

City of Independence

03/08

EMPLOYMENT APPLICATION

You must complete this application fully, even if information is duplicated on a resume or cover letter. Falsified or misleading statements on this application may be grounds for disqualifying you from being further considered for employment with the City of Independence.

How did you learn about this position? (Optional) (Please circle one)

Newspaper/Publication: Delano Eagle LMC Cities Bulletin City Web Site Pioneer/Laker Other: _____

EMPLOYMENT DESIRED			
Title of Position Applying For	Date Available for Work	Salary/Wage Required	
Available to work: Full-time Part-time Temporary Seasonal (Circle one)			

PERSONAL INFORMATION			
First Name	Last Name	Middle Name	
Current Mailing Address		City	State Zip Code
Home Phone Number () Work Phone Number ()		Social Security Number (Optional) _ - -	
E-mail address:			

- Are you at least 18 years of age? NO YES
- Are you a U.S. Citizen or legally eligible to work in the U.S.? NO YES (If hired, you will be required to provide documentation that you are eligible to work)
- Have you filed an application with the City of Independence previously? NO YES If yes, give date(s)
- Have you ever been employed by the City of Independence previously? NO YES If yes, give date(s)

Request for Accommodation

If you require assistance in the hiring process because of a special need, please contact Toni Hirsch at the City to make a specific request for reasonable accommodation.

*****List the most recent (or current) employer first, then next most recent, and so forth.*****

WORK EXPERIENCE		Employer 1
<i>May we contact this employer?</i> YES NO If no, explain:		
Employer		Phone Number
Address		Supervisor's Name and Title
Position Title	Description of Duties	
Length of Employment From: To:		
Last Pay Hours Worked		
Reason for Leaving		
WORK EXPERIENCE		Employer 2
<i>May we contact this employer?</i> YES NO If no, explain:		
Employer		Phone Number
Address		Supervisor's Name and Title
Position Title	Description of Duties	
Length of Employment From: To:		
Last Pay Hours Worked		
Reason for Leaving		
WORK EXPERIENCE		Employer 3
<i>May we contact this employer?</i> YES NO If no, explain:		
Employer		Phone Number
Address		Supervisor's Name and Title
Position Title	Description of Duties	
Length of Employment From: To:		
Last Pay Hours Worked		
Reason for Leaving		

EDUCATION

Did you graduate from high school or receive a GED? YES NO

Name and Location of School/Program attended: _____

Name and Location of College, University, or Technical School	Did you graduate?	Degree/Diploma	Program of Study
	YES NO		
	YES NO		
	YES NO		

REFERENCES*Please list four individuals (not relatives), who have known you for at least 1 year, who can attest to your work qualities.*

Name	Present Address	Phone Number

ACKNOWLEDGEMENT

I understand the City of Independence has the right to verify information contained in this application. I authorize the City of Independence and any agent acting on its behalf to investigate all statements contained in this application for employment and any addendum, including, but not limited to, my educational records such as transcripts, and work records as may be necessary to determine my eligibility for employment. Moreover, I hereby release the City of Independence and any agent acting on its behalf from any and all liability by reason of requesting such information from any person or entity.

I certify that answers given herein are true and complete to the best of my knowledge and I understand that, if employed, falsified or misleading statements on this application and addendum or made during an interview, which may be discovered now or anytime in the future, shall be grounds for dismissal. I acknowledge that this document shall not be construed as a contract or offer of employment and understand and agree that, if hired, my employment is for no definite period and may be terminated at any time.

Signature _____ Date _____

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

Certain information in this application is considered private; that is, it may be released only to you and agencies where you may be considered for employment. Information in this application that is defined by law as *public* may be released on request and includes: veteran status; relevant test scores; rank on eligible list; job history; education and training; and work availability. Your name is private data except when certified as eligible for appointment to a vacancy or when you are considered by the appointing authority to be a finalist for a position in public employment. (To comply with M.S. 13.43, Subd. 2 and Subd 3).

Private Data	Why We Ask For It?	Are You Legally Obligated To Provide It?	What May Happen If You Don't Provide It?
Name	To distinguish you from all other applicants.	Yes	Failure to provide may be cause for rejection of your application.
Address	To be able to send you correspondence.	Yes	Failure to provide may be cause for rejection of your application.
Home Telephone	To be able to contact you to arrange for an interview, if granted.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.

The City of Independence does not discriminate on the basis of race, color, religion, creed, national origin, age, sex, disability, marital status, sexual orientation, status with regard to public assistance, membership in a local commission, or any other legally protected status in its hiring or employment practices.

Supplemental Application

Applicant Name: _____

INSTRUCTIONS: Please review and complete each section on the Supplemental Application. Your responses to the Supplemental Application are used to evaluate your qualifications for the position. Failure to complete the Supplemental Application may limit our ability to evaluate your application.

NOTICE TO APPLICANT: Information requested on your application that is defined by State Statute as public may be released on request and includes job history, education and training, relevant test scores, rank on our eligibility list, Veteran's status, and work availability. Your name is private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment. Certain other information is private and may be released only to you or to governmental entities authorized access by law. Private data contained in this application:

Name/Social Security Number (SSN): Used to identify you in relation to other applicants. You are legally required to provide your name, but not your SSN. Failure to provide this information may result in a delay in processing or rejection of your application.

License Information: Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in rejection of your application.

Social Security Number (Optional): _____

DRIVER'S LICENSE/RECORD

Driver's License Number: _____ State: ____ Expiration Date: _____

Class: ____ A ____ B ____ D ____ CDL

List any endorsements: _____

Do you have a clean driving record? ____ Yes ____ No If no, please explain: _____

CONVICTION INFORMATION: No person shall be disqualified from public employment solely or in part because of prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly relate to the position of employment sought. In determining the effect of a conviction, the City shall consider the requirements of Minnesota Statutes, Chapter 364. Applicants who are finalists for certain positions will be subject to a criminal background investigation.

Have you ever been convicted as an adult for a criminal violation? ____ Yes ____ No If yes, please complete the following for each offense.

Nature of Offense	Date of Offense	Disposition
_____	_____	_____
_____	_____	_____

FAIR CREDIT REPORTING ACT DISCLOSURE: In connection with your application for employment, an investigation may be made in which "consumer reports" are obtained from a consumer reporting agency. Such reports may include information concerning your credit worthiness, credit capacity, character, general reputation, personal characteristics, or mode of living. Examples of such reports include, but are not limited to: your credit history and a criminal background check. Upon written request, you will be provided with a disclosure of the nature and scope of the consumer report. The City of Independence will not use the information contained in the consumer report and/or investigative consumer report in violation of any applicable federal or state law or regulation. If any consumer reports and/or investigative consumer reports indicate that any adverse action should be taken, including the denial of your application for employment, you will be provided with a copy of the report(s) and the "Summary of Your Rights Under the Fair Credit Reporting Act" per the Fair Credit Reporting Act.

The information contained herein is considered private data and will be used only to determine your suitability for employment. Providing this information is strictly voluntary and you are not required by law to furnish any of the information requested herein. However, if you do not furnish it we may have difficulty determining your suitability for employment. The information provided herein will be accessible only to you, appropriate staff of the City of Independence, or as provided for by Minnesota Statutes. By law, I understand that I have the right to receive a free copy of my consumer report and/or investigative consumer report from the consumer reporting agency if one is obtained, upon my written request for this information.

I hereby authorize the City of Independence to obtain "consumer reports" and/or "investigative consumer reports" in connection with processing my application for employment. I further authorize the appropriate individuals, companies, institutions or agencies, including consumer reporting agencies, to release this information.

Applicant Signature: _____ **Date:** _____

APPLICANT'S STATEMENT

I certify that I have read the "Notice to Applicant" regarding the MN Data Practices Act, and understand my rights as a subject of data. I hereby release the City of Independence, with which I am seeking employment, from any liability which may result from releasing information requested.

I understand that if offered a position, I may be required to submit to and pass a drug screen.

I hereby certify that all answers contained in this supplemental application are true and I agree and understand that any misrepresentation or omission of facts contained in this application will be grounds for disqualification for employment or in the event of employment, dismissal from employment upon discovery of the information.

By signing this form I hereby acknowledge I have read and understood the above statements. *Failure to sign this form may result in rejection of your application.*

Applicant Signature: _____ **Date:** _____

Election of Veteran's Preference Form
(Minnesota Statute 43A.11)

Name: _____
(Please Print)

Are you eligible to claim veteran's preference?

____ Yes ____ No (if "no" is marked, please stop here)

Do you wish to claim veteran's preference if you achieve a passing score?

____ Yes ____ No

If yes, please check the preference you are claiming:

____ Veteran – defined as a U.S. citizen or resident alien who separated under honorable conditions, and

1. has served on active duty for at least 181 consecutive days, or
2. was discharged by reason of disability incurred while on active duty, or
3. has met active duty requirements as defined by the Code of Federal Regulations, or
4. has active military service certified under section 401, Public Law Number 95-202

In addition, you cannot be currently receiving a monthly veteran's pension based exclusively on length of service. **Attach a copy of your DD214 in order to receive 5 points.**

____ Disabled Veteran – defined as a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces, which disability is currently existing. (Attach a copy of your DD214 and FL 802 (or an equivalent letter from a service retirement board) to receive 10 points.

____ Spouse of a deceased veteran. Attach a copy of your marriage certificate, the veteran's DD214 and the death certificate to receive 5 points.

____ Spouse of a disabled veteran who is unable to use preference due to disability. Attach a copy of your marriage certificate, the veteran's DD214 and FL802 (or an equivalent letter from a service retirement board) to receive 10 points.

AFFIDAVIT:

I hereby claim veteran's preference for this vacancy and certify that all the information given is true, complete, and the best of my knowledge.

I hereby authorize the Veteran's Administration to release information necessary to process this application to the City of Independence.

SIGNATURE: _____ **DATE:** _____

