

## APPLICATION FOR EMPLOYMENT

City of Proctor 100 Pionk Drive Proctor, MN 55810 218-624-3641

OFF	ICE	USE	ONL	_Y

Date Received: Interview:

1. Title of specific position for which you	are applying	2. Date of application		3. Date available for work	
4. Last name	Firs	t name			Middle name
		0.5	T - 5		
5. Are you over the age of 18?		6. Residence phone	7. Bus	siness phone	8. County
□Yes □No If no, state date of birth					
9. Street address	10. City		1	11. State and zip code	
12. Do you have any relatives working for □Yes □No If yes, relationship		Departmer	nt		
13. Employment condition desired:  14. Have you previously been employed by the City?					
(check one) (check one)	□Yes □N	o If yes, date	Positio	on	
□Regular □Full-time		<b>,</b> ,			
□Temporary □Part-time					
15. If position involves driving, please	e indicate driver	's license number.			
State Class				_	
16. Education. Did you graduate from					
10. Education. Did you graduate not	_				
□Yes □No School at	ttended				
How many years of education have you had? (circle one) 7 8 9 10 11 12 13 14 15 16 17 18 19 20					
Name & location of colleges, Did you graduate? Certificate/Degree Courses of S			s of Study		
universities, technical schools					

your present or most recent experience first. Attach additional sheets if necessary. Length of Employment Employment Firm \_\_\_\_\_ From month year Phone #\_\_\_\_\_ Supervisor\_\_\_\_\_\_
Your Title\_\_\_\_\_ Supervisor's Title\_\_\_\_\_\_ To Number and type of position you supervised month year Hours per week\_\_\_\_\_ Last salary\_\_\_\_ Reason for leaving Principal Responsibilities - Be Complete May we contact your present employer? □Yes □No If no, explain Length of Employment Employment Firm \_\_\_\_\_ From month year Phone #\_\_\_\_\_ Supervisor \_\_\_\_\_\_
Your Title \_\_\_\_\_ Supervisor's Title \_\_\_\_\_\_ To Number and type of position you supervised month Hours per week \_\_\_\_ Last salary \_\_\_\_\_ Reason for leaving \_\_\_\_ Principal Responsibilities - Be Complete May we contact this employer? □Yes □No If no, explain \_\_\_\_\_ Length of Employment Employment Firm \_\_\_\_\_ From month year Phone #\_\_\_\_\_ Supervisor \_\_\_\_\_\_
Your Title \_\_\_\_\_ Supervisor's Title \_\_\_\_\_ To month Number and type of position you supervised Hours per week\_\_\_\_\_ Last salary\_\_\_\_ Reason for leaving Principal Responsibilities - Be Complete May we contact this employer? □Yes □No If no, explain \_\_\_\_\_

17. Employment history. Experience and training ratings are determined by this information - please be complete. List

18. Rel	evant current professional n	nemberships, registrations, or	icenses. Include o	date when first issued.		
19.	Jo	b-Relevant Volunteer and Unp	aid Work Experier	ice		
	Kind of volunteer activity (Do not specify organization)	Major Responsibilities	# Hours per month			
					_	
					4	
					-	
20 Des	scribe any additional experie	ence or training that qualifies yo	ou for this job		<u> </u>	
	or by additional expense	moo or daming that qualifies ye				
	ERICAL APPLICANTS ONL ing speedWPM	Y: Word Processing Number of Years L	g/Computer Exper List software and h			
and	lawfully authorized alien wo	ation Reform and Control Act or orkers. If hired, you will be requ	ired to provide wri	tten documentation of citiz	tizens enship or	
		e to provide said documentatio . 8, requires employers to obtai			ina court-	
ord	ered child support obligatior	ns that are required by law to be ailure to provide said docume	withheld from inco	ome. If hired, you will be re		
24. Did arm whi	you serve in the military se ned forces of the U.S. after h	rvice of this country and separa aving served on active duty for □ No □ Yes If 'yes', are you a	ate under honorabl 181 consecutive da	e conditions from any brar ays or by reason of disabilit	y incurred	
Desc	cribe your duties and any sp	ecial training:				
to d		, you may be required to under u are able to perform the dutie as are necessary for you.				
26. Giv		other than relatives who can be	e contacted regard	ling your qualifications, wo	rk habits,	
	NAME	PRESENT ADDRESS	TELEPHONE	POSITION AND RELATION TO YOUR WORK		
}						
}						
		criminate on the basis of har				

treatment or employment in, its programs or activities. It is the policy of the City of Proctor to provide reasonable accommodations to the known physical and mental limitations of qualified handicapped applicants and employees in order for them to perform the essential functions of the job in question.

THE CITY OF PROCTOR IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

#### **SIGNATURE**

The City has the right to verify information provided in the application. I may be discharged if there are any misrepresentations on this application or my resume or made by me in an interview which may be discovered now or anytime in the future. False information or misrepresentation may also subject me to the penalty provisions of M.S.§ 43A.39.

In connection with this application for employment, I authorize the City of Proctor and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the City of Proctor and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

□YES □YES, but not present employer until job is offered. □NO (We may be unable to hire you without this information)

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and I understand the information below.

DATE	SIGNATURE (Do not print)	

#### IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd. 2). If you become employed by the City, the data will be available to the Department of Finance, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the City Clerk/Human Resources Assistant by letter.

Private Data Why	We Ask For It Are You Legally Oblig To Provide It?	jed	What May Happen If You Don't Provide It
Social Security Number	To distinguish you from all other applicants and to make procession more efficient	No	In most cases, nothing. However, it will help to ensure that your records are not confused with others.
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Date of Birth (when requested on a separate form)	To conduct a check of criminal records for certain positions	No	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Sex, Racial/Ethnic Group, Handicapped Status, Veteran Status (This information is requested on a separate form)	Opportunity reports as required by	No	We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring.
Conviction Record	To determine whether we may legally accept an application from you to determine whether your record may be a job-related consideration.	Yes	We will not be able to make determinations required by law. Failure to provide relevant conviction information may be grounds for dismissal.

ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC; THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE

# CITY OF PROCTOR ADDENDUM TO APPLICATION FORM

FOR OFFICE USE ONLY					
10 points					
15 points					

### **VETERANS PREFERENCE POINTS APPLICATION INSTRUCTIONS**

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 the 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 above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND
- 2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veterans preference points. You are not required to supply this information, but we cannot award veterans points without it.

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 VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

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

ARE YOU APPLYING FOR VETERANS BONUS POINTS?

□YES □NO

If you answered "YES", your DD214 or other documentation must be received no later than seven (7) calendar days after the application deadline for the position.

VETERANS PREFERENCE POINTS APPLICATION					
Veteran □Self □Spouse	If spouse, Veteran's Name:				
Branch of Service:	Period of Active Duty: From: To:				
Rank at Discharge	Type of D	pe of Discharge Date of Discharge		Service #	
Are you receiving or eligible for a military pension?  □YES □NO			Do you have a compensable □YES □NO	service related disability?	
Preference requested: □Veteran □Disabled Veteran □Spouse of Disabled Veteran □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 seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.

Supporting documentation: 

is attached 

will be submitted within 7 days of application deadline.