



Application for Employment

THE CITY OF FAIRMONT IS AN EQUAL OPPORTUNITY EMPLOYER

Personal Information			
Full Name _____			
(Last)	(First)	(Middle Initial)	
Address _____			
(Street)	(City)	(State)	(Zip)
Phone Number _____			
(Home)	(Cell)	(Business)	
E-mail Address _____			

Employment Desired		
Position _____	Date You Can Start _____	Salary Desired _____
Have you worked for the City before? _____	If yes, when & in which dept.? _____	
How did you learn of this position? _____		
Are you legally eligible to work in the United States without employer sponsorship? _____		
<i>(Proof of citizenship or work eligibility will be required at time of hire as a condition of employment.)</i>		

Education & Training				
School Level	Name & Location	Degree(s) Received	# of Years Attended	Did you graduate?
High School				
College				
Graduate School				
Tech/Vocational School				
Other				
List any special areas of study, additional training you have received, and/or current licenses or certificates you possess that may be relevant to the position for which you are applying: _____				

Employment Experience

List present or most recent employer first. List complete employment history, but do not provide dates for jobs held more than five years ago. Cover letters and résumés will be considered in addition to, not in lieu of, this application.

Name & Address of Employer _____

Phone Number _____ May the City contact this employer? _____

Start Date _____ month _____ year End Date _____ month _____ year

Job Title _____ Name/Title of Supervisor _____

Description of work _____

Reason for leaving _____

Name & Address of Employer _____

Phone Number _____ May the City contact this employer? _____

Start Date _____ month _____ year End Date _____ month _____ year

Job Title _____ Name/Title of Supervisor _____

Description of work _____

Reason for leaving _____

Name & Address of Employer _____

Phone Number _____ May the City contact this employer? _____

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Job Title _____ Name/Title of Supervisor _____

Description of work _____

Reason for leaving _____

Name & Address of Employer _____

Phone Number _____ May the City contact this employer? _____

Start Date _____ month _____ year End Date _____ month _____ year

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	Phone Number	Relationship
1.			
2.			
3.			

Military Experience (see attached Veteran's Preference Application)

Authorization

I certify that the information contained in this application (and, if applicable, any supplemental materials I provided such as a cover letter or résumé) is true and complete to the best of my knowledge. I understand that falsification or omission of information may disqualify me from further consideration for employment or, if I am employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered. I also understand that it is my responsibility to notify the City of Fairmont (City) in writing of any changes to information reported in this application for employment.

I acknowledge that the job description summary for the position for which I am applying has been made available to me. I further acknowledge my understanding that employment with the City is "at will" and that it may be terminated by either the City or me at any time, with or without notice.

I authorize the City to verify all information I provided within this application packet, including contacting current or previous employers unless I have made explicit note not to contact them. I release all parties from any and all liability or claims for damage whatsoever that may result therefrom.

I have read the included Applicant Data Practices Advisory and understand that, as an applicant for employment with the City, I have voluntarily supplied data about myself which may be public and/or private in nature. I understand this data will be kept on file per the City's retention guidelines even if I am not hired. I also understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a criminal conviction related to this position may result in my being rejected for this job. Furthermore, I 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 of Applicant

Date



Applicant Data Practices Advisory

According to Minnesota Statute § 13.04, the City of Fairmont (City) must advise you of the following as it relates to this application form.

Purpose and intended use of the data. The City collects this information for purposes of selecting a candidate for hire. Your data will be used to assess your qualifications for the position for which you are applying. Additionally, it will distinguish you from other applicants; identify you in recruitment files; and, if applicable, be used to contact you for employment interviews. For public safety positions or in the event you are selected for hire, your data—either in whole or in part—will be used to perform a criminal background check, including using the BCA's website. Consultant, City staff, and elected officials involved in the hiring process will have access to the data provided. Data may be shared upon court order or provided to the State or legislative auditor upon request.

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.

Consequences arising from supplying or refusing to supply this data. The City takes pride in hiring the best candidates, but it cannot do so without a complete application. Though you are not legally required to provide the information requested, the City will not be able to consider your application without it. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.

Consideration for minor applicants. Minors submitting this application have the right to request that parental access to private data be denied. If you wish to make this request, please submit the request in writing to:
Attn: City Clerk, City of Fairmont, 100 Downtown Plaza, Fairmont, MN 56031.

The following data on you as an applicant for employment by a public agency is automatically public per Minnesota Statute §13.43:

- Your veteran status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered 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. If you are hired, the following additional data about you will be considered public information:

- Your name;
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer-paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- Your job title, bargaining unit (if applicable), and job description;
- The dates of your first and last employment with the City;
- The status of any written complaints or charges against you while you work for the City of Fairmont, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action, and supporting documentation;
- Your work location and work telephone number;
- Your education and training background;
- Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your works time for payroll purposes, except to the extent that release of timesheet data would reveal employee's reasons for the use of sick or other medical leave or other non-public data;
- Your previous work experience.



Supplemental Data for Equal Employment Opportunity Recruitment

The City of Fairmont is an Equal Opportunity Employer committed to the policies and principles of affirmative action. The information on this form is requested to help the City evaluate its efforts in reaching all segments of the population and provide equal opportunity to applicants. This form is not part of the employment application and will be removed from it when received by the City's human resources department.

Completion of this form is optional; information you choose to provide will remain confidential. Failure to complete this form will not disqualify you from present or future employment.

SEX: Female Male

AGE: Under 18 18-39 40-65 Over 65

ETHNICITY: (check one)

- White (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin regardless of race.
- Native Hawaiian or Pacific Islander (not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native American or Alaskan Native (not Hispanic or Latino): A person having origins in any of the original peoples of North and South America, including Central America, who maintain tribal affiliation or community attachment.
- Two or more races (not Hispanic or Latino): All persons who identify with more than one of the above races.

DISABILITY STATUS:

Disability status, for the purpose of this form, is defined as: 1) having a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing, or learning); 2) having a history of a disability (such as cancer that is in remission); or 3) being regarded as having such an impairment.

Do you claim disability status? No Yes

Where did you learn about this job opening?

- Newspaper Job Service City of Fairmont Website Word of Mouth
- Staffing Agency Phone Inquiry City of Fairmont Social Media Other _____

Name

Position Applied For

Signature

Date

Please include with application or mail separately to:

City of Fairmont
100 Downtown Plaza
Fairmont, MN 56031



Veteran's Preference Application

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERAN'S PREFERENCE.

The City of Fairmont operates under a point preference system which awards points to qualified veterans (as defined by Minn. Stat. §197.447) to supplement their job applications. After receiving a passing score, ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are awarded if the veteran has a service-connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA). Spouses of deceased and disabled veterans (subject to the provisions of Minn. Stat. §§197.447 and 197.455) are also eligible to receive additional application points. 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 the City cannot award veteran's points without it. Additionally, you must submit a photocopy of documentation to verify the type of veteran preference status you are claiming in order for your preference points to be considered. If the documentation is not attached at the time this form is submitted to the City, it must be received by the City's human resources office no later than seven (7) calendar days after the application deadline for the position in order to guarantee points are awarded.

To qualify for preference for a competitive exam, a veteran must have earned a passing score and been 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, **or** after having served the full period called **or** ordered for federal, active duty **and** be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference for a promotional exam, a veteran must have earned a passing exam score and received a USDVA active-duty service-connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five points preference only once when applying for the first promotion after securing public employment.

Veteran's Preference Status

VETERAN (10 points)

Are you an honorably discharged veteran? no yes

To receive points, provide DD214 or DD215 (Copy 2, 4, or 6) or other documentation verifying military service.

DISABLED VETERAN (15 points)

Are you a disabled veteran? no yes If you selected "yes", indicate your percentage of disability: _____%

Have you ever applied for promotion in public employment? no yes

To receive points, provide DD214 (Copy 2, 4 or 6) or other documentation verifying military service as well as USDVA Summary of Benefits Letter showing a compensable service-connected disability rating decision, usually 10% or more.

SPOUSE OF DECEASED VETERAN (10 points; 15 points if the veteran was disabled at time of death)

Are you the widow(er) of a veteran? no yes If you selected "yes", provide veteran's date of death: _____

Have you remarried? no yes

To receive points, provide Veteran's DD214 or DD215 or other documentation verifying military service, photocopy of marriage certificate, spouse's death certificate, and proof veteran is deceased. You are ineligible to receive points if you have remarried or were divorced from the veteran.

SPOUSE OF DISABLED VETERAN (15 points)

Are you the spouse of a disabled veteran? no yes

How does the veteran's disability prevent performance of a stated job "requirement"? Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

To receive points, provide Veteran's DD214 or DD215 (Copy 2, 4, or 6) or other documentation verifying military service; photocopy of marriage certificate; and USDVA Rating Decision showing a compensable service connected disability rating decision, usually of 10% or more, and which shows the nature of the disability.

AFFIDAVIT

I claim veteran's preference points for this job application and affirm that the information I provided is true, complete, and correct to the best of my knowledge. I further acknowledge that I am responsible to obtain the required veteran's preference verification documents and submit them to the City of Fairmont (100 Downtown Plaza, Fairmont, MN 56031) by the required deadline.

Supporting documentation: is attached will be submitted within seven (7) days of the job application deadline

Name

Position Applied For

Signature

Date

For HR Office Use Only
_____ 10 Points
_____ 15 Points