

which you are making application.

2. Complete this City of Sartell employment application form. You must submit a separate application for each job announcement.
3. **Type or print clearly** and give complete and accurate information. The information you provide on this application will be used to determine if you meet the minimum qualifications for this position. The information must be specific and complete and submitted on or before the last day for filing. If you need more space, attach additional pages to the application.
4. Complete all application areas. **Do not mark your application "See Resume"**. An incomplete application may reduce your opportunity for employment with the City of Sartell.
5. Your completed application **must be physically received by the City of Sartell by the published closing date**. We may not accept applications received after the closing date, even if they are postmarked by that date. The City is not responsible for the failure of others, including the U.S. Post Office, to forward applications to us before the deadline. The City does accept faxed or emailed applications if received by the deadline.
6. **Employment History: Be specific and complete.** List your present and most recent experience first. If you attach additional information sheet(s), include all the information requested on the job application.
7. If you have a disability or language difficulty that would prevent you from successfully completing the application form, please contact the Sartell City Administrator so that reasonable effort can be made to accommodate your needs.
8. **Drug Testing & Criminal History/Background checks:** In accordance with City Policies, some positions of City employment require a pre-employment drug test and/or criminal background check. Some positions in the City may also require pre-employment physical and/or psychological examinations. Offers of employment may be conditionally offered based upon passing the drug test, physical examination and/or psychological examination and criminal history background check, if required.
9. **SIGN YOUR APPLICATION ON PAGE 5.**

EMPLOYMENT HISTORY

Please give accurate, complete employment information. List your present or most recent experience first. Attach additional sheets if necessary. Do not mark your application "SEE RESUME" or your application may not be considered.

PRESENT EMPLOYER:

Employer: _____ Dates of employment: _____
Phone: _____ Fax: _____ From: _____
Address: _____ To: _____
Supervisor: _____ Title: _____ Hours/week: _____
Your Title: _____ Reason for leaving: _____
Number and types of positions you supervised: _____
Salary \$ _____
Major Responsibilities (be complete): _____ % of time: _____
1. _____
2. _____
3. _____
4. _____

FIRST PREVIOUS EMPLOYER:

Employer: _____ Dates of employment: _____
Phone: _____ Fax: _____ From: _____
Address: _____ To: _____
Supervisor: _____ Title: _____ Hours/week: _____
Your Title: _____ Reason for leaving: _____
Number and types of positions you supervised: _____
Salary \$ _____
Major Responsibilities (be complete): _____ % of time: _____
1. _____
2. _____
3. _____
4. _____

SECOND PREVIOUS EMPLOYER: (attach separate sheet to detail additional employment)

Employer: _____ Dates of employment: _____
Phone: _____ Fax: _____ From: _____
Address: _____ To: _____
Supervisor: _____ Title: _____ Hours/week: _____
Your Title: _____ Reason for leaving: _____
Number and types of positions you supervised: _____
Salary \$ _____
Major Responsibilities (be complete): _____ % of time: _____
1. _____
2. _____
3. _____
4. _____

VOLUNTEER/OTHER EXPERIENCE: (List unpaid experience, Boards, Commissions, etc):

EDUCATIONAL INFORMATION

Circle the highest grade completed:

High School
9 10 11 12 GED

College
13 14 15 16

Post Graduate
16+ MA MS PHD JD

Name and address of High School: _____

Name and location of college, university, and/or technical schools:	# of years attended	Major/Minor or study area	Degree Received
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SKILLS AND TRAINING

To be completed by applicants for Administrative, Professional, Fiscal and Clerical positions only.

Typing ability: Yes No Words per minute: _____

List specific other office equipment and computer hardware/software that you have....

Training: _____

Experience: _____

To be completed by applicants for Labor/Maintenance and Skilled Trade positions only.

List specific equipment that you have experience with: _____

All applicants please complete this section:

Do you have a driver's license? Yes No

License Number: _____ Expiration Date: _____ Class: _____

Certifications, Registration or Occupational Licenses

Please list any current professional licenses, certificates or registration you hold (indicate number and expiration date):

1. _____
2. _____

REFERENCES

List three people who know you well, preferably from a work environment. Do not refer to an acquaintance or relative.

Name and Address	Phone	Occupation
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____

(Tennessen Warning)

This application is to assist in the process of reviewing you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or City departments where you may be considered for employment. All other information you supply on this application with the exception of that which is private data as indicated below will become public if you are hired by the City. Names of applicants will become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

Private Data	Why We Ask For It	What May Happen If You Don't Provide It?
Name/Home Address/ Driver's License Number	To distinguish you from all other applicants; to be able to send you notices; in the event you are a finalist for the position, then to obtain driving record and/or criminal background check to determine whether any conviction or violation is job-related.	Failure to provide information may be cause for eliminating you from consideration as a position finalist. If you do not have a valid Driver's License, you may instead provide us with your date of birth for purposes of the necessary background checks.
Home Telephone	To be able to contact you to determine availability for interview.	We may not be able to employ in certain jobs where you may be required to come to work or be interviewed on short notice.
Special Accommodations	To determine whether you need special accommodations.	We will be unable to provide necessary accommodations in a timely manner.

Applicant's Statement: I certify that all statements made on this application are true, complete and correct. I understand that all information is subject to verification. I also understand that any falsification will disqualify me from employment or, if I am hired, may result in dismissal. My signature AUTHORIZES the City to secure my driving record (if the position requires driving), transcripts from educational institutions and information needed to complete a criminal background check. It also AUTHORIZES collection of any employment-related information deemed necessary from former employers (including prior employer drug and alcohol test results or refusals to be tested) and personal references. I understand that this application is not and is not intended to be a contract of employment.

Signature of Applicant

Date

Unpaid Experience

Describe any unpaid or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which would reveal race, sex, religion, age, disability, or other protected status).

Military Experience

Did you serve in the U.S. Armed Forces? Yes No

Describe your duties:

Do you wish to apply for Veterans' Preference points: Yes No

If you answered "yes," you must complete the enclosed application for Veterans' Preference points, and submit the application and required documentation to the City of _____ by the application deadline of the position for which you are applying.

Authorization

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. I further acknowledge my understanding that employment with the City of Sartell is "at will," and that employment may be terminated by either the City of Sartell or me at any time, with or without notice.

With my signature below, I am providing the City of Sartell authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact your current employer?", contact with my current employer will not be made without my specific authorization.

I have read the included Applicant Data Practices Advisory, and I further 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 conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the City of Sartell in writing of any changes to information reported in this application for employment.

Signature

Date

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: VETERANS' PREFERENCE POINTS CANNOT BE CONSIDERED WITHOUT SUPPORTING DOCUMENTATION. ATTACH COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE. DOCUMENTATION MUST BE RECEIVED BY THE APPLICATION DEADLINE OF THE POSTING IN ORDER TO BE CONSIDERED. (VETERAN IS DEFINED BY MINN. STAT. § 197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other documentation verifying service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "member Copy 4" of your DD214, or other documentation verifying service, contact your County Veterans' Service Office.

The City of Sartell operates under a point preference system, which awards points to qualified veterans to supplement their application. 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).

To qualify for preference for a **competitive exam**, you 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, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on 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 for the first promotion after securing employment with the City of Sartell.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" DD214, or other documentation verifying service, is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

Name (Last)	(First)	(MI)	Position For Which You Applied	
Address (Street)			(City)	(State) (Zip)
Closing Date:			Phone Number	Are you a US Citizen or Resident Alien?
				<input type="checkbox"/> YES <input type="checkbox"/> NO

VETERAN (10 points):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, must be submitted to receive points)
Honorably discharged veteran Yes No

DISABLED VETERAN (15 points):

("Member Copy 4" of DD214, or other documentation verifying service, and USDVA letter of disability rating decision of 10% or more must be submitted to receive points)
Percent of Disability: _____%
Have you ever been promoted within the City of Sartell employment? Yes No

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

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran).
Date of Death: _____ Have you remarried? Yes No

SPOUSE OF DISABLED VETERAN (15 points):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, and USDVA letter of disability rating decision of 10% or more must be submitted to receive points).
How does 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):

AFFIDAVIT: I hereby claim Veterans' Preference points for this examination and swear/affirm that the information given is true, complete, and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to the City of Sartell by the required application deadline.

Signature

Date

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the "Member Copy 4" of your DD214 or DD215, or other documentation verifying service. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per Minn. Stat. §§ 197.455 and 197.447.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, or other documentation verifying service, USDVA verification that veteran died on or as a result of active duty, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of Sartell.

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Sartell appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) for which you are applying:

Gender: Male Female

With which racial/ethnic group do you identify?

- Black or African American
- Hispanic or Latino
- American Indian or Alaskan Native through Tribal affiliation or community recognition
- Caucasian/White
- Asian
- Native Hawaiian or other Pacific Islander
- Two or more races

Disability status, defined as:

- 1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);
- 2) Has a history of a disability (such as cancer that is in remission);
- 3) Is regarded as having such an impairment.

Do you claim disability status? Yes No



GENERAL AUTHORIZATION AND RELEASE

I, _____, hereby authorize and grant my informed consent to permit you, _____, to release to and make available to the Sartell Police Department and/or its agents and/or representatives data classified as private, which concerns me and which may be in your possession.

The data which I authorize to be released consists of private data, as defined by MN Stat. 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency.

I understand that I am not legally required to authorize the release of this data, **however, failure to do so is grounds for exclusion from the selection process.**

I also understand that the purpose of permitting the Sartell Police Department to have access to this information is to determine my suitability for employment.

The information I provide may be shared with the staff and/or representatives of the Sartell Police Department who require this information to fulfill specifically related responsibilities of their positions.

I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the City, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

This authorization shall be valid during my background check and for the term of employment with the City of Sartell.

Applicant's Signature

Date

Printed Name of Applicant



Date: _____

The following named individual has made application with the City of Sartell for Employment.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex (M or F):** _____

Social Security Number: (optional) _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Sartell for the purpose of Employment with this agency.

The Expiration of this authorization shall be good for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

STATE OF MINNESOTA

ss.

COUNTY OF STEARNS

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by

Applicant Name

Notary Public