THE HUB OF SIBLEY COUNTY

GAYLORD

CITY OF GAYLORD
332 MAIN AVENUE, P.O. BOX 987
GAYLORD MN 55334-0987
PHONE: 507-237-2338
FAX: 507-237-5121

DATE: _____

EMPLOYMENT APPLICATION

Title of job applied for: _____
(Type or print)

_____
Last Name First Name MI Home Phone Work Phone

_____
Street Address Apt. No. City State Zip

If you should move after applying for this position, please notify the City in writing immediately of your change of address and phone number.

* Are you 16 years of age or older? _____ Yes _____ No

* Are you legally eligible for employment in the U.S.? _____ Yes _____ No

* Do you have a valid Minnesota driver's license? _____ Yes _____ No Class Type: _____

* Have you ever been convicted of a felony? (Conviction will not necessarily disqualify you for employment. However, conviction of a crime related to this position may result in your being rejected for this position.) _____ Yes _____ No If yes, explain: _____

_____

_____

* How did you hear about the position? _____

* Has any of your education or experience been under another name? _____ Yes _____ No

If yes, list other name: _____

OTHER APPLICANT INFORMATION

AN EQUAL OPPORTUNITY EMPLOYER, the City of Gaylord will hire and promote without regard to such non-job related distinctions as race, creed, color, age, religion, sex, marital status, status with regard to public assistance, national origin, physical or mental disability or sexual orientation.

DATA PRIVACY: The information on this application is necessary to identify you and to determine your suitability for this position. You must supply this information in order to be considered for employment. Background investigations may be conducted on the top candidates if needed to determine suitability for the position. If a background check is required, you will be notified and asked to sign a release.

EMPLOYMENT EXPERIENCE

List your work history for the last eight years. Start with your PRESENT or MOST RECENT position. Additional experience may be listed beyond five years. If included, do not list dates. Give length of employment only.

Employer Telephone ( )	Dates Employed From To		Work Performed
Address			
Job Title	Hourly Rate/Salary Starting	Final	
Supervisor			
Reason for Leaving			

Employer Telephone ( )	Dates Employed From To		Work Performed
Address			
Job Title	Hourly Rate/Salary Starting	Final	
Supervisor			
Reason for Leaving			

Employer Telephone ( )	Dates Employed From To		Work Performed
Address			
Job Title	Hourly Rate/Salary Starting Final		
Supervisor			
Reason for Leaving			

Employer Telephone ( )	Dates Employed From To		Work Performed
Address			
Job Title	Hourly Rate/Salary Starting Final		
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

If you are currently working, may we contact your PRESENT employer about your work?
_____ Yes _____ No

MEMBERSHIP IN CIVIC AND PROFESSIONAL ORGANIZATIONS

Please describe:

_____

_____

_____

_____

_____

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

_____

_____

_____

_____

_____

If you need more space, use the last page of the application or attach additional sheets. Although you must fully complete this application, you may ***also include a job resume*** *or other description of your work and volunteer and personal experiences that are relevant to this position. If a questionnaire is included as an application supplement for the position, it must be completed for you to be considered.*

EDUCATION

	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprentice-ship, Skills & Extra-Curricular Activities				

Honors received (school and community):

State any additional information you feel may be helpful to us in considering your application.

Give name, address and telephone number of three (3) references who are not related to you.

List any correspondence courses, special courses, seminars, workshops, training and skills acquired that might relate to this position. Please review the job description before answering this question.

List any current licenses, registrations or certificates that you possess. Include driver's license number, class and State of Issue.

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

Business machines and experiences: _____

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? _____NO _____YES

YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 13.01 through 13.87 (1983) on data privacy require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address and Home Phone Number.

This means it is available only to you, the City of Gaylord officials and their representatives who have a bona fide need for it. This data will be used to identify you within the hiring process. Refusal to supply requested information may mean your application will not be considered.

Your name is considered private until you become a finalist for employment with the City of Gaylord. You are considered a finalist when and if you are selected to come to the final selection interview prior to selection.

EMPLOYEE CERTIFICATION

Please be sure to sign this application and read the following statements carefully:

1. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in rejection of my application or dismissal if I am hired.

2. I authorize the City of Gaylord and its agents and/or representatives to verify this information to determine whether or not I am qualified for the position for which I am applying.

3. I understand that only the City Council has the authority to make employment agreements.

4. I hereby authorize all current and previous employers and schools to release to the City of Gaylord data classified as private. The data which I authorize to be released consists of private data as defined by M.S. 13.02, Subd. 12 and has been or will be collected by the City of Gaylord and/or its agents and/or representatives. This information includes all data which has been collected, created, received, retained or disseminated in whatever form which is in any way related to employment. I fully

understand that the purpose of permitting the City of Gaylord to have access to this information is to determine my suitability for employment for the position for which I have applied. I release all parties from any and all liability and claims for damage whatsoever that may result therefrom.

5. I have read and understand the Job Description given to me by the City of Gaylord for the position covered by this application and feel that I am fully qualified with the knowledge, skills, and ability to perform the duties required.

This authorization shall be valid for one year, but I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the City Council of the City of Gaylord. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that a photocopy shall be considered as valid as the original.

Name: _____

Signature:_____

Date:_____

VETERAN'S 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 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 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 VETERAN'S BONUS POINTS ____ YES ____NO

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

VETERAN'S 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 Discharge:	Date of Final Discharge:	Service 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 _____ Spouse of Disabled Veteran	_____ 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 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation: ____ is attached ____ will be submitted within 7 days of application deadline

FOR OFFICE USE ONLY
_____ 10 points
_____ 15 points