



City of St. Francis
Cree St NW
St. Francis, MN 55070

Phone: 763-753-2630
Fax: 763-753-9881

Application for Employment

I. Position Desired

Date: _____

Title of position for which you are applying: _____

Date available to begin employment: _____

II. Personal Data

Email: _____

Name: _____
First Middle Last

Address: _____
Street City State Zip

Home Phone: _____ Alternate Phone: _____ Best time to call: _____

If hired, can you provide documents required to prove your eligibility to work in the United States?

☐ Yes ☐ No

Minnesota P.O.S.T. #: _____ (If applicable)

Have you previously worked for the City of St. Francis? ☐ Yes ☐ No

If yes, position held/department: _____

Date of Hire: _____ Date of Resignation: _____

List all other names under which you have been employed or educational records may be found: _____

Do you have any special needs which may necessitate accommodations in the application/interview process? ☐ Yes ☐ No

If Yes, please describe the type of accommodation requested: _____

Have you had any violations on your driving record within the past (5) years? ☐ Yes ☐ No

If yes, please explain: _____

III. Personal Statement

Please indicate why you are interested in the position and what you hope to accomplish if selected:

IV. Work/Volunteer Experience

List most recent work and volunteer experience first. Please attach additional relevant work experience history sheets if necessary.

Employer Name: _____

Employer Address: _____

Name of Supervisor: _____ Phone: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: Start: _____ End: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Employer Name: _____

Employer Address: _____

Name of Supervisor: _____ Phone: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: Start: _____ End: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Employer Name: _____

Employer Address: _____

Name of Supervisor: _____ Phone: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: Start: _____ End: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

V. Education

List all schools attended. Please attach additional education sheet if necessary.

High School

Name of High School: _____

Address of School: _____

Diploma or GED Received: _____ Graduation Date: _____

Grade Point Average: _____

Higher Education

Name of School: _____

Address of School: _____

Degree Received: _____ Graduation Date: _____

Major/Minor: _____ Grade Point Average: _____

Name of School: _____

Address of School: _____

Degree Received: _____ Graduation Date: _____

Major/Minor: _____ Grade Point Average: _____

Name of School: _____

Address of School: _____

Degree Received: _____ Graduation Date: _____

Major/Minor: _____ Grade Point Average: _____

List/describe any other training and/or experience relevant to the position for which you are applying:

VI. Licenses

List current licenses, registrations, or certificates relevant to the position for which you are applying.

<u>Description</u>	<u>License No.</u>	<u>Issued by</u>	<u>Date Issued</u>	<u>Expiration</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

VII. References

References should be people in a position to discuss your qualifications for the position you seek. Include managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you.

Name of Reference: _____ Title: _____

Address: _____

Phone Number: _____ Relationship to You: _____

Name of Reference: _____ Title: _____

Address: _____

Phone Number: _____ Relationship to You: _____

Name of Reference: _____ Title: _____

Address: _____

Phone Number: _____ Relationship to You: _____

VIII. Certification, Acknowledgment and Release

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the City of St. Francis.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the City Council or the appointing authority referenced in the job description, and that until such approval, the City of St. Francis shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") and references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the City of St. Francis and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession.

I hereby release the City of St. Francis and all current and former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of the City of St. Francis, former employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.

- Notice to Applicant: If you do not agree with any portion of the acknowledgement, certification, authorization and release, cross out that section and initial it.
- Applications must be signed to be considered for employment. Complete all applicable areas. Do not mark your application "see resume". An incomplete application may reduce your opportunity for employment with the City of St. Francis. Applications must be received by the application deadline.

Date: _____ Signature: _____

IX. Data Privacy Notice

According to Minn. Stat. § 13.04, the City must advise you of the following.

1. Purpose and intended use of the data:

The City collects this information for purposes of selecting a candidate for hire. For public safety positions or in the event you are selected for hire, your data will be used to perform a criminal background check, including using the BCA's website.

2. Whether you may refuse or are legally required to supply this data:

Application for employment as well as supplying any data in application for employment is voluntary.

3. Consequences arising from supplying or refusing to supply this data:

We take pride in hiring the best candidates, but we can't do this without a complete application. Filling out the application is voluntary, and the more complete the application, the better your chances of conveying to the City you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.

X. Veteran's Preference Points Application

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 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 active duty; and be a citizen of the United States or a 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.

If you supply the supporting documentation by separate mail, your name and the position applying for must be included.

Are you applying for veteran's preference points ☐ Yes ☐ No

If you answered "yes", your DD214 or other documentation must be submitted with application.

Preference: ☐ Veteran (10 pts)
☐ Disabled Veteran (15 pts)
☐ Spouse of Disabled Veteran (10 pts)

Branch of Service:_____Active Duty From:_____To: _____

Rank of Discharge:_____Type of Discharge: _____

Date of Final Discharge:_____Service Number: _____

Are you receiving or eligible for a military pension? ☐ Yes ☐ No

Do you have a compensable service rated disability? ☐ Yes ☐ No

If you answered 'yes", your USDVA Letter of Disability must be submitted with application.

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 points are awarded in a timely manner.

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