUR TITLE	Reason for leaving	DATES OF EMPLOYMENT From: To:
YOUR DUTIES (Indicate your responsibilities, size of operation, supervision if any, etc)		HOURS PER WEEK
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone #	NAME OF SUPERVISOR
PRESENT OR MOST RECENT EMPLOYER	KIND OF BUSINESS	ADDRESS
YOUR TITLE	Reason for leaving	DATES OF EMPLOYMENT From: To:
YOUR DUTIES (Indicate your responsibilities, size of operation, supervision if any, etc)		HOURS PER WEEK
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone #	NAME OF SUPERVISOR

DO YOU HOLD ANY LICENSE OR BELONG TO ANY ORGANIZATION WHICH YOU FEEL ARE PERTINENT TO THIS APPLICATION? (Exclude religious organizations)

LICENSURE	PROFESSION	LICENSE NO.	CERTIFICATION NO. (P.H. NURSE)
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DO YOU HAVE A VALID DRIVER'S LICENSE?

YES NO **CLASS:** _____ **NUMBER:** _____

ARE YOU EITHER A U.S. CITIZEN OR LEGALLY ELLIGIBLE TO HOLD EMPLOYMENT IN THE U.S.?

YES NO

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE TO ADD WHICH YOU FEEL IS PERTINENT TO THIS POSITION?

I HEREBY CERTIFY that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, my name will be removed from the register, I will be disqualified from applying in the future for any position under the jurisdiction of Scott County and I may be removed from the job after appointment. The foregoing is provided in accordance with the Information Disclosure Notice.

SIGNATURE _____ **DATE** _____

INFORMATION DISCLOSURE NOTICE TO APPLICANTS

In accordance with Minn. Stat. 13.04, Subd. 2, we must inform you of your rights as a subject of government data. The information you give us about yourself is needed to identify you and assist in determining your suitability for the position for which you are applying.

The information that we collect about you is classified as either Public or Private. Public means that it is available to anyone who asks to see it. Private means that the information is available only to the person the information is about and to the staff who must use it in the normal course of conducting County business and as otherwise provided by law.

Data considered private: social security number, address, daytime phone, driver's license number, relatives, sex, racial/ethnic group, disability status, and conviction record.

Your name is considered private until you are certified as eligible for appointment to a vacancy or considered as a finalist. Answers to the questions of name, address, and conviction record are legally obligated. Failure to provide the information may be cause for rejecting an application. Providing other private data is not legally obligated; however, not providing the information may impede the hiring process.

All other information on the application is public. All job offers are contingent on County Board approval and successful completion of a background verification.

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