

## Application for Employment AN EQUAL OPPORTUNITY EMPLOYER

(Last)	(First)	(Middle)	(Social	Security #)
Present Address				
(Street)		(City)	(State)	(Zip)
Telephone #:		<i>(11)</i>		
	(Business)	(Home)	(Ce	II)
E-mail Address:				
Employment Desired				
Position		Date You Can Start	Salary Desired	
Have you applied to the C	City before?	When & What Dept.		
How did you learn of this	position?			
Education				
Education School Level	Name & Location	Degree(s) Received	# Years Attended	Did you Graduate
School Level	Name & Location	Degree(s) Received	# Years	
School Level High School	Name & Location	Degree(s) Received	# Years	
	Name & Location	Degree(s) Received	# Years	
School Level High School College Graduate School Trade/Business or	Name & Location	Degree(s) Received	# Years	
School Level High School College		Degree(s) Received	# Years	
School Level  High School  College  Graduate School  Trade/Business or Correspondence School		Degree(s) Received	# Years	

ormer Employers				
ist most recent employer first. List compeld more than five years ago.		, ,	·	
. Name & Address of Employer				
		Telephon	ie	
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				
. Name & Address of Employer				
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				
. Name & Address of Employer				
Starting Date	year	_	month	yea
	,			ŕ
Weekly Starting Salary		Name/Title		
Job Title		of Superviso	or	
Description of work				
•				

4. Name & Address of Employer _				
		Telephone_		
Starting Date		Ending Date		
month	year	mo	onth	year
Weekly Starting Salary		_ Weekly Final Sa	lary	
Job Title		Name/Title of Supervisor		
Description of work				
Reason for leaving				
References				
List three persons not related to yo	ou whom you have know	n at least one year	1	ast one co-worker.
Name	Address/City/	State/Zip	Telephone Number	Relationship
1.				
2.				
3.				
Military Experience (see attack	ched Vets Preference Form)			
Authorization				
I CERTIFY THAT THE INFORMATION CORRECT AND THAT I HAVE NOT OF INFORMATION MAY DISQUALING IMMEDIATE DISMISSAL IF DISCOVERY	OMITTED ANY INFORMA FY ME FROM FURTHER (	TION. I UNDERSTA CONSIDERATION FO	AND THAT FALS	IFICATION OR OMISSION
I UNDERSTAND THAT IF I AM HIR REASON BY THE CITY.	ED, MY EMPLOYMENT M	AY BE TERMINATE	D AT ANY TIME	AND FOR ANY LAWFUL
I AUTHORIZE THE SCHOOLS, REFI THE CITY OF FAIRMONT, INCLUDI CONCERNING ME. I RELEASE ALL THAT MAY RESULT THEREFROM.	ing reason for Leavii	NG AND ALL OTHER	R INFORMATION	N THEY MAY HAVE
Date		Sign	ature of Applica	nt
(PLEASE READ AND COMPLETE T	HE TENNESSEN WARNIN	IG/WAIVER OF CLA	AIMS ATTACHEI	O TO THIS APPLICATION)



Date

## 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 <u>not</u> be used in interviewing or hiring, and it will <u>not</u> 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:	[]	Female	[	]	Male											
AGE:	[]	Under 18	[	]	18-39		[]	40-65	[	]	Over 6	55				
ETHNI	C CAT	EGORY: (ch	eck one)													
[ ] the Mic		•	spanic or	igin)	, a person ha	ving o	rigin	s in any of the ori	gina	l pe	ople o	f Eur	ope,	North /	Americ	a, or
[]	Black	k (not of His	spanic ori	gin),	a person hav	ing or	igins	in any of the bla	ck ra	icial	group	s of	Africa	а.		
[ ] gins, re		anic, a personess of race.	on of Mex	xicar	n, Puerto Rica	n, Cub	an, (	Central or South A	Amer	icar	or o	ther s	Span	ish cult	ure or	ori-
	lian su							ny of the original des, for example,								
[ ] who m								origins in any of the community reco			al peo	ple o	f Nor	th Ame	erica aı	nd
[]	Othe	er, please sp	ecify													_
Are you	ı hanc	dicapped in a	any way?	•	[	] No		[ ] Yes								
If "yes,	" plea	se specify_														_
Where	did yo	ou find out a	about this	s ope	ening?											
[ ] N	ewspa	per	[ ] Job	Ser	vice		[]	City Posting			[]	Wo	ord of	f Mouth	ı	
[ ] A	gency		[] Tele	epho	ne Inquiry		[]	Professional Perio	odica	al	[]	Oth	ner			_
When c	omplet	ed, please in	clude with	арр	lication or mail	separa	tely t	o:								
								D		-	of I				L	
			Name											men Plaza		
		Positio	n Applied	d For				F	=air	m	ont,	MN	I 5	6031		



## 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.

	SE CERTIFICATE, THE VETERAN'S					
If you supply the supporting	documentation by separate mail, you	r name and the position applied fo	r must be included.			
ARE YOU APPLYING FO	OR VETERAN'S BONUS POINTS	[ ] YES	[ ] NO			
If you answered "yes" your DD2 position.	214 or other documentation must be received	ed no later than 7 calendar days after t	the application deadline for the			
Veteran's Preference Poin	ts Application					
Veteran:	If spouse, vete	eran's name:				
self	_ spouse					
Branch of service:		Period of Active Duty: From:	То:			
Rank at Discharge:	Type of Discharge:	Date of Final Discharge:	Service Number:			
Are you receiving or eligible yes no	for a military pension?	Do you have a compensable service-related disability? yes no				
Preference requested:	Veteran Spouse of deceased Veteran	Disabled Veter Spouse of disa				
documentation is not attach	cation cannot be considered without s ed, it must be received in our office no ee points are awarded in a timely man	later than 7 calendar days after t				
Supporting documentation:	is attached	will be submitted within 7	days of application deadline			
		For Offic	e Use Only			
	Name		5 Points			
Positio	on Applied For	10 Points				
S	ignature					
	Date					



### Tennessen 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:	<u></u>
Full name of applicant	
Driver's License Number:	<u></u>
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 and authority to collect data classified as private private data as defined by Minnesota Statute 1: with any background investigation by the City of the City of Fairmont to perform an investigation federal law enforcement agencies, including the Department.  This authorization is valid for one (1) year. How the written authorization by providing written in	the which concerns me. The 3.02, Subd. 12. I fully und of Fairmont pursuant to men of my driving records and Minnesota Bureau of Critical Property of the right to the wever, I reserve the right to the subject to the subject to the subject to the right to the subject to the su	e data which I auth lerstand this data y application for e d my criminal back minal Apprehension to, at any time price	horize to be releatis to be used in omployment. I fur kground with locon and the Fairmo	ased includes conjunction ther authorize al, state and ont Police
Signature - full r	name		Date	
Expiration Date of	Release			
Please forward information to:  City of Fairmont  100 Downtown Plaza  Fairmont, MN 56031	Subscribed and sworn day of _			