



170 Main Street East  
PO BOX 236  
Elgin, MN 55932  
507.876.2291 Fax: 507.876.2451

## APPLICATION FOR EMPLOYMENT

Position Being Applied For \_\_\_\_\_

### TENNESSEN WARNING PLEASE READ CAREFULLY BEFORE FILLING OUT THIS APPLICATION

In accordance with the Minnesota Government Data Practices Act, the City of Elgin is required to inform you of your rights as they relate to the private information collected from you. Private data is information that is available to you, but not the public. The personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant from employment with the City of Elgin. All data collected is considered private except for the following:

- (1) Your veteran's status.
- (2) Relevant test scores.
- (3) Your rank on our eligibility list.
- (4) Your job history.
- (5) Your education and training.
- (6) Your work availability.

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules, and regulations of the City of Elgin. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, appropriate City employees, and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment that is not designated in this notice as private data.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the City of Elgin in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the City of Elgin to monitor protected class employment and to meet federal, state, and local reporting requirements.

I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.

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(Date)

(Signature of Applicant)

**APPLICATION FOR EMPLOYMENT**

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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. While we encourage submission of a resume, applicants who submit a resume still need to fill out the official City Application completely. Failure to completely fill out this application may disqualify your application from consideration.

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 attach any additional information which you believe qualifies you for the position.

Please use **INK OR TYPEWRITER**.

\*\*\*\*\*

1. Title or kind of work applied for: \_\_\_\_\_

\_\_\_\_ Permanent \_\_\_\_ Part-time \_\_\_\_ Seasonal

\_\_\_\_ Temporary Date Available: \_\_\_\_\_

(check all that apply)

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**PERSONAL INFORMATION**

2. Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

3. Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

5. Driver's 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 \_\_\_\_\_

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**EDUCATIONAL INFORMATION**

7. Circle the highest grade completed      Grade School      High School      College      Post Graduate  
1 2 3 4 5 6 7 8      9 10 11 12 or GED      13 14 15 16      MA Ph D

Type of School	Name and Address of School	Degree	Major
High School		Diploma <input type="checkbox"/> GED <input type="checkbox"/>	
College or University			
College or University			
Graduate School			
Technical			

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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.

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List any current licenses, registrations, or certificates that you possess.

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

Typing Ability: Yes\_\_\_\_ No\_\_\_\_ WPM\_\_\_\_ Shorthand Ability: Yes\_\_\_\_ No\_\_\_\_ WPM\_\_\_\_

Business Machines and Experiences:\_\_\_\_\_

Bookkeeping Experience:\_\_\_\_\_

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**TO BE COMPLETED BY APPLICANTS FOR LABOR AND SKILLED TRADE POSITIONS ONLY**

Apprenticeship(s) served or trades learned: \_\_\_\_\_

Capable of operating the following equipment: \_\_\_\_\_

\_\_\_\_\_

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**EMPLOYMENT HISTORY** - Please list past two employers you have had since you entered the workforce beginning with your most recent employment.

May we contact your present employer?      Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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1. Employer's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Held \_\_\_\_\_ Duties Performed \_\_\_\_\_

\_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary \_\_\_\_\_

Were you terminated from that position? \_\_\_\_\_ If not, please explain your reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....

2. Employer's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Held \_\_\_\_\_ Duties Performed \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary \_\_\_\_\_

Were you terminated from that position? \_\_\_\_\_ If not, please explain your reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**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? \_\_\_\_\_

\_\_\_\_\_

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**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. \_\_\_\_\_



**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 veteran's 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.

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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.

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**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 \_\_\_\_\_

## Applicant's Statement

All applicants are required to sign this application to receive consideration. By virtue of your signature the applicant certifies and acknowledges the following:

1. That answers given herein are true and complete.
2. Investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision is hereby authorized.
3. The applicant understands and acknowledges that, unless otherwise defined by applicable law, any employment relationship with the City of Elgin is of an "at will" nature, which means that the employee may resign at any time and the City may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the City of Elgin.
4. Minnesota State Statutes provide that the name of a candidate for this position is public data once that individual is a finalist for the position. The City tries to use discretion and typically releases this information only upon request, but it is obligated to release the information for all finalists.
5. That the City is hereby authorized to make contact with my present employer(s), but that such contact shall not be made unless I am a finalist for the position. The applicant acknowledges that they may be deemed a "finalist" from the moment that they are chosen by the City of Elgin for an interview for this position.
6. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City.

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(Date)

(Signature of Applicant)



