

**CITY OF COLUMBIA HEIGHTS
Supplemental Questionnaire
POLICE OFFICER**

Applicant Name: _____
(Please print)

Please return this required supplemental questionnaire with the city's application form no later than 4:30 p.m., Tuesday, September 4, 2018.

Please assist us in evaluating your experience and abilities by answering the following questions. An incomplete questionnaire may reduce your opportunity for employment with the City of Columbia Heights. Feel free to use additional paper if needed.

1. What attracted you to the Columbia Heights Police Department and the Columbia Heights community, and why do you feel you would be a good fit as a Police Officer with the City?

2. What originally attracted you to a career in law enforcement? How do you anticipate being a Police Officer in the City of Columbia Heights fulfilling those career ideals?

3. What traits do you have that will make you an outstanding Police Officer with the Columbia Heights Police Department? Please provide specific traits, and examples of how those traits have been put to use in other applicable situations.

4. Please list any volunteer experience you've had within the last ten years. Be specific.

5. Describe your experience working in a multi-cultural (diverse) environment. Be specific, including number of years, where, and how experience was acquired.

6. Describe your experience working with at-risk youth. Be specific, including number of years, where, and how the experience was acquired.

7. Please check the box before the statement which is applicable to your present status and insert information requested:

I am currently licensed as a full-time Police Officer in the State of Minnesota.

I am currently eligible to be licensed as a full-time Police Officer in the State of Minnesota. I took and passed the Minnesota Peace Officer Licensing Examination on _____.
(date)

I am currently scheduled to take the Minnesota Peace Officer Licensing Examination on _____.
(date)

I will be eligible to take the Minnesota Peace Officer Licensing Examination on _____.
(date)

Other. None of the above statements apply to my present status.
Please explain.

To the best of my knowledge, the information contained in this supplemental questionnaire is accurate and true. I understand that misrepresentation of facts will be cause for cancellation of consideration for employment or dismissal if employed.

Applicant Signature