



Ramsey County Sheriff's Office

Bob Fletcher, Sheriff

Training and Professional Development Services

425 Grove Street • Saint Paul, Minnesota 55101

Phone: 651-266-9500 • Fax: 651-266-9510

www.RamseyCountySheriff.us

Ramsey County Sheriff Applicant Criminal History Disclosure

PRINT FULL NAME _____ / ____ / ____
Date of Birth

Have you ever pled guilty, been found guilty, pled no contest, received any deferred finding of guilt, continuance for dismissal, or been granted an expungement of offense records for any of the following offenses:

Check all that apply

- ☐ Any felony in the state of Minnesota
- ☐ Any offense in any other state or jurisdiction, which would have been a felony if committed in Minnesota.
- ☐ Assault in the 5th Degree as defined in Minnesota Statute 609.224
- ☐ Domestic Assault as defined in Minnesota Statute 609.2242
- ☐ Mistreatment of Residents or Patients as defined in Minnesota Statute 609.231
- ☐ Criminal Abuse as a Caregiver as defined in Minnesota Statute 609.2325
- ☐ Criminal Neglect as a Caregiver as defined in Minnesota Statute 609.233
- ☐ Financial Exploitation of a Vulnerable Adult as defined in Minnesota Statute 609.2335
- ☐ Failure to Report the Maltreatment of a Vulnerable Adult as defined in Minnesota Statute 609.234
- ☐ Presenting False Claims to a Public Officer as defined in Minnesota Statute 609.465
- ☐ Prostitution Crimes as defined in Minnesota Statute 609.324
- ☐ Medical Assistance Fraud as defined in Minnesota Statute 609.466
- ☐ Theft as defined in Minnesota Statute 609.52
- ☐ Disorderly Conduct as defined in Minnesota Statute 609.72, Subdivision 3.
- ☐ Controlled Substances Violations resulting in deferral as defined in Minnesota Statute 152.18 - Discharge and Dismissal.
- ☐ None.

Certification

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information given by me on this application may be cause for rejection or for dismissal, if employed. I further understand that any omission of information from this application may be cause for rejection or dismissal, if employed.

Signature

Date