



EMPLOYMENT APPLICATION



200 Civic Heights Circle
 Circle Pines, MN 55014
 (763) 784-5898

Title of position for which you are applying		Date of application	Date available for work	
Last name	First name	Middle name	Email address	
Street Address		City	State	Zip
Are you under the age of 18? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "yes", provide DATE OF BIRTH _____</i>		Residence phone	Cell phone	Business phone
Do you have relatives employed by the city? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, WHO? _____</i>		Employment status desired <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL		
Have you previously been employed by the city? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "yes", DATES _____ POSITION _____</i>				
If position requires driving, please provide driver's license information: LICENSE NUMBER _____ STATE _____ CLASS _____				

EDUCATION AND TRAINING

Highest grade completed <i>(Please circle)</i>	High School 9 10 11 12	College 13 14 15 16	Graduate School 1 2 MA PHD JD
Last high school	Name	Address	Did you graduate or receive GED? <input type="checkbox"/> YES <input type="checkbox"/> NO

Name and location of colleges, universities and technical schools	Dates attended	Graduate?	Type of degree	Course of study

KNOWLEDGE, SKILLS AND ABILITIES

Clerical	Can you operate: Typewriter / Keyboard? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, words per minute _____</i> Dictating equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have computer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list computer programs you are proficient in and number of years you've had with each.</i>
	Other office equipment you can operate:
Skilled Trade	Do you have experience in a skilled trade? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please describe the extent/nature of the experience.</i>
	List all machines and equipment you have operated:
	List all current licenses and/or certifications, together with an identification of the granting authority:

KNOWLEDGE, SKILLS AND ABILITIES (continued)

Language Proficiency (other than English)	Language _____ _____	Speak _____ Yes _____ No _____ Yes _____ No	Read _____ Yes _____ No _____ Yes _____ No	Write _____ Yes _____ No _____ Yes _____ No
---	-------------------------	---	--	---

Other	List any specialized training you received that relates to this position <i>(include number of years and course content)</i> List professional certificates, licenses or memberships.
--------------	--

JOB RELEVANT VOLUNTEER AND UNPAID WORK EXPERIENCE

Type of volunteer activity <i>(Do not specify organization)</i>	Major Responsibilities	No. Hours Per Month	Years From To

EMPLOYMENT HISTORY

EXPERIENCE AND TRAINING RATINGS ARE DETERMINED BY THIS INFORMATION. PLEASE BE COMPLETE. LIST YOUR PRESENT OR MOST RECENT EXPERIENCE FIRST. LIST ONLY EXPERIENCE FOR LAST SEVEN YEARS. (Attach additional sheets if needed.) THIS SECTION MUST STILL BE COMPLETED EVEN IF YOU ARE SUBMITTING A RESUME.

Employing firm _____
 Address _____
 Phone number _____ Your title _____
 Supervisor _____
 Supervisor's title _____
 Number and type of position you supervised _____

 Principal responsibilities (be specific) _____

Length of employment
 from: month _____ year _____
 to: month _____ year _____
 Total years _____ months _____
 Hours per week _____
 Salary \$ _____ hourly
 \$ _____ monthly
 \$ _____ annual
 Reason for leaving _____

 May we contact this employer? _____

Employing firm _____
 Address _____
 Phone number _____ Your title _____
 Supervisor _____
 Supervisor's title _____
 Number and type of position you supervised _____

 Principal responsibilities (be specific) _____

Length of employment
 from: month _____ year _____
 to: month _____ year _____
 Total years _____ months _____
 Hours per week _____
 Salary \$ _____ hourly
 \$ _____ monthly
 \$ _____ annual
 Reason for leaving _____

 May we contact this employer? _____

EMPLOYMENT HISTORY (continued)

Employing firm _____
 Address _____
 Phone number _____ Your title _____
 Supervisor _____
 Supervisor's title _____
 Number and type of position you supervised _____

Length of employment
 from: month _____ year _____
 to: month _____ year _____
 Total years _____ months _____

Hours per week _____
 Salary \$ _____ hourly
 \$ _____ monthly
 \$ _____ annual

Principal responsibilities (be specific) _____

Reason for leaving _____

May we contact this employer? _____

REFERENCES

Four persons not related to you who can be contacted regarding your qualifications, work habits and character.

NAME	ADDRESS	PHONE NO.	POSITION AND RELATION TO YOUR WORK

CONVICTION INFORMATION

Have you served a sentence in jail or prison or been convicted of a misdemeanor or felony for which a jail sentence could have been imposed? You may answer "no" if the conviction or criminal records have been annulled, sealed, set aside, or purged, or if you have pardoned pursuant to the law. ___No ___Yes If "yes", please attach a separate sheet with explanation. Information concerning this question will not be used to automatically bar you from employment but may be used to direct your interests to areas less related to the areas of your conviction.

GENERAL INFORMATION TO APPLICANTS

If you are hired for this position, you may be required to undergo a physical examination at the City/Centennial Utilities' 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 need to be made for you.

Minn Stat. Sec. 518.611 Subd. 8 requires employers to obtain information from all new employees regarding court-ordered child support obligations that are required by law to withheld from income. Failure to provide said documentation will result in dismissal.

THE CITY OF CIRCLE PINES DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY STATUS IN THE ADMISSION OF, OR ACCESS TO, OR TREATMENT IN EMPLOYMENT IN ITS PROGRAMS OR ACTIVITIES. IT IS THE POLICY OF THE CITY OF CIRCLE PINES/CENTENNIAL UTILITIES TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN PHYSICAL AND MENTAL LIMITATIONS OF QUALIFIED DISABLED APPLICANTS AND EMPLOYEES IN ORDER FOR THEM TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB IN QUESTION.

IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, THE CITY OF CIRCLE PINES/CENTENNIAL UTILITIES HIRES ONLY U.S. CITIZENS AND LAWFULLY AUTHORIZED ALIEN WORKERS. IF HIRED YOU WILL BE REQUIRED TO PROVIDE A WRITTEN DOCUMENTATION OF CITIZENSHIP OR LEGALIZED ALIEN PROGRAM WITHIN 72 HOURS OF EMPLOYMENT. CITY RECRUITING AND HIRING DECISIONS SHALL NOT BE BASED UPON CITIZENSHIP. FAILURE TO PROVIDE SAID DOCUMENTATION WILL RESULT IN DISMISSAL.

If selection for this position requires you to appear for testing and you fail to comply, your application will not be considered.

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. 15.165, Subd. 2). If you are employed, 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 Director of Personnel by letter.

Private Data	Why We Ask For It	Are you legally obliged to provide it?	What may happen if you don't provide it?
Name	To distinguish you from all other applicants.	Yes	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 interviews.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notices.
Sex, Racial/Ethnic Group, Handicapped status, Vietnam Veteran Status	To be able to make Equal Opportunity reports as required by law.	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 and 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.

READ AND SIGN

Information requested on your application that is defined by State Statute as public may be released on request and includes: job history, education and training, relevant test scores and work availability. If you are selected as a finalist for a position, your name will become public information. Other information will be considered private and will be used only in conjunction with your possible employment. The city has the right to verify information provided in the application. False information may subject an applicant to the penalty provisions of M.S. 43A. 39.

In connection with this application for employment, I authorize the City of Circle Pines 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 my academic performance such as transcripts. Moreover I hereby release the City of Circle Pines 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 understand the information above.

Date _____

Signature _____

EQUAL OPPORTUNITY EMPLOYER

OFFICE USE ONLY

DATE RECEIVED:

INTERVIEW:

CITY OF CIRCLE PINES / CENTENNIAL UTILITIES ADDENDUM TO APPLICATION FORM

VETERANS PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded 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.

This information you provide on this form will be used to determine your eligibility for veterans preference points. you are 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 of Discharge _____ Type of Discharge _____ Date of Final Discharge _____

Service No _____

Are you receiving or eligible for a military pension? Do you have a commendable service-related disability?

Preference requested: Veteran Disabled Veteran Widow of a Deceased
 Spouse of Disabled Veteran Spouse of Deceased Veteran Veteran Who Was
Disabled at Time of Death

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.

Signature _____

Date _____

For office use only:

10 points _____ 15 points _____