

Application for Employment/Appointment

City of Emily

P.O. Box 68, 39811 State Highway 6
Emily, MN 56447
City Clerk's Office 218-763-2480, FAX 218-763-2481

Department and Title of Specific Position Applying For:		Today's Date	Date Available For Work	
Last Name,		First Name	Middle Name	
Home & Cell Telephones:			Work Telephone:	
Street Address:		Mail Address:		
City, State and Zip Code		E-Mail Address:		
Are you a United States Citizen or legally eligible to work in the U.S. Yes No (circle one)		If hired, you will be required to provide work in the documentation that you are eligible to work in the United States.		
Do you have any relatives, other than a spouse, working for the City of Emily? Yes No (circle one)		If yes, relationship to you _____ By which department are they employed?		
Have you had any convictions other than minor traffic violations? (circle one) Yes No		If yes, explain on a separate sheet of paper and include dates. Your answer will not necessarily bar your from employment with the City. Circumstances of conviction(s) will be taken into consideration.		
Employment Condition Desired (circle those that apply) Full-Time Part-Time Volunteer		5) Has the City of Emily previously employed you? Yes No (circle one) If yes, list date(s) and/or position held:		
List your POST License Number and Police Department currently holding your license? (Required for Police Dept.)				
List your driver's license number, the state issued in, and the class.				
DL Number		State	Class	Endorsements
Education: Did you graduate from high school or receive a GED? Yes No (circle one) How many years of schooling have you completed?				
TYPE OF SCHOOL	NAME AND LOCATION	# YEARS COMPLETED	MAJOR AREA OF STUDY	DEGREE/DIPLOMA RECEIVED
High School				
Trade, Business or Vocational Schools				
Undergraduate Study				
Graduate Study				
Apprenticeship(s) Served or Trade Learned				
19. Please list any specific certifications, training pertinent to the job currently held, including the date first issued. Also attach copies of all certificates and licenses. _____ _____ _____ _____				
10) Please list relevant professional memberships, registrations or licenses. _____ _____ _____ _____ _____				

Work Experience. (*Experience and ratings are determined by this information: please complete.*) List complete employment history, beginning with most recent first. Include paid and unpaid experience. **DO NOT USE "SEE RESUME" OR SIMILAR.**
Attach additional sheets if needed.

Employment Firm _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number of Positions You Supervised _____ Principal Responsibilities (<i>be complete</i>) _____ _____ _____ _____ _____ _____ _____ _____	Length of Employment From (Month/Year) _____ To (Month/Year) _____ Hours Worked Per Week _____ Last Salary/Wage _____ Reason for Leaving or Seeking Other Employment _____ _____ _____ May we contact this employer? Yes No
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23. **Military Service**
 Date of Duty _____ Branch of Service _____
 Current Draft or Reserve Status _____ Ending Rank _____

24. Veteran's Preference:

Veterans Preference Statutes provide a five point preference (ten points if a disabled veteran with a disabled rated at 50% or more) to those individual who attained a passing score and who have received an Honorable Discharge or separation after serving more than 180 consecutive days in the military services for purpose other than training. If this applies to your particular situation and you wish to exercise your Veterans Preference at this time, please indicate so below. Any Veteran, who is receiving or is eligible to receive, a monthly veteran's pension benefit based on length of service may not claim Veteran's Preference.

Do you wish to claim veteran's preference at this time. Yes No (circle one)

If appointed, you will be required to supply the City with a copy of your Form DD-214.

Date of Entry for Active Duty _____ Place Entry (City/State) _____

(Do NOT include short training periods of active duty with reserve unit.

You must have served with a unit that was on active duty, not on reserve status.)

Branch of Service _____ Date of Separation or Discharge from Active Duty _____

Type of Separation or Discharge (Honorable, General, etc) _____

Service Connected Disability (Type/Percent) _____

25. References: List three references which you have known at least one year, who can attest to your work qualities that are not family.

Name	Relationship to You	Address	Telephone Numbers
1			
2			
3			

26. Have you ever been disciplined by a regulatory agency for conduct that may relate to the position for which you are applying? ___ Yes ___ No

If yes, please list the date, place, nature of the offense and disposition of the case.

27. Authorization to Collect, Use and Release Information:

As an applicant for a position with the City of Emily, I hereby expressly authorize the collection, use and release of any and all information concerning me, including information of a confidential or privileged nature, which relates to my employment.

I hereby release the City of Emily, with which I am seeking employment, from any liability which may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless the above state prior employer(s) from any liability whatsoever arising out of its release.

I understand that this Authorization may be revoked in writing by me at any time, and in no event will be valid for more than one year from its stated date.

(Applicant's Full Printed name)

(Applicant's Signature)

28. **TERMS OF APPLICATION AND EMPLOYMENT**

Disclosures. You are advised that information requested on this form will be used for the purpose of determining job qualifications, salary rates within range and for summary data purposes, and may constitute a public record according to Minnesota Statutes. You are not legally required to supply the requested information, but the information is necessary to determine your qualification for the position for which you have applied. An incomplete application may hinder your employment with the City. All materials submitted in support of an application are normally retained with the applications and are not returned. You should not submit an original document if it is your only copy.

FALSIFICATION, MISREPRESENTATION, OR OMISSION OF INFORMATION ON THIS, OR ON ANY OTHER EMPLOYMENT FORM, SHALL BE GROUNDS FOR IMMEDIATE TERMINATION, REGARDLESS OF WHEN SUCH FALSIFICATION, MISREPRESENTATION, OR OMISSION IS DISCOVERED.

29. **Tennessee Warning**

Information requested on your application is defined by State Statute as public and may be released on request and include job history, education and training and work availability. Your name is private except when you are certified as eligible for appointment to a vacancy. Certain other information requested on your application is private and only to you or to governmental entities authorized access by law (MS 15.165, Subd 2.) Private data contained above:

- **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.
- **LOCAL/PERMANENT ADDRESS/HOME TELEPHONE:** Used to contact you regarding your application's status. You are not legally required to provide this information. Failure to provide this information may result in a delay in processing or notifying you of your application's status.
- **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 your rejection as an applicant for these positions.
- **CITIZENSHIP STATUS:** Used to certify applicants for work in the United States as determined by laws of the United States Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application

30. **Signature:**

To the best of my knowledge, the information included in the application is accurate and true. I understand that misrepresentation or omission of facts in connection with my application may be sufficient cause for dismissal whenever discovered.

Signature: _____ Date _____

JOB APPLICANT DATA AUTHORIZATION / RELEASE FORM

I, _____, am an applicant for
Name

the position of _____ with the City of Emily.
Job Title

I hereby authorize the City of Emily and/or their designee to procure all information, oral and written, that may be required in connection with my employment application. I fully understand that the information required may include, but not be limited to, data reflected on or related to my education, employment, military, financial, arrest / conviction records, and any video and audio recordings concerning me. I further authorize the City and / or their designee to conduct a background investigation into my personal history.

I fully understand that the above-referenced background investigation may entail solicitation of information from, and may include contact with the Social Security Administration, all former and current employers, academic institutions, military agencies, financial institutions, law enforcement agencies, friends, relatives, and former and current neighbors.

I hereby consent to the release of any and all data, oral or written, regarding me that may be required by the City of Emily and / or their designee and hereby expressly release any party providing said data from any and all liability. I further waive my right to have certain data protected from disclosure under any and all Federal or State statutory provisions to the extent I am authorized to do so.

I hereby authorize and grant my informed consent to permit you to make photocopies for the City of Emily and / or their designee of data that concerns me and is in your possession.

In giving my consent, I understand that the data gathered shall be used for the limited purpose of evaluating my application with the City of Emily. Upon collection, the data shall be subject to classification under the Minnesota Data Practices Act, and if classified as public, may be subject to release by the City of Emily without my consent.

The City of Emily requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

The original or copy of this authorization reflecting my signature is valid for a period of one year from the date below. I reserve the right to cancel this authorization prior to expiration by providing written notice to the City of Emily, where I have applied.

Applicant's Printed Full Name _____ Birth Date

Applicant's Signature _____ Dated