

APPLICATION FOR EMPLOYMENT

CITY OF COLERAINE
PO Box 670
COLERAINE, MN 55722

PHONE: 218-245-2112
FAX: 218-245-2123

NOTE: PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION REQUESTED AND SIGN ONCE COMPLETED. AN INCOMPLETE AND/OR UNSIGNED APPLICATION WILL BE GROUNDS FOR DISQUALIFYING YOU FROM CONSIDERATION.

Position Applied For	Date of Application	
Available to Work		
When would you be available?		
Please provide your full:		
Last Name	First Name	Middle Name
Address		City, State, Zip
Telephone Numbers:	Home	Cell
Drivers License Number:	State:	Class:

Are you prevented from becoming lawfully employed in this country because of Visa or Immigration Status? (Proof of citizenship or employment status is required under Federal Law) Yes No

Are you currently employed? Yes No

Are you a veteran of the Armed Forces? Yes No

If yes, what type of training or education did you receive? _____

Are you capable of adequately performing the physical requirements of the position as described in the job description? Yes No

The City of Coleraine conducts criminal history background checks on all candidates. The existence of a criminal conviction records will not automatically disqualify you from this position unless it is related to the duties of the position.

EDUCATION

	HIGH SCHOOL				UNDERGRADUATE COLLEGE/UNIVERSITY				GRADUATE/PROFESSIONAL			
School Name												
School Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
SPECIALIZED TRAINING												
List any professional, trade, business, or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.)												

COMPUTER SKILLS: Word Processing Spreadsheet
 Programming Other

Please identify all software program proficiencies:

REFERENCES

Give name, address, and phone number of three references who you are not related to you and are not previous employers.
1.
2.
3.

EMPLOYMENT EXPERIENCE

On the following pages, begin with your present or most recent position and report for all employment. Identify all job-related experience; please use additional sheets if necessary.

EMPLOYER:	DATES EMPLOYED		WORK PERFORMED
Address	From	To	
Phone	Duration (years, months)		
Your Job Title	Salary		
Supervisor's Name	Start	End	
Reason for Leaving		Full or Part Time?	
		Hours per week?	

EMPLOYER:	DATES EMPLOYED		WORK PERFORMED
Address	From	To	
Phone	Duration (years, months)		
Your Job Title	Salary		
Supervisor's Name	Start	End	
Reason for Leaving		Full or Part Time?	
		Hours per week?	

EMPLOYER:	DATES EMPLOYED		WORK PERFORMED
Address	From	To	
Phone	Duration (years, months)		
Your Job Title	Salary		
Supervisor's Name	Start	End	
Reason for Leaving		Full or Part Time?	
		Hours per week?	

EMPLOYER:	DATES EMPLOYED		WORK PERFORMED
Address	From	To	
Phone	Duration (years, months)		
Your Job Title			
	Salary		
Supervisor's Name	Start	End	
Reason for Leaving		Full or Part Time?	
		Hours per week?	

EMPLOYER:	DATES EMPLOYED		WORK PERFORMED
Address	From	To	
Phone	Duration (years, months)		
Your Job Title			
	Salary		
Supervisor's Name	Start	End	
Reason for Leaving		Full or Part Time?	
		Hours per week?	

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job related skills and qualifications acquired from employment or other applicable experience relating to our job description.

APPLICANT STATEMENT

I certify the information contained in this application (and accompanying resume, if any) is true and complete to the best of my knowledge, and I have not omitted any information. I authorize investigation of all statements contained in this application for employment with the City of Coleraine as may be necessary in arriving at an employment decision. In the event of employment, I understand that any misrepresentations or false information given in my application or interview(s) will result in discharge.

Applicant Signature

Date

The City of Coleraine considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legal protected status. EOE/AA/ADA

VETERANS PREFERENCE POINT APPLICATION INSTRUCTION

THIS FORM IS NOT APPLICABLE FOR SEASONAL POSITIONS

Are you applying for veteran's bonus points? Yes No
 (If you are not applying for Veteran's bonus points,
 you do not need to complete the rest of this page.)

If you answered 'yes', your DD214 or other documentation must be received no later than seven (7) calendar days after the application deadline for the position.

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

VETERAN'S PREFERENCE POINTS APPLICATION			
Veteran: <input type="checkbox"/> Self <input type="checkbox"/> Spouse if spouse, veteran's name:			
Branch of Service:		Period of Active Duty: From: _____ To: _____	
Range of Discharge:	Type of Discharge:	Date of Final Discharge:	Service No:
Preference Requested: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Spouse of Diseased 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 one (1) calendar day after the application deadline for the position in order to guarantee points are awarded in a timely manner.			
Supporting Documents: <input type="checkbox"/> are attached <input type="checkbox"/> will be submitted within one (1) day of application deadline			

FOR OFFICE USE ONLY <input type="checkbox"/> 5 points <input type="checkbox"/> 10 points
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DATA PRACTICES ACT NOTICE

The Minnesota Data Practices Act (Minnesota Statutes 13.01-13.99) generally has two sections affecting applicants seeking employment with the City of Greenfield.

First, when you are asked to provide personal data, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by state or federal law to receive the data you provided.

Second, the following information you provide for employment is automatically public:

- Your veteran's 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 public:

- Your name;
- Your city and county of residence;
- Your actual gross salary, salary range, and actual gross pension;
- The value and nature of employer paid benefits, including the basis for and the amount of any added remuneration to your salary;
- Your job title and job description;
- The dates of your first and last employment with the City of Coleraine;
- The status of any written complaints or charges against you while you work for the City of Coleraine, and whether or not they resulted in disciplinary action; the terms of any agreement settling any dispute arising out of employment with the City;
- Your work location, work phone number;
- Your education and training background;
- Honors and awards you have received;
- Time sheets or other comparable data that are only used to account for your work time for payroll purposes; and
- Your previous work experience.

All data concerning you which is placed in your personnel files and which is not listed above, is private data. This private data will be available to you and to those members of the City staff needing it to process City records. In addition, the following persons or organizations are authorized by state and federal law to receive this data if they so request:

- The Bureau of Census
- Federal, state, and county auditors
- Various state agencies
- Various federal agencies
- Federal officials investigating compliance with Affirmative Action and Equal Opportunity requirements
- Labor organizations and the Bureau of Mediation Services
- Data may also be made available through court order

With the exception of demographic data, the data you provide is needed to identify you and to assist in the determining your suitability for the position for which you are applying. Racial and ethnic data are used in summary form to monitor protected class employment and meet federal, state, and local reporting requirements. Furnishing racial and ethnic data about yourself is voluntary.

Applicant Signature

Date

CITY OF COLERAINE
REQUEST, AUTHORIZATION, CONSENT, AND RELEASE
FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
Last Name First Name Middle Name (Jr., Sr., II, III, etc.)

understand that in conjunction with my application for employment, the City of Coleraine will research and verify the information I have provided on my resume and/or application for employment including my personal background, character, professional standing, work history, credit history, and qualifications.

I also understand that the City of Coleraine will utilize various sources of information it deems appropriate, including; but not limited to: the Department of Motor Vehicle records, criminal and civil court conviction records, current and former employers, government regulatory agencies, local, state and federal licensing boards or commissions, public or private associations, school records, military records, and professional and personal references.

I hereby grant the City of Coleraine permission to access any and all sources of information, including, but not limited to those listed above and unconditionally release and hold harmless the City of Coleraine, and any names or unnamed corporation, city, custodian of records or informant from any and all liability resulting from furnishing information about me.

Signed Today's Date

Printed Name Position Applied For

Driver's License Number State

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS (Use back if necessary.)

Current
Residence: _____

Former
Residence: _____

Former
Residence: _____

Former
Residence: _____

Former
Residence: _____

CITY OF COLERAINE
JOB APPLICANTS
NOTICE OF DRUG AND ALCOHOL TESTING REQUIREMENT

The City of Coleraine recognizes the state of an employee's health affects his or her job performance, the kind of work he or she can perform and may affect his or her opportunities for employment. Drug and alcohol testing by the City may be used to promote public confidence in the safety and integrity of the City's work force. The Drug and Alcohol Testing Policy is applicable to all City employees and job applicants who have been conditionally offered employment.

In recognition of the City's efforts to select only the most qualified candidates, I, the undersigned, understand that if a job offer is made to me for regular part-time or full-time employment, said offer will be made conditional upon my consenting to a drug and alcohol screening test. I further understand that refusing to supply the required samples or producing a confirmed positive drug or alcohol test indicating the presence of illegal drugs or alcohol may result in the rejection of my application for employment and automatic withdrawal of any contingent job offer so made. The City will, in the event of a positive confirmed test result, inform me within three working days of the laboratory results.

I have read the above and acknowledge my awareness of the City's Drug and Alcohol Testing Policy and the requirement for testing as indicated above.

Applicant Signature

Date

**CITY OF COLERAINE
TENNESSEN WARNING**

In accordance with the Minnesota Government Data Practices Act, the City of Coleraine is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87 on Government data Practices require that you be informed that the following information which you are asked to provide on the application for employment is considered private data: 1. Name, 2. Home address, 3. Home phone number, 4. Conviction record, 5. Disability type. Your name, however, may become public upon consideration as a finalist for a job opening.

We ask this information for the following reasons: to distinguish you from all other applicants and identify you in our personnel files; to enable us to verify that you are the individual who makes the application; to enable us to contact you when additional information is required, send you notices and/or schedule you for interviews; to determine if you meet the minimum age requirements (if any); to conduct proper investigations if you are applying for a position; to determine whether or not your conviction record may be a job related considering affecting your suitability for the position you applied for; to enable us to ensure your rights to equal opportunities and to meet affirmative action goals; to meet federal and state reporting requirements; and to make processing more efficient. The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in the City of Coleraine and the policies, rules, and regulations promulgated pursuant thereto.

FURNISHING SOCIAL SECURITY NUMBERS, DATE OF BIRTH (unless a minimum age is required), SEX, AGE GROUP, AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

Private data is available only to you and to other persons in the City Offices who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this.

Witness my signature that I fully understand the contents of this warning.

Applicant Signature

Date