

**OSAKIS POLICE DEPARTMENT  
SUPPLEMENTAL APPLICATION**

Full Name:

Do you currently hold a full time Minnesota POST Board license:

POST license number:

If not licensed, are you eligible to be licensed by Minnesota POST:

Date POST Board exam was taken:

Are you now or ever been licensed/certified by another state as a peace officer:

What state:

Do you have a valid Minnesota Drivers License:

Do you have a valid drivers license from another state:           What state:

List the number of years/months you have worked as a peace officer:

Of those years how many as full time:           How many part time:

Do you have a two-year or a four-year (circle one) college degree:

School name:           Date of graduation:

Are you currently certified in Minnesota for any of the following?

Intoxilyzer operator:           Radar operator:

First Responder:           EMT:

List the total number of Minnesota POST Board training hours you have earned in the last 5 years, do not include training completed prior to becoming POST licensed or eligible to be licensed.

Total Number:

Are you currently employed as a peace officer with the City of Osakis:

If yes, how long:

Do you claim veterans preference points:           Are you a qualifying disabled veteran:

I affirm all of the information provided above is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_