

ITASCA COUNTY SHERIFF'S SEARCH AND RESCUE TEAM

**440 1st Ave NE
Grand Rapids, MN 55744**

This letter is basically an introduction as to the functions of the Itasca County Sheriff's Rescue Team.

We are a non-profit, non-paid, volunteer organization providing a service to Itasca County. Our duties are to assist the Itasca County Sheriff's Department in search and rescue missions, both on land or water.

The Search and Rescue Teams revenues come from the county and volunteer fundraisers. Volunteer time is a must from each member

Most expenses for equipment and uniforms will come from the county and fundraisers.

Training is the biggest issue concerning the Team. It is a must that all members devote considerable time to training. Being such a large county and with the many lakes, rivers and large recreational areas, provided to the citizens and visitors, we know that things can happen. Being prepared for these unfortunate situations will require a lot of time and effort on each member's part.

ITASCA COUNTY SHERIFF'S SEARCH AND RESCUE TEAM

**440 1st Ave NE
Grand Rapids, MN 55744**

To: ALL ITASCA COUNTY SHERIFF'S SEARCH AND RESCUE APPLICANTS

Please submit a two page or less resume with your application form.

Only Itasca County Sheriff's Search and Rescue application forms dated 02/12 will be accepted.

Return your application form and resume to:

**Itasca County Sheriff's Office
440 Ne 1st Ave
Grand Rapids, MN 55744**

Please make sure you have sufficient postage when returning your application and resume.

Applicants are required to:

1. Be a resident of Itasca County.
2. Be 21 years of age by December 31, 2001
3. Possess a valid Minnesota Driver's License.
4. Be a high school graduate or have a GED equivalency certificate.
5. Submit a two or less page resume.
6. Submit a hand written paragraph on why you want to be a member of the Itasca County Sheriff's Search and Rescue Team.
7. Submit an approved application form with your resume.
8. Upon election for appointment, must pass medical and psychological testing.
9. Qualified applicants will be notified of a specific date and time to report for an orientation meeting.

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. Your date of birth.

The purpose and intended use of this data is to conduct the background inquiries which the Itasca County Sheriff's Department is required to conduct before you can be appointed as a member of the Itasca County Sheriff's Search and Rescue Team. 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 access criminal history data, date of birth, race and sex must be supplied.
4. A complete criminal history and felony background check, driver's license check are required by the Itasca County Sheriff's Department. These checks are conducted to determine whether there are any job-related factors, which affect your suitability for membership.

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 membership.

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.

If you are certified as eligible for membership to the Itasca County Sheriff's Search and Rescue Team or are considered 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 (APPLICATION) FORM:

- 1. Read and sign the Data Practices Advisory, which accompanies this package.**
- 2. When completing this form, please print or type clearly.**
- 3. There is a Data Release Form at the end of this application. Please fill it out to your place of work. Fill out all the information, then sign and date the form.**
- 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.**
- 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 resume.**

BACKGROUND INFORMATION ADVISORY FORM

The background investigation (application) form is to determine whether to select you as a member for the Itasca County Sheriff's Search and Rescue Team.

Certain information requested on the application is classified as private data under the Minnesota Government Data Practices Act (MCDPA) Minn. Stat. Ch. 113.01 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 membership, the following information on the form is private: your name, your address, and your telephone number. When you are 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 as a member.

We ask for the following 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 qualifies;
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 membership you applied for;
5. To enable us to ensure your rights to equal opportunities and to meet affirmative action goals; and
6. To make processing more efficient.

Before you are certified as eligible for appointment or considered a finalist for membership, only the following information you have been asked to provide is public: Veteran's status, rank, or eligibility list, job history, education and training, and work availability. The remainder is private. If you are certified as an eligible or become a finalist, your name becomes public.

I have read and understand the information stated above.

Signature: _____ Date: _____

Date: _____

What is your full name?

(Last) (First) (Middle)

What is your present address?

(Street) (City) (State) (Zip)

What is your date of birth?

Month _____ Day _____ Year _____

What is your telephone number?

(____) _____ - _____

Are you a member of any civic organization, group or club?

Yes _____ No _____ (If answer is yes, please list them below)

Have you ever served in a military organization of the United States?

Yes _____ No _____ (If answer is yes, please give details)

Are you currently employed:

Yes _____ No _____ (If answer is yes, please explain type of job and employer)

Please list all the jobs you have had in the last 5 years and employer name on each job.

Do you possess a valid Minnesota Driver's License?

Yes _____ No _____ (If answer is yes, please complete next question)

Driver's License Number: _____

Type of license (class): _____

Have you ever been convicted of a traffic offense?

Yes _____ No _____ (If answer is yes, please explain below)

Have you ever been convicted of a crime, excluding a traffic offense?

Yes _____ No _____ (If answer is yes, please list them below)

Give names of your father, mother, brothers, and sisters.

(Relationship)	(Name)	(Phone Number)

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

(Name)	(Address)	(Phone Number)

List chronologically all schools and colleges you have attended: (Most recent first)

READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS ON THIS PAGE

The Civil Rights Act of 1994 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types, such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

The following requested information is needed for a legally permissible reason, including, without limitation, national security requirements, a bona fide occupation qualification or business necessity.

Do you have any physical defects which preclude you from performing certain kinds of work?
Yes _____ No _____ (If answer is yes, describe such defects and specific work limitations)

Have you had a major illness in the past 10 years?
Yes _____ No _____ (If answer is yes, please describe)

Have you received compensation or injuries:
Yes _____ No _____ (If answer is yes, please describe)

The facts set forth in my application for membership are true and complete. I understand that if selected as a member, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history.

In making this application for membership, I authorize you to make an investigative report whereby information is obtained through personal interviews with my neighbors, friends, family or other with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature: _____ Date: _____

DATA PRACTICE RELEASE FORM

**General Authorization and Release
Pursuant to Minn. Stat. Sec. 13.05, subd. 4
Minnesota Data Practices Act**

To: _____

I, _____, hereby authorize and grant my informed consent to permit you, _____, to release to and make available to the Itasca County Sheriff's Search and Rescue Team 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:

I understand that the purpose of permitting the Itasca County Sheriff's Search and Rescue Team to have access to this information is to determine my suitability for membership with that organization. I further understand that this information may subsequently be utilized for other purposes relating to my possible membership with the organization, including verification of my records and analysis by consultants to the department who may review my suitability for membership.

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 organization or to you of that fact.

(Original Signature)

(Date)

Directions: Please complete one form for each agency.