APPENDIX A

DATA PRACTICES

ADVISORY FOR APPLICATION FORM

This application is to assist the **Mille Lacs Tribal Police Department** in determining whether to select you for employment.

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 sea.. 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_____

Printed Name: _____

BACKGROUND INVESTIGATION NOTIFICATION FORM

Appendix B

To: Mille Lacs Tribal Police Department Applicant

From: **Mille Lacs Tribal Police Department**
Chief of Police James West

Reference: Background investigation and collection of protected data.

Please be advised that the **Mille Lacs Tribal Police Department** is commencing the background investigation process for the purpose of considering your application and appointment for the open position.

Attached is a form, which explains the intended use of this data and the purpose for its collection.

Please Complete & Return this Packet by:
WITHIN 10 DAYS OF RECEIPT

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 known 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.

If you are determined to be 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 Mille Lacs Tribal Police Department with your completed background packet.

FULL NAME: _____

DATE OF BIRTH: _____/ _____/_____

RACE: _____

SEX: ☐ Male ☐ Female

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 _____, for the Mille Lacs Tribal 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_____

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 Mille Lacs Tribal Police Department at 320-532-3430 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 release for this school.) (Write N/A for non-Police Officer Applicants)

_____

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 P.O.S.T.'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: _____

5. Current Status of Your Peace Officer License: (Please attach a photocopy of your license certificate and current renewal card.)

_____Valid-Active Status _____Valid-Inactive Status
_____Lapsed _____Surrendered
_____Suspended _____Revoked

6. If currently or previously licensed as a Peace Officer, have you ever been involved in any conduct that resulted or may result in an impeachment disclosure or Brady-Giglio impairment? ☐Yes ☐ No

If yes, explain: _____
(Use additional sheets if necessary)

7. Have you ever possessed a part-time peace officer license?

☐ Yes (If yes, answer below) ☐ No (Go to question 7)

Current status of this license? _____

_____Valid-Active Status _____ Valid-Inactive Status
_____Lapsed _____ other (please explain below)

_____

_____

8. Where do you now reside?

_____
(Street Address) (Apt. Number)

_____
(City) (County) (State) (Zip Code)

Telephone Number: (_____) _____

Email: _____

"In chronological order, state each and every place in which you have lived during the past seven years, beginning with your present address. (Include all addresses while you were in school and the military.) Use additional sheet if necessary.

From Month/Year	To Month/Year	Street Address, Apt. Number, City, State, Zip Code

9. Are you a native born or naturalized citizen? (Please check one) ☐Yes ☐No

10. Give the name of your father, mother, brothers, and sisters.

Relationship	Name	Address	Phone and Email

11. List names of three friends and/or associates. *Do not include former employers or school educators.*

Name	Full Address	Phone and Email

12. List chronologically (earliest dates first) all schools and colleges you have attended:
(Complete Data Practices Release for each school)

Name of School and Address	From Month/Year	To Month/Year	Last Grade or Term

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

1._____

2._____

3._____

4._____

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: **Mille Lacs Tribal Police Department, 43408 Oodena Drive Onamia, MN 56359**
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? ☐Yes ☐ No
If no, go to question 26. 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: (Use additional sheets if necessary)

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 you are active or inactive: ☐ Active ☐ 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

Phone:_____ Email:_____

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: _____

_____

_____

_____

_____

_____

(Complete Data Practices Release Form.)

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 Employment 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):

_____

Including the Following:

(1) abuse of police authority;
(2) bias against a protected class;
(3) felony criminal conviction or finding of guilt;
(4) conviction or finding of guilt for a crime of dishonesty;
(5) an act or statement of dishonesty;
(6) mishandling of evidence or property;
(7) undisclosed or improper inducements to witnesses or suspects;
(8) unreasonable or excessive use of force;
(9) unauthorized access to or unlawful misuse of government data; or
(10) conduct that resulted in a Brady-Giglio disclosure by a prosecuting authority.

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. List all law enforcement agencies that you have applied to in the previous six (6) years. Use a separate sheet if necessary.

Date	Agency	Position Applied For

34. 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.

35. 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

36. 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 36. 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

37. 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

38. 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

39. 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.

(Complete Data Practices Release Form.)

40. 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

41. 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

42. 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

43. Was your driver's license or other vehicle operator's license ever revoked, cancelled, suspended?
☐ Yes ☐ No

If you answered yes above, complete below:

Which License: _____

When: _____ Where: _____

Why: _____

44. If you answered yes to question #42, was such license ever restored? ☐ Yes ☐ No
If yes, complete the following:

When: _____ Where: _____

Why: _____

45. Have you ever been involved in a motor vehicle accident? ☐ Yes ☐ No

If yes, state details: _____

_____

_____

_____

_____

(Add additional sheets if necessary)

46. 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)

47. Do you or have you ever possessed 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.)

48. Has an auto insurance company taken action against your insurance coverage? ☐Yes ☐No

If yes, give details (include company's name):_____

_____

_____

_____

49. Each applicant must consent to, disclose, and facilitate a review of social media accounts, platforms, and groups in which the applicant has participated. List below all social media accounts, platforms, and groups in which you have participated in at any time. (Use additional sheet if necessary)

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

Certification Statement

I certify that all of the statements and answers by me in this application are true, complete and correct to the best of my knowledge 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
POLICE OFFICER APPLICANT

There are several reasons that our agency is requesting this information. 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, and 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(s) if necessary

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)
and hereby authorize and grant my informed consent to release to and make available to the Mille Lacs Tribal 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 Mille Lacs Tribal 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):

MN P.O.S.T. Board:

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, teacher 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), and vehicle registration.

APPENDIX F

CREDIT RELATED INFORMATION FORM

TO: Credit Reporting Agency

I have applied for a position as a _____, with the Mille Lacs Tribal Police Department. As a part of Mille Lacs Tribal Police 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:

Mille Lacs Tribal Police Department
Attn: Background Investigator
43408 Oodena Drive
Onamia, MN 56359

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)

_____
Printed Name of Signature

AUTHORITY FOR RELEASE OF BACKGROUND INVESTIGATION INFORMATION

I, _____ hereby authorize and grant my informed consent to permit Mille Lacs Band Police Department and/or its agents/representatives to release information obtained from sources including but not limited to any and all information received and obtained through the course of your background investigation to:

The Minnesota P.O.S.T. Board and any other Law Enforcement agencies upon request

for purposes associated with determining my suitability for employment as a Police Officer. This authorization shall be valid for a period of at least six years.

_____ _____

Applicant's Signature Date

_____

Printed Name of Applicant

AUTHORITY FOR RELEASE OF BACKGROUND INVESTIGATION INFORMATION

I, _____ hereby authorize and grant my informed consent to permit Mille Lacs Band Police Department and/or its agents/representatives to release information obtained from sources including but not limited to employment records, personal references, family members, and other contacts during the course of the required background investigation to:

Chief of Police: **James West**
Agency Name: **Mille Lacs Tribal Police Department**
Street Address: **43408 Oodena Drive,**
City, State, Zip: **Onamia, Minnesota 56359**
Investigator:

for purposes associated with determining my suitability for employment as a _____. 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.

_____ _____
Applicant's Signature Date

_____
Printed Name of Applicant

GENERAL AUTHORIZATION AND RELEASE

I, _____, hereby authorize and grant my informed consent to permit you, _____ _____ to release to and make available to Mille Lacs Band 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 MN Statute 13.02, subd. 12, and has been collected by you as a result of my contacts with you and/or your agents and representatives. The information for which release is authorized includes all data which in any way relates to my dealings with you or your agency.

I understand that I am not legally required to authorize then release this data, however, should you not provide the requested information, the department will be unable to fully and adequately determine your suitability for employment with this agency and may result in disqualification from the selection process.

I also understand that the purpose of permitting Mille Las Band Police Department to have access to this information is to determine my suitability for employment with that department.

The information I provide may be shared with the staff and/or representatives of the Mille Lacs Band Police Department who require this information to fulfill specifically related responsibilities 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 shall be valid during my term of employment with Mille Lacs Band Police Department.

_____ _____

Signature of Applicant Date

_____

Printed Name of Applicant

DATA PRACTICES RIGHTS AND ADVISORY

PLEASE READ CAREFULLY

As an applicant for employment with the Mille Lacs Band Police Department, you are being asked to provide information about yourself. The purpose of this request is to obtain information about you to permit this department to thoroughly analyze your qualifications and suitability for employment with us. Attached are several documents, which require your signature and/or personal information about you. Please sign these documents and complete the information in order to permit this department to fully consider your suitability for employment with us.

You are not legally required to supply any of the data requested or to sign any of the release and authorization forms. If you choose not to complete this information, you need not do so, and this department will not consider your decision to not provide the information against you in determining whether or not you are a suitable candidate for employment. However, should you not provide the requested information, the department will be unable to fully and adequately determine your suitability for employment with this agency and may result in disqualification from the selection process.

The data, which you are being asked to provide, is defined to be personal under the Minnesota Data Practices Act. Under this Act, some personnel data is classified as public data and the remaining information is classified as private data. The following information which is personnel data is defined to be public: Your name, actual gross salary, salary range, contract fees, actual gross pension, value and nature of employer fringe benefits, the basis for and amount of any compensation, including expense reimbursement; in addition to salary; job title; job description; education and training background; previous work experience; date of first and last employment; status of any complaints or charges against an employee; whether the complaint or charge resulted disciplinary action, and the final disposition for any disciplinary action and supporting documentation; work location; work telephone number; badge number; honors and awards received; payroll timesheets or other comparable data that are only used to account for employee's work time for payroll purposes; except to the extent that release of time sheet data would reveal the employee's reasons for use of sick or other medical leave or other non-public data; and city and county of residence. Public data is data, which is available to any person upon request. The remaining data, which you provide, would generally be considered to be private data under the Data Practices Act. As private data, it is data, which you would be entitled to have access to and includes any disciplinary action sealed though an agreement, arbitration, or court proceedings. A third party, such as another potential employer, is entitled to such data only with your written consent, pursuant to court order or pursuant to statutory provisions.

The authorizations for information, which you sign, and the data you provide may be conveyed to third parties. To the extent they reveal private information, they will be disclosed only to the extent that is necessary to do so to complete this employment investigation.

I HAVE READ AND UNDERSTAND THE ABOVE.

_____ _____

Signature of Applicant Date

AUTHORITY FOR RELEASE OF EMPLOYMENT RECORDS

Date: _____

I, _____ herby authorize the, _____, to release requested information to the Mille Lacs Tribal Police Department for the purposes associated with the suitability for employment.

The above-named individual has applied for a position as a _____, with Mille Lacs Tribal Police Department. This applicant has indicated that he or she made application and/ or was employed with your department.

The applicant has given a valid release for all public data, which you may have created, collected, or maintained about the applicant. A copy of this release is attached.

I request that you provide to the Mille Lacs Tribal Police Department a copy of all private and public data. This includes, but is not limited to application form, written and oral test scores, completed background investigations, psychological reports, personnel file, complaints of misconduct, disciplinary record, termination, civil or criminal investigation, and criminal history. Any and all documentation related to being investigated for or placed on any Brady/Giglio restrictions lists.

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.

Signature: _____

Address: _____

Printed Name: _____

Thank you for you assistance in this matter.

James West
Chief of Police
Mille Lacs Tribal Police Department

AUTHORITY FOR RELEASE OF SCHOOL RECORDS

Date: _____

Name of Applicant: _____

The above-named individual has applied for a position as a _____ with the Mille Lacs Band Police Department.

This applicant has indicated that he or she has attended your school.

The applicant has given a valid release for all public data which you and your school may have created, collected, or maintained about the applicant. A copy of this release is attached.

I request that you provide to our department a copy of all private and public data. Thank you for your assistance.

_____
Chief of Police James West
Mille Lacs Band Police Department

RELEASE OF PERSONAL INFORMATION

Name _____ Date of Birth_____

Address_____ City_____ State ____Zip_____

Social Security Number_____ Driver's License_____

Home Phone_____ Business Phone_____

I, _____, hereby authorize all law enforcement agencies, hospitals, credit bureaus, persons, firms, or corporations, and former employers to copy transmit, or divulge any information concerning me to:

Mille Lacs Band Police Department
43408 Oodena Dr. Onamia, MN 56359
Telephone: (320) 532-3430

Dated: _____ Signature_____

STATE OF MINNESOTA)
) SS.
COUNTY OF)

On this _____ day of _____, 20____, before me appeared
_____, who subscribed the foregoing RELEASE OF PERSONAL INFORMATION and acknowledged the same as his/her own free act and deed.

_____
NOTARY