

Application for Employment

City of Adams
303 West Main Street
Adams MN 55909

Business Phone (507-582-3601)

Date Received
(Internal Use Only)

We welcome your application for employment. Please furnish us with complete information to assist us in giving you full consideration. Additional information, which you believe qualifies you for the position for which you are applying, may be attached to this application.

The City of Adams is an affirmative action employer. It is our policy to provide equal employment opportunities to all.

The City of Adams does not discriminate on the basis of race, color, creed, religion, national origin, sex, disability, age, marital status or status with regard to public assistance. Individuals are evaluated and selected on the basis of merit.

PERSONAL INFORMATION

Name:				
Last	First	Middle		
Present Address:				
Street	City	State	Zip Code	
Permanent Address: (If different from above)				
Street	City	State	Zip Code	
Home Phone Number		Cell Phone Number	Email address	
Are you under 18? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state date of birth: _____				
Are you willing to work overtime if required? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you a United States citizen OR if not, do you have permission to work in this country? (Verification will be required.) Yes <input type="checkbox"/> No <input type="checkbox"/>				

WORK PREFERENCE

Type of work you are interested in or position for which you are applying:	
<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Other (Please explain):	
Date Available:	Have you previously been employed by the City of Adams Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date(s) _____ position _____

EDUCATION AND TRAINING

Highest Grade Completed: (Please Circle)	High School 9 10 11 12	College 13 14 15 16	Graduate School 1 2 MA PHD
Last High School: Name _____ Address _____			Did you graduate? Yes No

SCHOOLS

TYPE	NAME/LOCATION	NUMBER OF CREDITS		DEGREE	MAJOR/ MINOR	AVERAGE GRADE
		QUARTER	SEMESTER			
COLLEGE/ UNIVERSITY						
COLLEGE/ UNIVERSITY						
GRADUATE						
TECHNICAL						

List any correspondence courses, special courses, seminars, workshops and training programs you attended that might be related to this position. Please review the job description before responding.

Complete this section if position requires a valid driver's

Please indicate whether you have any of the following licenses.

Minnesota Class A Driver's License No. _____

Minnesota Class B Driver's License No. _____

Minnesota Class D Driver's License No. _____

Other (List State, Class and No.) _____

Expiration Date _____

If relevant, list other current registrations, licenses or certificates you have. Include date first issued and expiration of current license.

Registration, Licenses, Certificates	Date of Issue	Date of Expiration

To be completed by applicants for clerical positions only.

Typing ability: Yes No _____ WPM Can you operate dictating equipment: Yes No

Personal Computer: Yes No

Please list computer applications that you are familiar with: _____

Other office equipment you can operate: _____

To be completed by applicants for labor and skilled trade positions only.

Apprenticeship(s) served or trades learned: _____

Capable of operating the following equipment: _____

ACTIVITIES – with a direct bearing on your qualifications for the position.

Exclude organizations indicating race, creed, religion, color, sex, national origin, marital status, political affiliation, age or disability in their name or character.

Membership in Civic, Professional, Social or other organization (show offices held)

Current:

Past:

EMPLOYMENT HISTORY – Please list past employers beginning with your most recent employment.

Are you presently employed? Yes No

May we contact your present employer? Yes No

Employer

Address

Supervisor: Name

Title

Telephone Number

Fulltime?

Yes

No

Job Title

Date Employed: From
(month/year)

To

Base Salary/Wage: Start

Current or End

Nature of Duties:

Reason for leaving or seeking change of position:

Employer

Address

Supervisor: Name

Title

Telephone Number

Fulltime?

Yes

No

Job Title

Date Employed: From
(month/year)

To

Base Salary/Wage: Start

Current or End

Nature of Duties:

Reason for leaving or seeking change of position:

Employer

Address

Supervisor: Name

Title

Telephone Number

Fulltime?

Yes

No

Job Title

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Employer

Address

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Title

Telephone Number

Fulltime?

Yes

No

Job Title

Date Employed: From
(month/year)

To

Base Salary/Wage: Start

Current or End

Nature of Duties:

Reason for leaving or seeking change of position:

ADDITIONAL WORK EXPERIENCE

Relating to the type of employment you are seeking. Include fulltime, temporary and part-time positions. Indicate dates, employer and job titles.

UNSALARIED EXPERIENCE

Volunteer Organization	Street	City	State
Position Held	Duties Performed		
Immediate Supervisor	Phone Number		
Dates of Participation	Hours per Week	Skills Learned	
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Position Held	Duties Performed		
Immediate Supervisor	Phone Number		
Dates of Participation	Hours per Week	Skills Learned	

Was any of your education or experience under another name? Yes No If yes, what name?

CONVICTION INFORMATION

Applicants who are finalists may be subject to a criminal background investigation. A conviction will not automatically disqualify you from employment. Each case is considered on its individual merits and the type of work for which you are applying. However, making false statements or withholding information will cause you to be barred from employment, or removed from employment.

Per Minnesota Statutes, Chapter 364, the City of Adams will require applicants for positions within our police and fire departments to provide information about criminal convictions at the time of application. This will be done through a separate supplemental questionnaire.

REFERENCES

Please list below the names of three or four people who are not related to you.

Name and Occupation	Years Acquainted	Address	Phone Number

VETERAN S PREFERENCE POINTS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam Results. Points are awarded subject to provisions of Minnesota Statutes 43A.11. To be eligible for veterans preference points you must:

1. Be 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, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined by above) or the spouse of a disable veteran who because of the disability is not able to qualify.

ce points. You

You must supply a copy of your DD214. Disabled veterans must also supply form FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate, the veterans DD214 and FL-802 or death certificate.

If you supply the supporting documentation by separate mail, your name and position applied for must be included.

ARE YOU APPLYING FOR VETERAN S BONUS POINTS? YES NO

application deadline for the position

Veteran s Preference Points Application

Veteran <input type="checkbox"/> Self <input type="checkbox"/> Spouse			
Branch of Service		Period of Active Duty From: _____ To: _____	
Rank at Discharge	Type of Discharge	Date of Final Discharge	Service No:
Are you receiving or eligible for military pension? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preference requested: <input type="checkbox"/> Veteran		<input type="checkbox"/> Disabled Veteran	
<input type="checkbox"/> Spouse of Disabled Veteran		<input type="checkbox"/> Spouse of Deceased Veteran	

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline for the position in order to guarantee points awarded in a timely manner.

Supporting documentation: _____ is attached _____ will be submitted within 7 days of application deadline.

<p>FOR OFFICE USE ONLY</p> <p>10 points _____</p> <p>15 points _____</p>

Please be sure to sign this application and read the following statements carefully:

1. I have read and understand the job announcement for the position for which I am applying.
2. I certify that all the information I have provided on this application is correct and that I have not omitted any information. I understand that giving false information or omitting requested information may disqualify me from further consideration for employment or result in dismissal, if discovered at a later date.
3. I authorize the City of Adams to verify this information to determine whether or not I am qualified for the position for which I am applying.
4. I hereby authorize all current and previous employers to release job-related information to the City of Adams. However, I understand that if, in the Employment Record section, I have answered "no" to the question, "May we contact your present employer?", contact with my current employer will not be made without my specific authorization.
5. I understand that criminal history checks may be conducted and that conviction of a crime related to this position may result in my being disqualified for this job opening.
6. I hereby authorize the City of Adams to conduct a criminal history check and have access to such records for purposes of determining my eligibility for employment with the City of Adams.
7. I understand that it is my responsibility to notify the City of Adams in writing of any changes to information reported on this application.

Signature

Printed Name

Date

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The following is voluntary and confidential. It will not adversely affect your employment candidacy with the City of Adams or your status as an employee after the appointment. All additional information requested, as it related to your disabled status, will be maintained as separate and confidential medical records.

The remaining voluntary information you provide will be used to determine how effective our recruitment efforts are in reaching all segments of the population and to validate our selection and placement methods. We would appreciate your cooperation in our efforts to ensure Affirmative Action and Equal Employment Opportunity.

Position for which you are applying	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Application
With which racial/ethnic group do you identify (Please check only ONE of the following)		
<input type="checkbox"/> American Indian or Alaskan Eskimo <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White (Caucasian)		
Several conditions qualify an individual for disabled status. Do you have any of the following disabilities?		
<input type="checkbox"/> A. No <input type="checkbox"/> B. Amputee <input type="checkbox"/> C. Visually impaired <input type="checkbox"/> D. Cardiac <input type="checkbox"/> E. Hearing Impaired <input type="checkbox"/> F. Diabetes		
<input type="checkbox"/> G. Epilepsy <input type="checkbox"/> H. Paralysis <input type="checkbox"/> I. Back Problems <input type="checkbox"/> J. Other (Explain):		
Do you need special testing accommodations (if required)? (Explain):		
Do you need an interpreter to assist you in taking the examination (if required)? (Specify):		

RECRUITMENT INFORMATION

How did you hear about the position for which you are applying?

City Website

From AAAS employee

College, technical or high school

Minority group referral source (Which one?) _____

Women s referral source (Which one?) _____

Disabled referral source (Which one?) _____

Bulletin board postings (Which one?) _____

Minnesota State Employment Agency _____

Newspaper (Which one?) _____

Other (Specify) _____

NOTICE TO APPLICANT

The Minnesota Government Data Practices Act (Minnesota Statutes 13.01-13.90) has two sections that affect applicants seeking employment with the City of Adams.

First, under "Rights of Subjects of Data," (Minnesota Statute 13.04) when an applicant is asked to provide personal data, the Service must advise you of:

- * The purpose and intended use of the data;
- * Whether you may refuse or are legally required to supply the requested data;
- * Any known consequence arising from your supplying or refusing to supply the data; and
- * The identity of other persons or organizations authorized by State or Federal Law to receive the data you provide.

Second, under "Personnel Data" (Minnesota Statute 13.43) the following call as an applicant for employment by a public agency is automatically public,*

- * Your veteran's status;
- * Your job history;
- * Your education and training;
- * Your relevant test scores;
- * Your rank on our eligibility list;
- * Work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist in public employment.*

If you are hired, the following data about you will be public;*

- * Your name;
- * Your city and county of residence;
- * Your actual gross salary, contract fees, salary range, and actual gross pension;
- * The value and nature of employer-paid benefits, including the basis for and the amount of any added remuneration, including expense reimbursement to your salary;
- * Your job title and job description;
- * The dates of your first and last employment with us;
- * The status of any written complaints or charges against you while you work for the City of Adams, whether or not they resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- * Your work location and work telephone number;
- * Your education and training background;
- * Honors and awards you have received;
- * Payroll time sheets or other comparable data that are only used to account for your work time for payroll purposes;
- * Your previous work experience; and
- * Your badge number.

* This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file and which is not listed above is private data. This private data will be available to you and to those members of City of Adams staff needing it to process City of Adams records. In addition, the following persons or organizations are authorized by State and Federal Law to receive this data if they so request:

- * The Bureau of Census
- * Federal, State, and County Archive
- * The State Department of Public Welfare
- * The Department of Human Rights
- * Federal officials investigating compliance of Affirmative Action and Equal Employment Opportunities
- * Labor Organizations and the Bureau of Mediation Services
- * Data may also be made available through court order

With the exception of the optional date requested, the data you provide is needed to identify you and to assist in determining your suitability for the position for which you are applying. The optional data is used in summary form to monitor protected class employment and meet Federal, State and local reporting requirements. Furnishing the optional data requested about yourself is voluntary.

NOTICE TO MINORS: Minors from whom private or confidential data is collected have the right to request that parental access to the private data be denied.