



Becker County Sheriff's Office

Todd Glander • Sheriff

PO Box 702

Detroit Lakes, MN 56502-0702

218-847-2661

Becker County Sheriff Posse Application

Date of Application _____

Personal information (Please Print)

Full Name _____ DOB _____
First, Middle, Last

Address _____

Mailing Address (if different) _____

Phone Number(s) – Home _____ Phone Number(s) - Cell _____

Driver's License Number _____

Emergency Contact _____
Name

Address _____ Phone Number _____

Employment

List your current & previous TWO employers

Employer	Address	Phone #	Employed
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____

Have you had any previous police experience? Yes No

On the back of this application, please state why you want to join this unit.

List Three References

Name	Address	Phone #	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a felony? Yes No

Do you currently have an open work comp or disability claim? Yes No

Do you agree to abstain from the use of alcohol while in uniform or while on duty? Yes No

I own _____ # horses and will normally have one horse available for duty.

Do you have your own transportation for your horse? Yes No

If so, what type? _____

If not, what do you plan to use? _____

Does your employer have objections to your membership/involvement in the Posse? Yes No

What hours do you work? _____

Do you work swing shifts? Yes No Do you work weekends? Yes No

Do you have any objections to using your time in the Mounted Unit on your weekends? Yes No If yes, state reasons why on the back.

I understand that any interview will be contingent upon the results of the thorough character investigation, and I am aware any false statement or deliberate omission made on this questionnaire will cause my name to be removed from the eligible list, or be cause for immediate dismissal if any interview is made.

I understand that there will be physical requirements and testing for this position.

I agree, upon my termination from the Becker County Sheriff's Mounted Posse, to deliver to the Posse Board, any Posse issued items and that they are the property of Becker County Sheriff's Posse. I also agree that I am financially responsible for any items not returned within 30 days of said termination or resignation.

Applicant _____ Date _____

Witness _____