



MINNESOTA  
SHERIFFS' ASSOCIATION  
100 Empire Drive, Suite 222 - St. Paul, MN 55103

Date: \_\_\_\_\_

**Notice: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions. When completed, return application to your local Sheriff's Office for their signature and submittal.**

**PERSONAL HISTORY**

A. Name in full (first, middle, last)

B. Social Security Number:

C. Birth date (month, day, year)

D. Place of Birth

E. List all other names you have used including nicknames: if female, furnish maiden name. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place, and court.

F. Are you a U.S. Citizen?     Yes     No                      Naturalized?     Yes     No

**RESIDENCE**

A. Present Residence Address: (Apartment, Street, City, State, Zip Code)

Telephone Numbers:

Daytime \_\_\_\_\_

Evening \_\_\_\_\_

B. Complete address to which you wish all correspondence sent

C. List chronologically ALL of your residences in the past 10 years (include addresses while attending school if away from home and all military addresses including any off military base).

Dates

From - To

Address

City

State/Zip

-

-

-

-

## EDUCATION

A. <u>Name of School</u>	<u>Location</u>	<u>Dates From-To</u>	<u>Course/Degree 2 or 4 Yr Programs</u>	<u>Years Completed</u>
<u>High School</u>				
_____				
_____				
<u>College</u>				
_____				
_____				
<u>Graduate School</u>				
_____				
<u>Miscellaneous</u>				
_____				
<p>B. Were you ever dismissed from a school, or was any disciplinary action including scholastic probation ever taken against you during your scholastic career?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>				
Date	School	Type of Action		
_____				
<p>A. List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you received while attending school.</p>				
_____				
_____				
<p>B. List any special abilities, interests, sports or hobbies with degrees of proficiency.</p>				
_____				
_____				
<p>C. Indicate your proficiency in each phase of each foreign language listed as "slight", "good", or "fluent".</p>				
<u>Name of language</u>	<u>Speak</u>	<u>Understand</u>	<u>Read</u>	<u>Write</u>
_____				
_____				
<p>Are you a licensed automobile operator?</p> <p><input type="radio"/> Yes <input type="radio"/> No State(s) _____ D.L.# _____</p>				

## REFERENCES

Give three references (NOT relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your physician if you have one, who have known you well for at least five years. If retired, give former occupation.

Complete Name	Occupation	No. Yrs. Acq.
Address	City/State/Zip	
( ) _____	( ) _____	
Daytime Phone #	Evening Phone #	

## REFERENCES CONTINUED

Complete Name	Occupation	No. Yrs. Acq.
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Address	City/State/Zip
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( )	( )
Daytime Phone #	Evening Phone #

Complete Name	Occupation	No. Yrs. Acq.
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Address	City/State/Zip
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( )	( )
Daytime Phone #	Evening Phone #

Give three social acquaintances in your own age group including both sexes.

Complete Name	School/Occupation	No. Yrs. Acq.
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Address	City/State/Zip
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( )	( )
Daytime Phone #	Evening Phone #

Complete Name	School/Occupation	No. Yrs. Acq.
---------------	-------------------	---------------

Address	City/State/Zip
---------	----------------

( )	( )
Daytime Phone #	Evening Phone #

Complete Name	School/Occupation	No. Yrs. Acq.
---------------	-------------------	---------------

Address	City/State/Zip
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( )	( )
Daytime Phone #	Evening Phone #

## EMPLOYMENT

List chronologically all employments, including, summer and part-time employments while attending school. All time must be accounted for. If unemployed for a period, indicate dates of unemployment.

A.

Name of Employer	Position/Kind of Work	From	To	Date:
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Address	City/State/Zip
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\$	Name of Supervisor	Reason for leaving/Unemployed
Salary		

## EMPLOYMENT CONTINUED

**B.**

Name of Employer \_\_\_\_\_ Position/Kind of Work \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Date: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

\$ \_\_\_\_\_  
 Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Reason for leaving/Unemployed \_\_\_\_\_

**C.**

Name of Employer \_\_\_\_\_ Position/Kind of Work \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Date: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

\$ \_\_\_\_\_  
 Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Reason for leaving/Unemployed \_\_\_\_\_

**D.**

Name of Employer \_\_\_\_\_ Position/Kind of Work \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Date: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

\$ \_\_\_\_\_  
 Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Reason for leaving/Unemployed \_\_\_\_\_

**E.**

Name of Employer \_\_\_\_\_ Position/Kind of Work \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Date: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

\$ \_\_\_\_\_  
 Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Reason for leaving/Unemployed \_\_\_\_\_

**F.**

Name of Employer \_\_\_\_\_ Position/Kind of Work \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Date: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

\$ \_\_\_\_\_  
 Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Reason for leaving/Unemployed \_\_\_\_\_

**G.** Have you ever been dismissed or asked to resign from any employment or position you have held?  Yes  No  
 If you answered yes:

Employer's Name	Date	Reason

**H.** Do you have any sources of income other than your salary or that of your spouse?  Yes  No  
 Specify each with amount.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MILITARY RECORD**

- A. Have you ever served on active duty in the Armed Forces of the United States?       Yes       No
- B. Branch of Military Service \_\_\_\_\_
- C. Highest rank attained \_\_\_\_\_
- F. Serial Number \_\_\_\_\_
- G. Dates of active duty: from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- H. Type of Discharge \_\_\_\_\_
- I. Basis for Discharge \_\_\_\_\_
  
- J. Member of Reserve or National Guard?    Yes       No
- K. Was any type of disciplinary action taken against you in the service?    Yes       No  
If yes, Nature of action: \_\_\_\_\_

**ORGANIZATION MEMBERSHIP**

- A. Are you now, or have you ever been a member of any club, society or organization?    Yes       No  
If yes, list below, do not abbreviate.
- | <u>NAME</u> | <u>CITY/STATE</u> | <u>FORMER</u> | <u>PRESENT (list position held and extent of activity)</u> |
|-------------|-------------------|---------------|--|
|             |                   |               |  |
|             |                   |               |  |
|             |                   |               |  |
|             |                   |               |  |

**STUDENT NARRATIVE & STATEMENT OF NEED**

What is your strongest personal characteristic? What do you consider your weakest characteristic? Any Why?



**Why would you want to become a Law Enforcement Officer?**


**Describe your leadership qualities and style of management. How do you make decisions that may impact the lives of others around you or in your social group?**


**Describe why you are applying for this scholarship in no less than 150 words. (Use additional sheets if needed)**


