

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title		Starting	Final	
Supervisor				
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title		Starting	Final	
Supervisor				
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title		Starting	Final	
Supervisor				
Reason for Leaving				

If you need additional space, please continue on separate sheet of paper.

<p>List professional, trade, business, or civic activities and offices held.</p> <p><i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i></p>
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Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills Check Skills/Equipment Operated

Personal Computer

WordPerfect

Other (Please List):

Calculator

Quattro Pro

Typewriter

CAD

Fax

Internet

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such job or occupation is attached.

Yes No

References

1. _____ (Name) _____ (Phone)

(Address)

2. _____ (Name) _____ (Phone)

(Address)

3. _____ (Name) _____ (Phone)

(Address)

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decisions.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arranged Interview: Yes No Interviewer: _____ Date: _____

Remarks _____

Employed: Yes No Date of Employment: _____

Job Title: _____ Department: _____

Salary Range and Step: _____ HourlyRate/Salary _____

Authorized by: _____

(Name and Title)

(Date)

NOTES: _____

Data Practices Notice to All Applicants

The Minnesota Data Practices Act requires that you be informed of the intended use of the information you provide to the City of North Branch during the application process or during employment.

Any information about yourself that you provide to the City of North Branch during the application process will be used to identify you as an applicant and to assess your qualifications for employment with the City. If you wish to be considered for employment, you are required to provide the information requested in the Application for Employment. If you refuse to supply information requested by the City, it may mean that your application will not be considered.

You are hereby advised that, under Minnesota law, the following information given by an applicant is considered to be public information:

- ☞ Veteran's status
- ☞ Job history
- ☞ Education and training
- ☞ Relevant test scores
- ☞ 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 the position with the City of North Branch. If you are hired, the following additional data about you will be considered public information:

- ☞ Name
- ☞ City and county of residence
- ☞ Actual gross salary, salary range, and actual gross pension
- ☞ Value and nature of employer paid benefits
- ☞ Job title and job description
- ☞ Dates of your first and last employment
- ☞ Status of any written complaints or charges against you while you work for the City of North Branch and whether or not they resulted in disciplinary action.
- ☞ Work location and work telephone number
- ☞ Education and training background
- ☞ Honors and awards received
- ☞ Time sheets or other comparable data used for payroll purposes
- ☞ Previous work experience

All data concerning you which is placed in your personnel file and which is not listed above is private data. This private data will be available to you and those members of

Data Practices Notice to All Applicants

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City staff needing it to process City records. In addition, the following persons or organizations are authorized by State and Federal law to received data if they so request:

- ☞ The Bureau of Census
- ☞ Federal, State, and County Auditors
- ☞ The State Department of Public Welfare
- ☞ The Department of Human Rights
- ☞ Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities
- ☞ Labor organizations and the Bureau of Mediation Services
- ☞ Data may also be made available through a court order.

I certify that I have read and understand the above "Data Practices Act Notice."

Signature of Applicant

Date

VETERAN'S PREFERENCE POINTS ALLOCATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their examination results. Points are awarded submit 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 121 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 by law) 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 the 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 REITREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD215 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.

