

City of St. Francis

St. Francis, Minnesota

Employment Application

Title of Position Applying For	Date Available for Work	Today's Date
Employment Status Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Volunteer Firefighter (Please list days and hours of week available to respond to calls): _____		
Last Name	First Name	Middle Name
Email Address		
Street Address		City
		State
		Zip Code
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Other: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>	
Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list birth date: ____/____/____	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been previously employed by the City of St. Francis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date(s) and position(s) held: _____		
Do you have any relatives working for the City of St. Francis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names and relationship to you: _____		
Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	High School Name and Location: _____	

Type of School	Name & Location	From	To	Major	Degree, Certificate or Credits Earned	G.P.A.
College/University						
College/University						
Graduate School						
Technical and/or Vocational School						
Other						

Driver's License Number	State	Expiration Date	Class: ____A ____B ____D ____CDL
Please List Any Endorsements:			

WORK EXPERIENCE: List complete employment history, beginning with most recent first. Include paid and unpaid experience. **DO NOT USE “SEE RESUME” OR SIMILAR.** Attach additional sheets, if needed.

Employer #1 _____ Phone (____) _____ - _____ Address _____ Supervisor's Name _____ Supervisor's Title _____ Your Job Title _____ Specific Duties _____ _____ May we contact this employer? ____ Yes ____ No If No, please indicate reason: _____	Dates Employed (Mo/Yr): From _____ To _____ Total (Years/Months): _____ Hours Worked Per Week _____ Last Salary _____ Reason for Leaving or Seeking Other Employment: _____ _____ _____ _____
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<p>Employer #2 _____</p> <p>Phone (____) _____ - _____</p> <p>Address _____</p> <p>Supervisor's Name _____ Supervisor's Title _____</p> <p>Your Job Title _____</p> <p>Specific Duties _____</p> <p>_____</p> <p>May we contact this employer? ____ Yes ____ No If No, please indicate reason: _____</p>	<p>Dates Employed (Mo/Yr): From _____ To _____ Total (Years/Months): _____</p> <p>Hours Worked Per Week _____</p> <p>Last Salary _____</p> <p>Reason for Leaving or Seeking Other Employment: _____ _____ _____ _____</p>
<p>Employer #3 _____</p> <p>Phone (____) _____ - _____</p> <p>Address _____</p> <p>Supervisor's Name _____ Supervisor's Title _____</p> <p>Your Job Title _____</p> <p>Specific Duties _____</p> <p>_____</p> <p>May we contact this employer? ____ Yes ____ No If No, please indicate reason: _____</p>	<p>Dates Employed (Mo/Yr): From _____ To _____ Total (Years/Months): _____</p> <p>Hours Worked Per Week _____</p> <p>Last Salary _____</p> <p>Reason for Leaving or Seeking Other Employment: _____ _____ _____ _____</p>

KNOWLEDGE, SKILLS AND ABILITIES SECTION

Typing Ability: ___ Yes ___ No ___ WPM	Computer/Word Processing Experience: ___ Yes ___ No	Copier/Scanner Experience: ___ Yes ___ No
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Computer Experience: ___ Yes ___ No
 If Yes, please list computer software programs and hardware you are skilled with.

List other office equipment you can operate:

List any special courses, seminars, workshops and/or training you attended that relate to the job you are applying for.

If relevant, list other registrations, licenses or certificates you have.

Type: _____ Date Issued: _____ Date Expires: _____

Type: _____ Date Issued: _____ Date Expires: _____

For Labor & Skilled Trades Only: List the equipment you are capable of operating:

Please use this section to add any additional information you deem relevant to better assess your suitability for the position applied for:

MILITARY SERVICE:

Branch of Service: _____

Period of Active Duty: From: _____ To: _____ Rank at Discharge: _____

Type of Discharge: _____ Date of Final Discharge: _____

Describe your duties and any special training:

VETERAN'S PREFERENCE POINTS: Preference points are awarded to qualified veterans and spouses of deceased veterans to add to their application results. Points are awarded subject to the provisions of MN Statute 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 U.S. after having served on active duty for 181 consecutive days or by reason of disability rated at 50% or more, incurred while serving on active duty, and be a citizen of the U.S. or resident alien; or be the surviving spouse of a deceased veteran or the spouse of a disabled veteran who because of the disability is not able to qualify; **AND 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.

ARE YOU APPLYING FOR VETERAN'S PREFERENCE POINTS? ☐ Yes ☐ No

If Yes, your DD214 or other supporting documentation must be received no later than five (5) calendar days after the application deadline.

PREFERENCE REQUESTED: ☐ Veteran (10 Pts) ☐ Disabled Veteran (15 Pts)
☐ Spouse of Disabled or ☐ Deceased Veteran (10 Pts)

Are you receiving or eligible for a military pension? ☐ Yes ☐ NoDo you have a service-related disability? ☐ Yes ☐ No (_____%)

REFERENCES: Please list three (3) references (not relatives), who have known you for at least one (1) year, who can attest to your work qualities.

Name	Relationship to You	Occupation	Telephone Number
			()
			()
			()

NOTICE TO APPLICANT: Information requested on your application that is defined by State Statute as public may be released on request and includes job history, education and training, relevant test scores, rank on our eligibility list, Veteran's status, and work availability. Your name is private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment. Certain other information is private and may be released only to you or to governmental entities authorized access by law. Private data contained above:

NAME/SOCIAL SECURITY NUMBER (SSN): Used to identify you in relation to other applicants. You are legally required to provide your name, but not your social security number. Failure to provide this information may result in a delay in processing or rejection of your application.

LICENSE INFORMATION: Used to certify applicants for positions where State Law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in rejection of your application.

CITIZEN STATUS: Used to clarify applicants for work in the U.S. as determined by laws of the U.S. Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application.

FAIR CREDIT REPORTING ACT DISCLOSURE: In connection with your application for employment, an investigation may be made in which “consumer reports” are obtained from a consumer reporting agency. Such reports may include information concerning your credit worthiness, credit capacity, character, general reputation, personal characteristics, or mode of living. Examples of such reports include, but are not limited to: your credit history and a criminal background check. Upon written request, you will be provided with a disclosure of the nature and scope of the consumer report.

The City of St. Francis will not use the information contained in the consumer report and/or investigative consumer report in violation of any applicable federal or state law or regulation.

If any consumer reports and/or investigative consumer reports indicate that any adverse action should be taken, including the denial of your application for employment, you will be provided with a copy of the report(s) and the “Summary of Your Rights Under the Fair Credit Reporting Act” per the Fair Credit Reporting Act.

The information contained herein is considered private data and will be used only to determine your suitability for employment. Providing this information is strictly voluntary and you are not required by law to furnish any of the information requested herein. However, if you do not furnish it we may have difficulty determining your suitability for employment. The information provided herein will be accessible only to you, appropriate staff of the City of St. Francis, or as provided for by Minnesota Statutes. By law, I understand that I have the right to receive a free copy of my consumer report and/or investigative consumer report from the consumer reporting agency if one is obtained, upon my written request for this information.

Applicant Name (printed): _____

Applicant Signature: _____

APPLICANT'S STATEMENT

I certify that I have read the "Notice to Applicant" regarding the MN Data Practices Act, and understand my rights as a subject of data. I authorize that a transcript may be requested where necessary to verify any education record. I hereby expressly authorize the collection, use and release of any and all information concerning me, which relates to my employment. I hereby release the City of St. Francis, with which I am seeking employment, from any liability which may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless my present and past employers from any liability whatsoever arising out of its release of information pursuant to this release.

I understand that if offered a position, I must submit to and pass a drug screen and depending on the position, may be required to submit to and pass a psychological examination, a physical examination and/or a physical agility test.

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in this application will be grounds for disqualification for employment or in the event of employment, dismissal from employment upon discovery of the information.

By signing this form I hereby acknowledge I have read and understood the above statements. ***Failure to sign this form may result in rejection of your application.***

Signature of Applicant	
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REFERRAL SOURCE

How were you made aware of this employment opportunity?

☐ Internet (specify site): _____
☐ Newspaper (specify paper): _____
☐ Employment Agency (list name): _____
☐ Employee Referral (provide name): _____
☐ Community Agency Referral (specify name): _____
☐ Walk-In
☐ Other Source: _____



St. Francis Police Officer Supplemental Questionnaire

1. Are you a U.S. citizen? YES NO
2. Do you have a valid driver's license? YES NO
IF YES, state of issuance _____
3. Are you currently a licensed peace officer in the State of Minnesota? YES NO
a. IF YES, what is your POST license number _____
4. Do you have experience as a CSO or Reserve Officer? YES NO
a. IF YES, how many years _____
b. IF YES, with what agency _____
5. Describe special certifications that you have earned that relate to the law enforcement Profession (first responder, EMT, ect.). Be specific, including expiration date.
6. Describe/list your experience outside of law enforcement working with community groups. Be specific, including years of experience.
7. Describe any other work experience you have had working/communicating with the public.

Printed Name: _____ Signature: _____