FULL-TIME POLICE CHIEF POSITION: The City of Trimont is accepting applications for the position of Police Chief.

A great opportunity for someone looking to run a small southern MN dept with overwhelming community support and want for a police force. There are multiple training opportunities available, all updated equipment, and a supportive city hall structure.

Living requirements, benefits package, work schedule, and salary all up for negotiation. Qualifications include a two-year degree in law enforcement; licensed as a full-time Minnesota peace officer by P.O.S.T. Board; three years full-time experience as a licensed police officer; and a valid Minnesota driver's license.

Applications taken until 12/15/25, or until position is filled. Applications can be obtained from the City Clerk's Office, 41 2nd Ave NW P.O. Box 405, Trimont, MN 56176, (507)639-2060, at www.trimontmn.com, or via e-mail to cityclerk@trimontmn.com.

POSITION DESCRIPTION CITY OF TRIMONT, MINNESOTA

Position: Police Chief

Department: Police

GENERAL PURPOSE

Performs a variety of complex administrative, supervisory and professional work in planning, coordinating and directing the activities of the Police Department. Responsible for daily law enforcement activities related to the safety of the community, to enforce ordinances; the protection of life and property; and the investigation of criminal offenses, traffic accidents and other police functions.

SUPERVISION RECEIVED

Works under the general guidance and direction of the City Council.

ESSENTIAL DUTIES AND RESPONSIBILITIES

(A) Plan, coordinate, supervise and evaluate Police Department operations.
(B) Develop policies and procedures for the Department in order to implement directives from the City Council.
(C) Plan and implement a law enforcement program for the City in order to better carry out the policies and goals of the City Council; review Department performance and effectiveness, formulate programs or policies to alleviate deficiencies
(D) Enforce all state laws, city ordinances and policies.
(E) Attend training sessions as required to maintain licenses.
(F) Work cooperatively with all departments of the city, county law enforcement agencies, and school administration, responding when requested or assigned.
(G) Maintain records and logs as required by law or as directed.
(H) Provide testimony in court as required.
(I) Collect and preserve evidence, using accepted procedures.
(J) Respond to emergency situations such as accidents, fires, and natural disasters.
(K) Provide on-call coverage as scheduled.
(L) Answer citizen requests and complaints, develop positive community and school relations.
(M) Prepare and present the annual budget for the Department; direct the implementation of the Department's budget; plan for and review specifications for new or replaced equipment.
(N) Train, supervise and develop Department personnel.
(O) Handle grievances, maintain Departmental discipline and conduct, and general behavior of assigned personnel.
(P) Report monthly to the City Council regarding the Department's activities and provide other reports as requested.

(Q) Meet with elected or appointed officials, other law enforcement officials, community and business representatives and the public on all aspects of the Department's activities.
(R) Attend conferences and meetings to keep abreast of current trends in the field; represent the City Police Department in a variety of local, County, State and other meetings.
(S) Cooperate with County, State and Federal law enforcement officers as appropriate where activities of the Police Department are involved.
(T) Ensure that laws and ordinances are enforced and that the public peace and safety is maintained.
(U) Perform the duties of subordinate personnel as needed.
(V) Perform other duties as may be requested.

SPECIFIC DUTIES

(A) Ensure all streets are patrolled during every shift.
(B) Maintain a current contact list for all businesses.
(C) Ensure all business doors are checked during each night shift.
(D) Ensure homes are checked as requested when owners are on vacation.
(E) Ensure when city maintenance needs are observed, they are reported to the Public Works Department
(F) Identify and plan to meet needs for special community events, trainings and educational opportunities, such as Bike Rodeo, Snowmobile Safety, etc.

DESIRED MINIMUM QUALIFICATIONS

Education and Experience:

(A) Minimum two-year degree in law enforcement.
(B) Licensed as a full-time Minnesota Peace Officer by POST Board.
(C) Three years full-time experience as a police officer.
(D) Valid Class D Minnesota driver's license.

Necessary Knowledge, Skills and Abilities:

(A) Thorough knowledge of modern law enforcement principles, procedures, techniques, and equipment.
(B) Considerable knowledge of applicable laws, ordinances, and department rules and regulations.
(C) Skill in the use of the tools and equipment required for the job.
(D) Ability to train and supervise subordinate personnel.
(E) Ability to perform work requiring good physical condition.
(F) Ability to communicate effectively orally and in writing.
(G) Ability to establish and maintain effective working relationships with subordinates, peers, and supervisors.
(H) Ability to exercise sound judgment in evaluating situations and in making decisions.
(I) Ability to give verbal and written instructions.

(J) Ability to meet special requirements listed below, as needed.
(K) Advanced first aid, first responder, or EMT certified.
(L) Ability to meet Department's physical standards.

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.

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: _____

_____

_____

41 2nd Ave NW • Trimont, MN 56176 • (507) 639-2060 • Fax (507) 639-2064

Former Employers

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

1. 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 _____

2. 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 _____

3. 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 _____

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

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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 2nd 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? ☐ YES ☐ 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*

Revised 9/2014