

## **PART-TIME POLICE OFFICER POSITIONS (2):**

The City of Trimont is accepting applications for **two part-time Police Officers**.

This is a great opportunity for individuals interested in serving a small southern Minnesota community with strong support for local law enforcement. The department offers updated equipment, access to multiple training opportunities, and a collaborative and supportive city hall structure.

Work schedule and employment terms are negotiable, and **the pay will be well worth your while—competitive and structured to attract quality officers**. Minimum qualifications include: a two-year degree in law enforcement; current Minnesota P.O.S.T. Board license (or eligibility for licensure as a part-time peace officer); and a valid Minnesota driver's license.

Applications will be accepted until **12/31/25**, or until positions are filled. Application forms are available at the City Clerk's Office, 41 2nd Ave NW, P.O. Box 405, Trimont, MN 56176, (507) 639-2060, at [www.trimontmn.com](http://www.trimontmn.com), or by email at [cityclerk@trimontmn.com](mailto:cityclerk@trimontmn.com).

## **POSITION DESCRIPTION**

## **CITY OF TRIMONT, MINNESOTA**

**Position:** Part-Time Police Officer

**Department:** Police

### **GENERAL PURPOSE**

Performs responsible, professional law enforcement duties on a part-time basis, including patrol, investigation, community engagement, and enforcement of laws and ordinances to protect public safety.

### **SUPERVISION RECEIVED**

Works under the general supervision of the Police Chief and/or City Council as designated.

### **ESSENTIAL DUTIES AND RESPONSIBILITIES**

- (A) Conducts routine patrol duties to maintain public safety, deter crime, and enforce local and state laws.
- (B) Responds to calls for service, including emergencies, disturbances, accidents, and citizen assistance.
- (C) Prepares clear and accurate incident reports, citations, and other required documentation.
- (D) Assists in preliminary investigations by gathering information, interviewing witnesses, and securing evidence.
- (E) Enforces traffic laws, conducts traffic stops, and performs related safety duties.
- (F) Provides visible community policing, builds positive relationships with residents, and represents the department professionally.
- (G) Assists with transporting persons in custody and processing evidence as needed.
- (H) Coordinates with County, State, and Federal law enforcement agencies as appropriate.
- (I) Maintains knowledge of current laws, departmental policies, and best practices in policing.
- (J) Attends required trainings, meetings, and certifications necessary to maintain POST licensure.
- (K) Performs additional related tasks as assigned by the Police Chief or City Council.

### **PERIPHERAL DUTIES**

- May assist in major incident response under supervision.
- May be assigned special patrols or community engagement activities.
- Provides support to other officers and departments as needed.

### **DESIRED MINIMUM QUALIFICATIONS**

#### **Education and Experience:**

- (A) Minimum two-year degree in law enforcement or equivalent required by POST.
- (B) Licensed or eligible for licensure as a Minnesota Peace Officer by the POST Board.
- (C) Prior experience as a police officer preferred.
- (D) Valid Class C Minnesota driver's license.

**Necessary Knowledge, Skills, and Abilities:**

- (A) Working knowledge of modern policing principles, procedures, and equipment.
- (B) Knowledge of applicable laws, ordinances, and department regulations.
- (C) Skill in the safe and effective use of department-issued equipment.
- (D) Ability to respond effectively to stressful and emergency situations.
- (E) Ability to communicate clearly and professionally, both orally and in writing.
- (F) Ability to work independently with sound judgment and decision-making.
- (G) Ability to maintain positive working relationships with the public, other officers, and City staff.
- (H) Ability to follow written and verbal directives.
- (I) Ability to meet POST training and physical requirements.

**TOOLS AND EQUIPMENT USED**

Police car, police radio, radar gun, handgun and other weapons as required, side handle baton, handcuffs, breathalyzer, pager, first aid equipment, personal computer including word processing software

**PHYSICAL DEMANDS**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is frequently required to sit and talk or hear. The employee is occasionally required to stand; walk, run; use hands to finger, handle, or operate objects, controls, or tools as listed above; reach with hands and arms; climb or balance; stoop, kneel, crouch, or crawl; and taste or smell. The employee must occasionally lift and/or move more than 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

**WORK ENVIRONMENT**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee frequently works in outside weather conditions. The employee occasionally works near moving mechanical parts; in high, precarious places; and with explosives and is occasionally exposed to wet and/or humid conditions, fumes or airborne particles, toxic or caustic chemicals, extreme cold, extreme heat, and vibration. The noise level in the work environment is usually moderate.

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The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of the specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

# City of Trimont

## Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

### Personal Information

Full Name \_\_\_\_\_  
(Last) (First) (Middle) (Social Security #)

Present Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone #: \_\_\_\_\_  
(Business) (Home) (Cell)

E-mail Address: \_\_\_\_\_

### Employment Desired

Position \_\_\_\_\_ Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you applied to this City before? \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

How did you learn of this position? \_\_\_\_\_

### Education

School Level	Name & Location	Degree(s) Received	# Years Attended	Did you Graduate
High School				
College				
Graduate School				
Trade/Business or Correspondence School				

Subjects of special study or research work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Former Employers

List most recent employer first. List complete employment history, attach extra sheets if necessary.

1. Name & Address of Employer \_\_\_\_\_

Telephone \_\_\_\_\_

Starting Date \_\_\_\_\_

month

year

Ending Date \_\_\_\_\_

month

year

Job Title \_\_\_\_\_

Name/Title  
of Supervisor \_\_\_\_\_

Description of work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Name & Address of Employer \_\_\_\_\_

Telephone \_\_\_\_\_

Starting Date \_\_\_\_\_

month

year

Ending Date \_\_\_\_\_

month

year

Job Title \_\_\_\_\_

Name/Title  
of Supervisor \_\_\_\_\_

Description of work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Name & Address of Employer \_\_\_\_\_

Telephone \_\_\_\_\_

Starting Date \_\_\_\_\_

month

year

Ending Date \_\_\_\_\_

month

year

Job Title \_\_\_\_\_

Name/Title  
of Supervisor \_\_\_\_\_

Description of work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

4. Name & Address of Employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
month year month year  
Job Title \_\_\_\_\_ Name/Title  
of Supervisor \_\_\_\_\_  
Description of work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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5. Name & Address of Employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
month year month year  
Job Title \_\_\_\_\_ Name/Title  
of Supervisor \_\_\_\_\_  
Description of work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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6. Name & Address of Employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
month year month year  
Job Title \_\_\_\_\_ Name/Title  
of Supervisor \_\_\_\_\_  
Description of work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## References

List **three** persons not related to you whom you have known at least one year, including at least one co-worker.

Name	Address/City/State/Zip	Telephone Number	Relationship
1.			
2.			
3.			

## Military Experience

(see attached Vets Preference Form)

## Authorization

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS CORRECT AND THAT I HAVE NOT OMITTED ANY INFORMATION. I UNDERSTAND THAT FALSIFICATION OR OMISSION OF INFORMATION MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT OR RESULT IN IMMEDIATE DISMISSAL IF DISCOVERED AT A LATER DATE.

I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME AND FOR ANY LAWFUL REASON BY THE CITY.

I AUTHORIZE THE SCHOOLS, REFERENCES AND MY PRIOR EMPLOYERS LISTED ABOVE TO PROVIDE MY RECORDS TO THE CITY OF TRIMONT, INCLUDING REASON FOR LEAVING AND ALL OTHER INFORMATION THEY MAY HAVE CONCERNING ME. I RELEASE ALL PARTIES FROM ANY AND ALL LIABILITY OR CLAIMS FOR DAMAGE WHATSOEVER THAT MAY RESULT THEREFROM.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

(PLEASE READ AND COMPLETE THE TENNESSEN WARNING / WAIVER OF CLAIMS ATTACHED TO THIS APPLICATION)

# *City of Trimont*

## Tennessen Warning / Waiver of Claims

As an applicant for employment with the City of Trimont, I have voluntarily supplied data about myself which may be public and/or private in nature.

I understand that, as part of the selection process, I am requested to supply this information. I understand that failure to provide accurate and adequate data may disqualify me from further consideration.

I understand this data will be kept in file for a period of one year, even if I am not hired for this position. I understand, if I am hired, this information will remain on file with the City of Trimont.

I understand the City of Trimont may conduct a criminal history check with the Minnesota Bureau of Criminal Apprehensions and Department of Public Safety. I understand, if I have a criminal record, it will not constitute an automatic bar to my employment, but will be considered only as it's related to the functions or responsibilities of the position for which I am applying.

I further understand this information will be used by the City of Trimont to aid in the determinations of my relative and/or specific suitability for employment.

Finally, I understand the data which I have provided may be shared in whole, or in part, by other agencies, by other private and public entities, and by other persons, for the purpose of conducting a background investigation.

I, therefore, waive my right to any claim or cause of action and hereby agree to hold harmless the City of Trimont and any of its agents or employees for any injury or damage which I may experience as a direct or indirect result of the intended use of this information.

Signature: _____	_____
Full name of applicant	Date
Printed name: _____	
Full name of applicant	
Driver's License Number: _____	
Witness: _____	_____
	Date



# *City of Trimont*

## Authorization for Release of Information

Name \_\_\_\_\_  
(last) (first) (middle)

Maiden Name, Alias, or Former Name(s) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_ Male \_\_\_\_\_ Female

Driver's License Number \_\_\_\_\_ State Where Issued \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ County \_\_\_\_\_

I authorize and grant, by informed consent, to permit the City of Trimont and its agents and/or representatives the right and authority to collect data classified as private which concerns me. The data which I authorize to be released includes private data as defined by Minnesota Statute 13.02, Subd. 12. I fully understand this data is to be used in conjunction with any background investigation by the City of Trimont pursuant to my application for employment. I further authorize the City of Trimont to perform an investigation of my driving records and my criminal background with local, state and federal law enforcement agencies, including the Minnesota Bureau of Criminal Apprehension and the Trimont Police Department.

This authorization is valid for one (1) year. However, I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice of my intent to the City of Trimont.

\_\_\_\_\_  
Signature - full name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiration Date of Release

Please forward information to:

**City of Trimont**  
41 2<sup>nd</sup> Ave. NW, PO Box 405  
Trimont, MN 56176

Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Public Notary

**CITY OF TRIMONT**  
**41 Second Ave. NW, P.O. Box 405**  
**Trimont, Minnesota 56176**

**Veteran's Preference**

Complete this form only if you are claiming Veterans' Preference

**You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the form.** Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at (507) 238-3220.

The City of Trimont operates under a point preference system which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the US Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, or by reason of disability

incurred while serving on active duty, or after having served the full period called or ordered for federal active duty and be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more; or be the spouse of a veteran who is rated as 50% or more disabled and who, because of such disability, is unable to qualify.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If your DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

NAME (LAST)	(FIRST)	M	SOCIAL SECURITY NUMBER	POSITION FOR WHICH YOU APPLIED	
ADDRESS (STREET)			(CITY)	(STATE)	(ZIP)
			PHONE NUMBER	ARE YOU A US CITIZEN OR RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**VETERAN (10 points):**

(DD214 or DD215 must be submitted to receive points.)

Honorably discharged veteran..... ☐ YES ☐ NO

**DISABLED VETERANS (15 points):**

(DD214 and USDVA letter of disability must be submitted to receive points.)

Percent of Disability: \_\_\_\_\_ %

**SPOUSE OF DECEASED VETERANS (10 points or 15 if the veteran was disabled at time of death):**

(DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: \_\_\_\_\_ Have you remarried? ..... ☐ YES ☐ NO

**FOR SPOUSES OF DISABLED VETERANS (15 points):**

(DD214 or DD215 and USDVA letter of disability rating decision of 10% or more, and photocopy of marriage certificate must be submitted to receive points.)

**AFFIDAVIT:** I hereby claim Veteran's Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' preference verification documents and submit them to the City of Trimont by the required application deadline date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date