



Application for Employment
AN EQUAL OPPORTUNITY EMPLOYER

Personal Information			
Full Name _____			
(Last)	(First)	(Middle)	(Social Security #)
Present Address _____			
(Street)	(City)	(State)	(Zip)
Telephone #: _____			
(Business)	(Home)	(Cell)	
E-mail Address: _____			

Employment Desired		
Position _____	Date You Can Start _____	Salary Desired _____
Have you applied to the City before? _____	When & What Dept. _____	
How did you learn of this position? _____		

Education				
School Level	Name & Location	Degree(s) Received	# Years Attended	Did you Graduate
High School				
College				
Graduate School				
Trade/Business or Correspondence School				
Subjects of special study or research work: _____				

Former Employers

List most recent employer first. List complete employment history, but do not provide dates of employment for jobs held more than five years ago.

1. Name & Address of Employer _____
_____ Telephone _____

Starting Date _____ Ending Date _____
month year month year

Weekly Starting Salary _____ Weekly Final Salary _____

Job Title _____ Name/Title
of Supervisor _____

Description of work _____

Reason for leaving _____

2. Name & Address of Employer _____
_____ Telephone _____

Starting Date _____ Ending Date _____
month year month year

Weekly Starting Salary _____ Weekly Final Salary _____

Job Title _____ Name/Title
of Supervisor _____

Description of work _____

Reason for leaving _____

3. Name & Address of Employer _____
_____ Telephone _____

Starting Date _____ Ending Date _____
month year month year

Weekly Starting Salary _____ Weekly Final Salary _____

Job Title _____ Name/Title
of Supervisor _____

Description of work _____

Reason for leaving _____

4. Name & Address of Employer _____
 _____ Telephone _____

Starting Date _____ Ending Date _____
 month year month year

Weekly Starting Salary _____ Weekly Final Salary _____

Job Title _____ Name/Title
 of Supervisor _____

Description of work _____

Reason for leaving _____

References

List three persons not related to you whom you have known at least one year, including at least one co-worker.

Name	Address/City/State/Zip	Telephone Number	Relationship
1.			
2.			
3.			

Military Experience (see attached Vets Preference Form)

Authorization

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS CORRECT AND THAT I HAVE NOT OMITTED ANY INFORMATION. I UNDERSTAND THAT FALSIFICATION OR OMISSION OF INFORMATION MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT OR RESULT IN IMMEDIATE DISMISSAL IF DISCOVERED AT A LATER DATE.

I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME AND FOR ANY LAWFUL REASON BY THE CITY.

I AUTHORIZE THE SCHOOLS, REFERENCES AND MY PRIOR EMPLOYERS LISTED ABOVE TO PROVIDE MY RECORDS TO THE CITY OF FAIRMONT, INCLUDING REASON FOR LEAVING AND ALL OTHER INFORMATION THEY MAY HAVE CONCERNING ME. I RELEASE ALL PARTIES FROM ANY AND ALL LIABILITY OR CLAIMS FOR DAMAGE WHATSOEVER THAT MAY RESULT THEREFROM.

_____ Date _____ Signature of Applicant

(PLEASE READ AND COMPLETE THE TENNESSEN WARNING/WAIVER OF CLAIMS ATTACHED TO THIS APPLICATION)



Supplemental Personnel Data for Affirmative Action Recruitment

The City of Fairmont is an Equal Opportunity Employer committed to the policies and principles of affirmative action in its recruitment procedures.

The information on this sheet is requested to help insure that our employment practices are fair and to provide an equal opportunity. It will not be used in interviewing or hiring, and it will not be used to make any employment decisions which affect you.

Completion of this form is optional. Failure to complete it will in no way disqualify you for present or future employment.

SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male			
AGE: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-39 <input type="checkbox"/> 40-65 <input type="checkbox"/> Over 65			
ETHNIC CATEGORY: (check one)			
<input type="checkbox"/> White (not of Hispanic origin), a person having origins in any of the original people of Europe, North America, or the Middle East.			
<input type="checkbox"/> Black (not of Hispanic origin), a person having origins in any of the black racial groups of Africa.			
<input type="checkbox"/> Hispanic, a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origins, regardless of race.			
<input type="checkbox"/> Asian or Pacific Islander, a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.			
<input type="checkbox"/> American Indian or Alaskan Native, a person having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.			
<input type="checkbox"/> Other, please specify _____			
Are you handicapped in any way? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If "yes," please specify _____			
Where did you find out about this opening?			
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Job Service	<input type="checkbox"/> City Posting	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Agency	<input type="checkbox"/> Telephone Inquiry	<input type="checkbox"/> Professional Periodical	<input type="checkbox"/> Other _____

When completed, please include with application or mail separately to:

Name

Position Applied For

Date

City of Fairmont
Personnel Department
100 Downtown Plaza
Fairmont, MN 56031



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 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 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 FOR 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 the position applied for must be included.

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 7 calendar days after the application deadline for the position.

Veteran's Preference Points Application

Veteran: _____ If spouse, veteran's name: _____
 self spouse

Branch of service:	Period of Active Duty: From: _____ To: _____
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Rank at Discharge:	Type of Discharge:	Date of Final Discharge:	Service Number:
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Are you receiving or eligible for a military pension? _____ yes _____ no	Do you have a compensable service-related disability? _____ yes _____ no
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Preference requested: _____ Veteran _____ Disabled Veteran
 _____ Spouse of deceased Veteran _____ Spouse of disabled 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 no later than 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

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

Name
Position Applied For
Signature
Date

For Office Use Only
_____ 10 Points
_____ 15 Points



Tennessee Warning/ Waiver of Claims

As an applicant for employment with the City of Fairmont, I have voluntarily supplied data about myself which may be public and/or private in nature.

I understand that, as part of the selection process, I am requested to supply this information. I understand that failure to provide accurate and adequate data may disqualify me from further consideration.

I understand this data will be kept in file for a period of one year, even if I am not hired for this position. I understand, if I am hired, this information will remain on file with the City of Fairmont.

I understand the City of Fairmont may conduct a criminal history check with the Minnesota Bureau of Criminal Apprehensions and Department of Public Safety. I understand, if I have a criminal record, it will not constitute an automatic bar to my employment, but will be considered only as it's related to the functions or responsibilities of the position for which I am applying.

I further understand this information will be used by the City of Fairmont to aid in the determinations of my relative and/or specific suitability for employment.

Finally, I understand the data which I have provided may be shared in whole, or in part, by other agencies, by other private and public entities, and by other persons, for the purpose of conducting a background investigation.

I, therefore, waive my right to any claim or cause of action and hereby agree to hold harmless the City of Fairmont and any of its agents or employees for any injury or damage which I may experience as a direct or indirect result of the intended use of this information.

Signature: _____	_____
Full name of applicant	Date
Printed name: _____	
Full name of applicant	
Driver's License Number: _____	
Witness: _____	_____
	Date



Authorization for Release of Information

Name _____
(last) (first) (middle)

Maiden Name, Alias, or Former Name(s) _____

Social Security Number _____ Gender _____ Male _____ Female

Driver's License Number _____ State Where Issued _____

Date of Birth _____

Home Address _____

City/State/Zip Code _____ County _____

I authorize and grant, by informed consent, to permit the City of Fairmont and its agents and/or representatives the right and authority to collect data classified as private which concerns me. The data which I authorize to be released includes private data as defined by Minnesota Statute 13.02, Subd. 12. I fully understand this data is to be used in conjunction with any background investigation by the City of Fairmont pursuant to my application for employment. I further authorize the City of Fairmont to perform an investigation of my driving records and my criminal background with local, state and federal law enforcement agencies, including the Minnesota Bureau of Criminal Apprehension and the Fairmont Police Department.

This authorization is valid for one (1) year. However, I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice of my intent to the City of Fairmont.

Signature - full name

Date

Expiration Date of Release

Please forward information to:
City of Fairmont
100 Downtown Plaza
Fairmont, MN 56031

Subscribed and sworn before me this
____ day of _____, _____.

Public Notary