

CITY OF SHAFER
17656 303rd Street
Shafer, MN 55074

APPLICATION FOR EMPLOYMENT

Position Being Applied For _____

PLEASE READ CAREFULLY BEFORE FILLING OUT THIS APPLICATION.

In accordance with the Minnesota Government Data Practices Act, the City of Shafer is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you but not available to the public. This application for the City of Shafer contains private information as defined by Minnesota State Statutes 15.1692, Subd. 1-5.

The information collected from you or from other agencies or individuals authorized by you is used to determine your eligibility to become an employee of the City of Shafer. You are not required to provide the information requested on the application form; however, this information is vital to determine your eligibility to become an employee of the City of Shafer. Failure to provide this information could result in you not being considered for employment with the City of Shafer.

The dissemination and use of the private data we collect is limited to that necessary to determine your eligibility to become an employee of the City of Shafer. Persons with whom this information may be shared include:

1. The Chisago County Sheriff's personnel administering to records collection and dissemination.
2. The Bureau of Criminal Apprehension.
3. The National Crime Information Center.
4. Any other agency, authorized by you, that may be able to provide information about your eligibility to become an employee of the City of Shafer.

Unless otherwise authorized by State Statute or Federal law, other government agencies utilizing the reported private data must also treat the information as private.

MN Statute Section 51811, Subd. 8, requires employers to obtain information from all new employees regarding ordered child support obligations that are required by law to be withheld from income. Failure to provide said documentation will result in dismissal.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

(Date)

(Signature of Applicant)

Please return to: 17656 303rd Street, Shafer, MN 55074

Date Received: _____

CITY OF SHAFER

No. _____

APPLICATION FOR EMPLOYMENT

We welcome you as an applicant for employment. Your application will be considered with others. It is our policy to provide equal opportunity in employment. This policy prohibits discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership, or activity in a local commission, disability, or age in all aspects of our personnel policies, programs, practices, and operations. This policy applies to full-time, part-time, temporary, and seasonal employment.

The information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment. Please furnish us with complete information. You are encouraged to attached any additional information which you believe qualifies you for the position.

Please **PRINT** using **BLUE OR BLACK INK**.

1. Title or kind of work applied for: _____
_____Permanent _____Part-time _____Seasonal
_____Temporary Date Available: _____

PERSONAL INFORMATION

2. Name: (Last)_____ (First)_____ (Middle)_____

3. Present Address: _____

City_____ State_____ Zip Code_____

Do you live within a 30 minute drive of the City? Yes_____ No_____

If not, are you willing to relocate within a 30 minute drive? Yes_____ No_____

Prior addresses for past 10 years: _____

4. Phone #s: (home)_____ (Cell)_____ (Work)_____

5. Drivers License No._____ Class_____ State_____

6. If you are not a citizen of the United States, do you have Bureau of Immigration approval to work in the U.S.?

Yes_____ No_____

City of Shafer

No. _____

EMPLOYMENT HISTORY - Please list past employers beginning with your most recent employment; if necessary, list other employers on additional sheet.

May we contact your present employer? Yes _____ No _____ If no, please explain: _____

Employer's Name _____ Phone No. _____

Address _____ Zip Code _____

Position Held _____ Duties Performed _____

Full-time _____ Part-time _____ Immediate Supervisor _____

Employment Dates: From _____ To _____ Last Salary _____

Reason for leaving _____

Employer's Name _____ Phone No. _____

Address _____ Zip Code _____

Position Held _____ Duties Performed _____

Full-time _____ Part-time _____ Immediate Supervisor _____

Employment Dates: From _____ To _____ Last Salary _____

Reason for leaving _____

Employer's Name _____ Phone No. _____

Address _____ Zip Code _____

Position Held _____ Duties Performed _____

Full-time _____ Part-time _____ Immediate Supervisor _____

Employment Dates: From _____ To _____ Last Salary _____

Reason for leaving _____

MILITARY SERVICE RECORD

Are you a Veteran? *Yes_____ No_____ If yes, what Branch?_____

* See attached sheet - Veterans Preference Points Application/Instructions

Are you a Disabled Veteran? Yes____ No_____

Are you a widow/widower of a Veteran? Yes____ No_____

Are you a spouse/widow/widower of a Disabled Veteran? Yes____ No_____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for?_____

PERSONAL REFERENCES

Give name, address, phone number, and occupation of 3 references who are not related to you and are not former employers.

1. _____

2. _____

3. _____

If you are hired for this position, you will be required to undergo a physical examination and drug screening at this employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations are necessary for you.

I hereby certify that all answers to the above questions are true and I agree and understand any false statements contained in this application may cause rejection of this application or termination of employment. I authorize that a transcript may be requested where necessary to verify any educational record.

Date

Signature of Applicant

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to evaluation points. 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 action 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 veteran's preference points. You are not required to supply this information, but we cannot award veteran's 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 DEATH CERTIFICATE.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? Yes _____ No _____

If you answered "yes", your DD214 or other documentation must be received no later than the final day the position you are applying for is officially closed.

Veteran's Preference Points Application

Veteran: Self _____ Spouse _____ If spouse, veteran's name _____

Branch of Service _____ Period of Active Duty: _____

Rank at Discharge: _____ Type of Discharge: _____

Date of Final Discharge: _____ No.: _____

Are you receiving or eligible for a military pension? Yes _____ No _____

Do you have a compensable service-related disability? Yes _____ No _____

Preference Requested: Veteran _____ Disabled Veteran _____

Spouse of Disabled Veteran _____ Spouse of Deceased Veteran _____

Name of Applicant: _____

Date: _____ Supporting Documentation Attached: Yes _____ No _____

