



City of Nisswa
PO Box 410
Nisswa, MN 56468
(218) 963-4444

Office Use Only
 Date Received: _____
 Interview: _____

EMPLOYMENT APPLICATION

INSTRUCTIONS:

1. Please read "APPLICANT NOTE".
2. Complete all pages of this form.
3. If more space is needed to complete any question, include a separate page.
4. Print clearly; incomplete or illegible applications will not be processed.

APPLICANT NOTE:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, religion, national origin or presence of disabilities, sexual orientation, status with regards to public assistance, or any other characteristic protected by law. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on City policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the City. This application applies only to the position specified. It is considered inactive after 120 days. If at any time you wish to be considered for employment within the City of Nisswa, another application must be completed.

1. Title of specific position for which you are applying	2. Date of application	3. Date available for work
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4. Last name	First name	Middle name
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5. Street Address	6. City	7. State and Zip Code
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8. Are you over the age of 18?	9. Residence phone number	10. Cell phone number
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11. Employment condition desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	12. Have you previously been employed by the City? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date _____ Position _____
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13. If position involves driving, please indicate driver's license number:
 _____ State _____ Class _____

14. Education. Did you graduate from high school or receive a GED?
 Yes No School attended _____
 How many years of education have you had? _____

Names and locations of colleges, universities, tech. schools	Did you graduate?	Certificate/degree	Course of Study

15. Employment history. Experience and training ratings are determined by this information – please be complete. List your present or most recent experience first. Attach additional sheets if necessary. Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

<p>Employment Firm _____</p> <p>Address _____</p> <p>Phone Number _____ Supervisor _____</p> <p>Your Title _____</p> <p>Number and type of positions you supervised _____</p> <p>Principal Responsibilities – Be Complete _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Length of Employment</p> <p>From _____</p> <p>Month _____ Year _____</p> <p>To _____</p> <p>Month _____ Year _____</p> <p>Hours per week _____ Last Salary _____</p> <p>Reason for leaving _____</p> <p>_____</p> <p>May we contact your present employer: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, explain _____</p> <p>_____</p>
<p>Employment Firm _____</p> <p>Address _____</p> <p>Phone Number _____ Supervisor _____</p> <p>Your Title _____</p> <p>Number and type of positions you supervised _____</p> <p>Principal Responsibilities – Be Complete _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Length of Employment</p> <p>From _____</p> <p>Month _____ Year _____</p> <p>To _____</p> <p>Month _____ Year _____</p> <p>Hours per week _____ Last Salary _____</p> <p>Reason for leaving _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Employment Firm _____</p> <p>Address _____</p> <p>Phone Number _____ Supervisor _____</p> <p>Your Title _____</p> <p>Number and type of positions you supervised _____</p> <p>Principal Responsibilities – Be Complete _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Length of Employment</p> <p>From _____</p> <p>Month _____ Year _____</p> <p>To _____</p> <p>Month _____ Year _____</p> <p>Hours per week _____ Last Salary _____</p> <p>Reason for leaving _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Note: Do not fill out any part of this section you believe to be non-job related. Please exclude any information indicative of age, sex, religion, national origin, or disability.

16. Relevant current professional memberships, registrations, or licenses. Include date when first issued.

Job-Relevant Volunteer and Unpaid Work Experience

17.

Kind of volunteer activity	Major responsibilities	# Hours per month	From Date	To Date

18. Describe any additional experience or training that qualifies you for this job.

19. In accordance with the Immigration Reform and Control Act of 1986, the City of Nisswa hires only U.S. citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

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

22. Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty? No Yes
 If 'Yes', are you a permanent resident of the State of Minnesota? No Yes

Describe your duties and any special training: _____

23. If you are hired for this position, you may be required to undergo a physical examination 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.

24. Give the names of four people other than relatives who can be contacted regarding your qualifications, work habits, and character.

Name	Present Address	Telephone	Position and relation to your work

THE CITY OF NISSWA IS AN EQUAL OPPORTUNITY EMPLOYER

CERTIFICATION AND RELEASE:

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the City and/or its agents including consumer reporting bureaus to verify any of this information including, but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of controlled substances and alcohol is prohibited during employment. If City policy requires, I am willing to submit to drug testing to detect the use of controlled substances prior to and during employment. I agree that if I am employed, my employment shall not be construed as being for any definite period of time, but will be for an indefinite period, terminable at will by the City or me.

Signed: _____ Date: _____

RELEASE AUTHORIZATION:

In connection with my application for employment with you, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my workers' compensation claims, motor vehicle operation history and criminal history from various states, private and insurance sources along with other public records available. Workers' compensation information will only be requested in compliance with the ADA.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINSTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY THE CITY OF NISSWA TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a FAX or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota's Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

Signed: _____ Date: _____

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. 13.43, Subd. 2). If you become employed by the City, 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 City Clerk by letter.

Private Data	Why We Ask For It	Are You Legally Obligated to Provide It?	What May Happen If You Don't Provide It
Social Security Number	To distinguish you from all other applicants and to make processing more efficient.	No	In most cases, nothing. However, it will help to ensure that your records are not confused with those of others.
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Date of Birth (when requested on a separate form)	To conduct a check of criminal records for certain positions.	No	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 interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Sex, Racial/Ethnic Group, Handicapped Status, Veteran Status (This information is requested on a separate form).	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.
ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC; THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE			

**CITY OF NISSWA
ADDENDUM TO APPLICATION FORM**

VETERANS 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 veterans preference points. You are not 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 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 <input type="checkbox"/> Self <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have a compensable service-related disability? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Preference requested: <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse of Disabled Veteran		<input type="checkbox"/> Disabled Veteran <input type="checkbox"/> 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 not 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.

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

FOR OFFICE USE ONLY 5 POINTS 10 POINTS