



City of Independence

1920 County Road 90
Independence, MN 55359
763-479-0527

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

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:** _____