



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

Are you at least 21 years of age: \_\_\_\_\_

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:

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#### 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: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

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Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Employment/Experience: Start: \_\_\_\_\_ End: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

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Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Employment/Experience: Start: \_\_\_\_\_ End: \_\_\_\_\_

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: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

### Higher Education

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

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

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## 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: \_\_\_\_\_

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## 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.

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## **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.

Continued >>>>>>>

Position: \_\_\_\_\_

**CITY OF ST. FRANCIS**  
**AUTHORIZATION FORM FOR DEPT OF MOTOR VEHICLE & BUREAU OF CRIMINAL APPREHENSION**

The City of St. Francis verifies information received on convictions/moving violations for which a jail sentence could have been imposed. This is done to identify problems that may compromise the safety of employees, residents or individuals/groups that partner with the City.

Information will be obtained through the Department of Motor Vehicles and the Bureau of Criminal Apprehension. Only criminal convictions, which relate directly to the position for which you are being considered, and for which a jail sentence could have been imposed, will be used in determining employment eligibility.

Only those employees or City representatives directly involved in the selection process will have access to this data.

Before an applicant is rejected on the basis of a criminal conviction, he/she will be notified in writing and will be notified of any right to process complaints and grievances as afforded by Minnesota Statute Chapter 364.

I, \_\_\_\_\_, authorize the City of St. Francis to verify information on convictions/moving violations for which a jail sentence could have been imposed. Further, I understand that a criminal background check and driver's license check will be run only if I have been selected as a finalist. I agree to the dissemination of information as stated above. Authorization for obtaining this information expires one year from the date this consent form is signed.

Print Full Name \_\_\_\_\_  
(first) (middle) (last)

Print Full Address \_\_\_\_\_  
\_\_\_\_\_

If you have not lived in Minnesota for past five years, please list previous addresses for the past 10 years on a separate sheet of paper.

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ DOB \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Bureau of Criminal Apprehension requires that this authorization form be notarized to ensure the validity of the signature.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary:

\_\_\_\_\_ (SEAL) \_\_\_\_\_

The Police Dept Recommends: \_\_\_ Approval \_\_\_ Denial for the \_\_\_\_\_ position.

Comments:

Signature \_\_\_\_\_ Date \_\_\_\_\_