

P.O. Box 550
102 Front Street North
Barnesville, MN 56514



Phone: (218) 354-2292
Fax: (218) 354-2472

APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE INTO THE FIELDS

Date of Application: _____

Position Applied For _____

Name

_____ (Last) (First) (Middle)

Address _____

Phone Numbers Home _____ Cell _____

EDUCATIONAL BACKGROUND

Received High School Diploma? Yes _____ No _____

Post High School Education/Vocational/Technical Training:

From – To	School or Program	Address	Degree/Date

Current licenses or certificates held

WORK EXPERIENCE

Current/Most Recent Employer _____ Salary _____

Address _____ Dates of Employment _____ to _____

Supervisor _____ Telephone _____

May we contact this person? _____ Position Title _____

Duties and Responsibilities

Prior Employer _____ Salary _____

Address _____ Dates of Employment _____ to _____

Supervisor _____ Telephone _____

May we contact this person? _____ Position Title _____

Duties and Responsibilities

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Address _____ Dates of Employment _____ to _____

Supervisor _____ Telephone _____

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Supervisor _____ Telephone _____

May we contact this person? _____ Position Title _____

Duties and Responsibilities

Prior Employer _____ Salary _____

Address _____ Dates of Employment _____ to _____

Supervisor _____ Telephone _____

May we contact this person? _____ Position Title _____

Duties and Responsibilities

OTHER TRAINING OR EXPERIENCE

Summarize special job-related skills and qualifications acquired from employment or other experiences.

OTHER INFORMATION

Do you have a social security number? _____ Yes _____ No

Can you legally accept permanent employment in the United States? _____ Yes _____ No

Are you over the age of 18? _____ Yes _____ No

If not, please state your birth date _____

Are you employed now? _____ Yes _____ No

Are you available to work _____ Full Time _____ Part Time

On what date would you be available to work? _____

Can you travel if a job requires it? _____ Yes _____ No

Is adequate transportation available to you so that you could get to work on time everyday? _____ Yes _____ No

Is there any reason why you cannot be at work on time every day ? _____ Yes _____ No

If yes, please state why? _____

Have you ever been bonded on a job? _____ Yes _____ No

Have you been convicted of a felony within the last seven years? _____ Yes _____ No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

REFERENCES

1. _____
Name _____ Phone _____

Address _____

2. _____
Name _____ Phone _____

Address _____

3. _____
Name _____ Phone _____

Address _____

IMPORTANT INFORMATION FOR APPLICANTS FOR EMPLOYMENT WITH CITY OF BARNESVILLE

In accordance with the Minnesota Government Data Practices Act, the City of Barnesville is required to inform you of your rights as they pertain to private data collected from you. Private data is that information which is available to you, but not to the public. Some personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87, Government Data Practices, require that you be informed that the following personal information which you are asked to provide on this Employment Application is considered private data:

- 1. *Name
 - 2. Home Address
 - 3. Home Phone Number
 - 4. Age Group
- *Name become public when certified as a "finalist"

We ask this information for the following reasons:

- 1. To distinguish you from all other applicants and identify you in our personnel files.
- 2. To help us to be sure that you are the individual who makes the application.
- 3. To help us to contact you when more information is required, when we send you notices and/or when we schedule you for interviews.
- 4. To see if you meet the minimum age requirements (if any).
- 5. To conduct proper background investigations needed when applying for a position.
- 6. To determine whether or not any conviction record may be a job-related consideration affecting your suitability for the position you applied for.
- 7. To enable us to ensure your rights to equal opportunities.
- 8. To meet federal and state reporting requirements.

Data supplied by you may be used for such purposes as may be determined to be necessary in the administration of personnel in the City of Barnesville and in the administration of personnel policies, rules and regulations.

Private data is available only to you and to other persons in the City Offices who have a justified need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Names of applicants remain private except when certified as eligible for appointment to a vacancy or when applicants are considered by the City to be finalists for a position with the City. "Finalist" means a person who is selected to be given an interview with the City Manager, or his/her designee, as a final step prior to selection.

By my signature below, I certify that I have read (or had read to me) the information printed above and understand its meaning.

I certify that answers given herein are true and complete to the best of my knowledge.

Unless otherwise indicated above, the City of Barnesville is hereby authorized to contact my former employers for information concerning my employment, ability, experiences and behavior on the job.

I understand that nothing in this employment application is intended to lead to or create an employment contract between the City of Barnesville and myself.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will likely result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City.

Signature of Applicant _____ Date _____

For Personnel Department Use Only			
Arrange Interview	_____ Yes	_____ No	
Remarks	_____		

	_____ Interviewer	_____ Date	
Employed	_____ Yes	_____ No	Date Employed _____
Job Title	_____ Hourly Rate/Salary _____		
Department	_____		
By	_____ Name & Title		Date _____

VETERAN'S PREFERENCE

The following summarizes the major points of M.S. 43A.11 as amended, which now governs the granting of veteran's preference at both the state and local levels. This chapter may be ordered from the Documents Section, Department of Administration, 117 University Avenue, St. Paul, Minnesota 55155.

A. GENERAL REQUIREMENTS:

Applicants must meet all of the following to qualify for any preference points:

1. Meets qualifications of position and/or received final passing score in the exam process without addition of preference points.
2. Separated under honorable conditions from any branch of the armed forces of the United States
3. Severed on active duty for 181 consecutive days or more or was separated by reason of disability incurred while serving on active duty.
4. Is a United States citizen.
5. Is not eligible for or currently receiving a monthly veteran's pension benefit based on length of military service.

B. POINTS GRANTED:

1. Five (5) points granted to a non-disabled veteran who meets all of the General Requirements.
2. Five (5) points granted to spouse (if not remarried) of a deceased veteran who meets all of the General Requirements.
3. Ten (10) points granted to a disabled veteran who meets all of the General Requirements if:
 - a. The veteran has a compensable service-connected disability as judged by the United States Veterans Administration or by the Retirement Board of the Branch of the Armed Forces; and
 - b. The disability exists at the time preference is claimed.
4. The (10) points granted to the spouse of a disabled veteran who meets all the General Requirements and the requirements listed in 3 above, but who is unable to qualify because of the disability.

VETERAN'S PREFERENCE DECLARATION

DIRECTIONS: Complete **either** item number **1** or item number **2** below, sign, and insert this form into the completed application form.

1. I am eligible to receive _____ preference points and certify that I am eligible to receive the preference so declared based on my understanding of the provisions of Minnesota Statutes 43A.11. I further certify that I served in the following branch of the armed forces for the United States: _____ on active duty for 181 or more consecutive days from: _____ to : _____ and was separated under: _____ Honorable Conditions
_____ Disability incurred while serving on active duty

(Please include a copy of your DD 214)

I am not eligible for or currently receiving a monthly veteran's pension benefit based exclusively on length of military service. If I have declared ten (10) preference points, I hereby certify that I am a disabled veteran with a compensable service connected disability as judged by the U.S. Veteran's Administration or by the retirement boards of the branches of the armed forces, that the disability exists at this time, and that the disability would not, to the best of my knowledge, prevent me from completely performing essential functions of the position I have applied for.

Signature

Name

Date

2. I do not claim veteran's preference points.

Signature

Name

Date

PLEASE RETURN COMPLETED FORM WITH APPLICATION

DATA PRACTICE RELEASE FORM
Authorization and Release for Employers
Pursuant to Minn. Stat. Sec. 13.05, Subd. 4
Minnesota Data Practices Act

TO: _____
(Employer)

I, _____ hereby authorize and grant my informed consent to permit you, _____ to release to and make available to the City of Barnesville and/or its agents and/or representatives data classified as public and private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minn. Stat. Sec. 13.02 subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized (both public and private) includes: Dates of employment, job title and activities during employment, reason for termination of employment, eligibility for rehire, attendance records, performance evaluations, disciplinary records and actions, education and training records, complaints or grievances filed by or against me, background, reputation, and job history.

I understand that the purpose of permitting the City of Barnesville to have access to this information is to determine my suitability for employment with the City of Barnesville. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the City of Barnesville, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

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 damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of _____ including its officers, employees, or related personnel, 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 the duly accredited representative of the City of Barnesville regardless of any agreement I may have made with you previously to the contrary.

The City of Barnesville is requesting the information pursuant to this release and may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Barnesville's acceptance and processing of my application for employment. I agree to hold _____ its agents and employees harmless for any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Barnesville.

A photo copy of fax copy of this release form will be valid as an original thereof, even though the said photo copy or fax copy does not contain an original writing of my signature.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to the expiration, cancel the written authorization by providing written notice to the department or to you of that fact.

(Original Signature)

(Date)

**CITY OF BARNESVILLE
BACKGROUND INVESTIGATION**

As an applicant for employment with the City of Barnesville, you are being asked to provide information about yourself which will be used to evaluate your suitability for this type of employment.

The purpose of this background investigation is to review information concerning criminal and non-criminal history which reflects upon the character of you as an individual. This process will include, but not be limited to, all incidents of police contact in the areas of domestic abuse, child abuse, sexual misconduct, fraud, theft, abuse of controlled substances, alcohol abuse, driving record and/or other incidents or information (conviction data, incident data, neighborhood data) which may be relevant during the hiring process of City of Barnesville positions.

The purpose and intended use of this data is to conduct the background inquiries of prospective employees. The specific use of each category of data is described below:

1. To conduct a criminal history and background check name (s) by which an employee is known must be listed. Social Security numbers to verify.
2. In order to access driver's license data, date of birth must be supplied.
3. In order to access criminal history data, date of birth and gender must be supplied
4. A criminal history, background check and driver's license check are required minimum selection standards under applicable City policy in order to determine whether there are any job-related factors which affect an employee's suitability for employment.

This data will be used solely for the above mentioned purpose. The data will be forwarded to the appropriate City staff and/or consultants as determined necessary for completion of the background investigation. This data may also be used for other purposes necessary for the administration of law, rule of ordinance but will be disseminated only as required by law.

You are not legally required to provide the requested information. However, if you do not, the City of Barnesville will be unable to conduct the required background inquiries and will not be able to assess your suitability for this type of employment and will not be able to consider you as an employee.

YOUR FULL NAME: _____
 First Middle Last

OTHER NAMES YOU HAVE BEEN KNOW TO USE: _____

DATE OF BIRTH (MM/DD/YY): _____ GENDER ___M ___F

DRIVERS LICENSE NO: _____ STATE _____

SOCIAL SECURITY NUMBER: _____

I hereby authorize the City of Barnesville to use this information to determine my suitability for employment. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

CREDIT RELATED INFORMATION FORM

TO: Credit Bureau of Fargo Moorhead

I have applied for a position at the City of Barnesville, Barnesville, MN. As a part of the city's evaluation of my suitability for employment in the position applying for, a background investigation is being conducted.

I requested and authorize you to release any and all information concerning my credit, credit rating, and credit bureau reports including all state and national credit records involving me to the following address: City of Barnesville, PO Box 550, Barnesville, MN 56514.

I offer the following information to facilitate this process:

Full Name: _____

Full Address: _____

Drivers License Number & State: _____

Social Security Number: _____ Date of Birth : _____

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 damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of _____ including its officers, employees, or related personnel, 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 the duly accredited representative of the City of Barnesville regardless of any agreement I may have made with you previously to the contrary.

The City of Barnesville is requesting the information pursuant to this release and may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Barnesville's acceptance and processing of my application for employment. I agree to hold Credit Bureau of Fargo Moorhead, its agents, and employees harmless for any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Barnesville.

A photo copy or fax copy of this release form will be valid as an original thereof, even though the said photo copy or fax copy does not contain an original writing of my signature.

This authorization shall be valid for a period of one year, but I reserve the right to cancel the authorization at any time prior to that expiration by providing written notice to the department or to you.

(Signature)

(Date)