

City of Annandale

APPLICATION FOR EMPLOYMENT

Return to: City of Annandale
30 Cedar Street East
Annandale, MN 55302
Phone: (320) 274-3055
Fax: (320) 274-5728

We welcome you as an applicant to employment! The City of Annandale is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, national origin, gender, age, marital status, public assistance status, veteran status, disability, or sexual orientation. Individuals are evaluated and selected on the basis of merit.

Title of Position for which you are applying		Date of Application
Last Name	First Name	Middle Name
Social Security Number		
Home Address		
City, State, Zip		
Home Phone	Work Phone	May We Call You At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
What Type of Employment are you seeking?		
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Temporary, Full-Time	<input type="checkbox"/> Seasonal, Full-Time
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary, Part-Time	<input type="checkbox"/> Seasonal, Part-Time

Are you age 18 or older? Yes No
 Are you authorized to work in the U.S. on an unrestricted basis? Yes No
 May we contact your present employer? Yes No

Are you applying for Veterans Preference Points? Yes No If yes, please see #8, Important Information About Completing Your Application, on page 2.

IMPORTANT INFORMATION ABOUT COMPLETING YOUR APPLICATION

1. Read the job announcement carefully so you understand the duties and requirements for the position for which you are making application.
2. Complete this City of Annandale employment application form. You must submit a separate application for each job announcement.
3. **Type or print clearly** and give complete and accurate information. The information you provide on this application will be used to determine if you meet the minimum qualifications for this position. The information must be specific and complete and submitted on or before the last day for filing. If you need more space, attach additional pages to the application.
4. Complete all application areas. **Do not mark your application "See Resume"**. An incomplete application may reduce your opportunity for employment with the City of Annandale.
5. Your completed application **must be physically received by the City of Annandale by the published closing date**. We do not accept applications received after the closing date, even if they are postmarked by that date. The City is not responsible for the failure of others, including the U.S. Post Office, to forward applications to us before the deadline.
6. **Employment History: Be specific and complete.** List your present and most recent experience first. Include only job-related, paid experience. If you attach additional information sheet(s), include all the information requested on the job application.
7. If you have a disability or language difficulty that would prevent you from successfully completing the application form, please contact the Annandale City Clerk so that reasonable effort can be made to accommodate your needs.
8. **Veterans Preference: Qualified veterans and spouses of disabled or deceased veterans may apply to have preference points awarded for certain positions of employment with the City. If you intend to file a claim of Veterans Preference with the City of Annandale, a Veterans Preference claim form should be completed and a copy of your DD214 should be filed by the job announcement closing date. The Veterans Preference claim form is found on Page 6. You may contact the City to confirm whether the specific job for which you are applying is subject to Veterans Preference.**
9. **Drug Testing:** In accordance with the City's Drug and Alcohol Testing Policy, all individuals entering City employment in the Public Works Department are required to take a drug test. Some positions in the City may also require pre-employment physical examinations. All offers of employment will be conditionally offered based upon passing the drug test and/or the physical examination.
10. **SIGN YOUR APPLICATION ON PAGE 5.**

EMPLOYMENT HISTORY

Please give accurate, complete employment information. List your present or most recent experience first. Attach additional sheets if necessary.
DO NOT MARK YOUR APPLICATION "SEE RESUME" OR YOUR APPLICATION WILL NOT BE CONSIDERED.

PRESENT EMPLOYER:

Employer: _____
Phone No. _____ Fax No. _____
Address: _____
Supervisor: _____ Title: _____
Your Title: _____
Number and types of positions you supervised: _____

Dates of employment:
From: _____ To: _____
Hours per week: _____
Reason for leaving: _____
Salary \$ _____

Major Responsibilities (be complete):

% of time:

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

FIRST PREVIOUS EMPLOYER:

Employer: _____
Phone No. _____ Fax No. _____
Address: _____
Supervisor: _____ Title: _____
Your Title: _____
Number and types of positions you supervised: _____

Dates of employment:
From: _____ To: _____
Hours per week: _____
Reason for leaving: _____
Salary \$ _____

Major Responsibilities (be complete):

% of time:

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

SECOND PREVIOUS EMPLOYER:

Employer: _____
Phone No. _____ Fax No. _____
Address: _____
Supervisor: _____ Title: _____
Your Title: _____
Number and types of positions you supervised: _____

Dates of employment:
From: _____ To: _____
Hours per week: _____
Reason for leaving: _____
Salary \$ _____

Major Responsibilities (be complete):

% of time:

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

EDUCATIONAL INFORMATION

Circle the highest grade completed:

Elementary	High School	College	Post Graduate
1 2 3 4 5 6 7 8	9 10 11 12 GED	13 14 15 16	16+ MA MS PHD JD

Name of High School/Address: _____

Name and location of college, university, and/or technical schools	No. of years attended	Major/Minor or study area	Degree Received
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SKILLS AND TRAINING

TO BE COMPLETED BY APPLICANTS FOR ADMINISTRATIVE, PROFESSIONAL, FISCAL, AND CLERICAL POSITIONS ONLY:

Typing ability: Yes No Words per minute: _____

List specific OTHER OFFICE EQUIPMENT and COMPUTER HARDWARE/SOFTWARE with which you have . . .

Training: _____

Experience: _____

TO BE COMPLETED BY APPLICANTS FOR LABOR/MAINTENANCE AND SKILLED TRADE POSITIONS ONLY:

List SPECIFIC EQUIPMENT with which you have experience:

ALL APPLICANTS PLEASE COMPLETE THIS SECTION:

Do you have a valid driver's license? Yes No

License Number: _____ Expiration Date: _____ Class: _____

Have you had any moving violations in the last five (5) years? Yes No If "yes", please explain: _____

CERTIFICATIONS, REGISTRATION, OR OCCUPATIONAL LICENSE

Please list any current professional licenses, certificates or registration held by you (indicate number and expiration date):

1. _____
2. _____
3. _____

REFERENCES

List three (3) people who know you well, preferably from a work environment. Do not refer to an acquaintance or relative.

Name	Address	Phone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Tennessee Warning)

This application is to assist in the process of reviewing you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or City departments where you may be considered for employment. All other information you supply on this application with the exception of that which is private data as indicated below will become public if you are hired by the City. Names of applicants will become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

Private Data	Why We Ask For It	Are You Legally Obligated to Provide It?	What May Happen If You Don't Provide It?
Name/Home Address/ Driver's License Number	To distinguish you from all other applicants; to be able to send you notices; to obtain driving record and/or criminal background check to determine whether any conviction or violation is job-related.	Yes	Failure to provide information may be cause for rejecting an application. If you do not have a valid Driver's License, you may instead provide us with your date of birth for purposes of the necessary background checks.
Social Security Number	To distinguish you from all other applicants and to make processing more efficient.	No	You may be assigned an individual identification number to be used in any contacts you have with the City concerning your records.
Home Telephone	To be able to contact you to determine availability for interview.	No	We may not be able to employ in certain jobs where you may be required to come to work or be interviewed on short notice.
Special Accommodations	To determine whether you need special accommodations.	No	We will be unable to provide necessary accommodations in a timely manner.
Conviction Records	To determine whether we may accept an application from you if your conviction history may be job-related	Yes	We will be unable to make the determination requested by law. Failure to provide relevant conviction information may be grounds for dismissal.

CONVICTIONS OR CRIMINAL RECORDS

Have you served a sentence in jail or prison or been convicted of a crime for which a jail sentence could have been imposed? You may answer "no" if the conviction or criminal record has been annulled, expunged, sealed, set aside, or purged, or if you have been pardoned pursuant to law: Yes No If yes, please attach a separate sheet with explanation. You must report all convictions. If it is determined they are not job related, they will not disqualify you.

Applicant's Statement: I certify that all statements made on this application are true, complete and correct. I understand that all information is subject to verification. I also understand that any falsification will disqualify me from employment or, if I am hired, may result in dismissal. My signature AUTHORIZES the City to secure my driving record (if the position requires driving), transcripts from educational institutions, and information needed to complete a criminal background check. It also AUTHORIZES collection of any employment-related information deemed necessary from current and former employers (including prior employer drug and alcohol test results or refusals to be tested) and personal references. I understand that this application is not and is not intended to be a contract of employment.

Signature of Applicant

Date

VETERANS PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to veterans and spouses of deceased or disabled veterans to add to their exam results for employment positions subject to veterans preference. Points are awarded subject to the provisions of Minnesota Statutes Section 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.

VETERANS PREFERENCE POINTS APPLICATION			
Veteran ___ Self ___ Spouse		If spouse, veteran's name:	
Branch of Service:		Period of active duty from: _____ to: _____	
Rank of Discharge:	Type of Discharge:	Date of Final Discharge:	Service No:
Are you receiving or eligible for a military pension?		Do you have a compensable 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 the application deadline for the position in order to guarantee that points are awarded in a timely manner.

I hereby claim veterans preference for this position and swear that the information given on this document is true and correct. I also authorize the release of necessary information by the Veteran's Administration to the Annandale City Administrator's Office.

FOR OFFICE USE ONLY

___ 5 points
___ 10 points

Signature Date

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Annandale appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Please indicate the position(s) for which you are applying:

Please indicate how you heard about this position:

Please place a check in the appropriate blanks:

Gender: _____ Male _____ Female

With which racial/ethnic group do you identify?

- _____ Asian or Pacific Islander
_____ African American (Black)
_____ Hispanic
_____ Native American or Alaskan Eskimo
_____ Caucasian (White)
_____ Other (Please indicate: _____)

Disability status, defined as:

- (1) Has physical, sensory or mental impairment (condition) which materially (significantly) limits one or more life activities;
- (2) Has a record of such an impairment (condition);
- (3) Is regarded as having such an impairment (condition).

Based on the above information, do you claim disability status?

_____ Yes _____ No

CITY OF ANNANDALE
ADDENDUM TO EMPLOYMENT APPLICATION
POLICE OFFICER

Applicant Name: _____

1. Do you have a valid Minnesota Driver's License: ____ Yes ____ No
2. Do you have a P.O.S.T. Police Officer License: ____ Yes ____ No
3. Are you available to work shifts from 5:00 pm. -- 3:00 a.m.: ____ Yes ____ No
3. Do you have additional post secondary education? How many years? _____
4. Describe your experience in law enforcement, if any. How many years? What did you do?

5. Describe your experience in law enforcement or other positions requiring you to work with the public. How many years have you held positions working with the public? What did you do?

6. Describe your experience with computers. How many years? What hardware/software have you used?

7. Describe your experience in working with firearms. How many years? What did you do?

BE SPECIFIC. Failure to detail specific experience and number of years may result in failure to accurately score your application and may reduce your chances for an interview.

PRE-EMPLOYMENT BACKGROUND INVESTIGATION CONSENT AND RELEASE FORM

TO: _____

I, _____, am an applicant for a position with the above named company. A thorough investigation of my employment and personal history is being conducted to evaluate my qualifications and suitability for this position.

I hereby authorize any representative of the above described business bearing this release to obtain any information in your files pertaining to my employment and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the above described business, whether said records are of a **public, private, or confidential** nature.

The intent of this authorization is to give my informed consent for a full and complete disclosure to all information maintained by you for the specific purpose of pursuing a background investigation that may provide pertinent data for the above described business, to consider in determining my suitability for employment in that business. It is my intent to provide access to all information, however personal and confidential that information may appear to be.

I consent to your release and to the photocopying of any and all public and private information that you have concerning me, my work record, my background and reputation, education and training records, my financial status, my criminal history record, any information contained in investigatory files, efficiency ratings, complaints or grievances, filed by or against me in which I presently have, or have had an interest, attendance records, and any internal affairs investigation and discipline, including any files which are deemed to be confidential and/or sealed. I specifically consent to and authorize you to provide photocopies of any written reports in your possession which concern me to the above described business.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damages pursuant to any state or federal laws. I hereby release any custodian of such records, including employees and agents of any custodian, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon the request of a representative of the above described business regardless of any agreement I may have made with you previously to the contrary. The business requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974 and Minnesota Statute 13.05, Subdivision 4, the Minnesota Data Practices Act, with regard to access to and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the above described business in conjunction with the employment process. Should there be any question as to the validity of this release, you may contact me at the address listed on this form. This **Authorization and Release** form complies with, and is required to accompany any request for employment information under Minnesota Statute 626.87, which provides private employers with immunity from civil liability for employment information released to a law enforcement agency in the absence of fraud or malice. This authorization shall be valid for a period of **one year** from the date of my signature, but I reserve the right to cancel this written authorization by providing written notice to the above described business or to you of that fact. I agree to indemnify and hold harmless any person to whom this request is presented and his or her agents and employees, for and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Date: _____ Signature _____

Current Address: _____

Phone Number (Day): _____ (Night) _____

Requesting Business Name and Address