

CITY OF HARRIS APPLICATION FOR EMPLOYMENT

Date Received _____

**43970 Ginger Avenue
Harris, MN 55032**

**Mailing Address:
P.O. Box 111
Harris, MN 55032**

**Phone: (651) 674-7546
Fax: (651) 674-2535**

Title of Position Applying For			Date Available for Work		Today's Date	
Employment Status Desired: _____ Full-Time _____ Part-Time _____ Seasonal/Temporary						
Last Name		First Name		Middle Name		
Street Address			City		State	Zip Code
Home Phone: (____) _____ - _____			Are you a United States Citizen or legally eligible to work in the U.S.? _____ Yes _____ No <i>(If hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>			
Work Phone: (____) _____ - _____						
Other: (____) _____ - _____						
Are you under 18? ___ Yes ___ No If Yes, state birthdate: ___ / ___ / ___				Are you willing to work overtime? _____ Yes _____ No		
Have you been previously interviewed by the City of Harris? ___ Yes ___ No If yes, list date(s) and job title(s):						
Do you have any relatives working for the City of Harris? _____ Yes _____ No			Did you graduate from high school or receive a GED? _____ Yes _____ No			
High School Name & Location: _____						
Type of School	Name & Location	From	To	Major	Degree, Certificate or Credits Earned	G.P.A.
College/University						
College University						
Graduate School						
Technical/Vocational						
Other						
Driver's License Number		State	Expiration Date		Class: _____ D _____ CDL	
List any other Class or endorsements:						

WORK EXPERIENCE: List complete employment history, beginning with most recent first. Include paid and unpaid experience. DO NOT USE "SEE RESUME" OR SIMILAR. Attach additional sheets, if needed.

Employer _____ Phone (_____) _____ - _____	Dates Employed (MO/YR):
Address _____	From _____ To _____
Supervisor's Name _____ Supervisor's Title _____	Total (Years/Months) _____
Your Job Title _____	Hours Worked Per Week _____
Specific Duties _____	Last Salary _____
_____	Reason for Leaving or Seeking Other Employment: _____
May we contact this employer? ___Yes ___ No If No, please indicate reason: _____	_____

Employer _____ Phone (_____) _____ - _____	Dates Employed (MO/YR):
Address _____	From _____ To _____
Supervisor's Name _____ Supervisor's Title _____	Total (Years/Months) _____
Your Job Title _____	Hours Worked Per Week _____
Specific Duties _____	Last Salary _____
_____	Reason for Leaving or Seeking Other Employment: _____
May we contact this employer? ___Yes ___ No If No, please indicate reason: _____	_____

Employer _____ Phone (_____) _____ - _____	Dates Employed (MO/YR):
Address _____	From _____ To _____
Supervisor's Name _____ Supervisor's Title _____	Total (Years/Months) _____
Your Job Title _____	Hours Worked Per Week _____
Specific Duties _____	Last Salary _____
_____	Reason for Leaving or Seeking Other Employment: _____
May we contact this employer? ___Yes ___ No If No, please indicate reason: _____	_____

Employer _____ Phone (_____) _____ - _____	Dates Employed (MO/YR):
Address _____	From _____ To _____
Supervisor's Name _____ Supervisor's Title _____	Total (Years/Months) _____
Your Job Title _____	Hours Worked Per Week _____
Specific Duties _____	Last Salary _____
_____	Reason for Leaving or Seeking Other Employment: _____
May we contact this employer? ___Yes ___ No If No, please indicate reason: _____	_____

Employer _____ Phone (_____) _____ - _____	Dates Employed (MO/YR):
Address _____	From _____ To _____
Supervisor's Name _____ Supervisor's Title _____	Total (Years/Months) _____
Your Job Title _____	Hours Worked Per Week _____
Specific Duties _____	Last Salary _____
_____	Reason for Leaving or Seeking Other Employment: _____
May we contact this employer? ___Yes ___ No If No, please indicate reason: _____	_____

KNOWLEDGE, SKILLS AND ABILITIES SECTION

Typing Ability: _____ Yes ___ No _____ WPM	Speedwriting Ability: Yes ___ No _____ WPM	Dictation Experience: _____ Yes _____ No
Computer Experience: _____ Yes _____ No If Yes, please list computer software programs and hardware you are skilled with. _____ _____		
List other office equipment you can operate. _____ _____		
List any special courses, seminars, workshops and/or training you attended that relate to the job you are applying for. _____ _____		
If relevant, list other registrations, licenses or certificates you have. Type: _____ Date Issued: _____ Date Expires: _____ Type: _____ Date Issued: _____ Date Expires: _____		
For Labor & Skilled Trades Only: List the equipment you are capable of operating: _____ _____		

Have you ever been dismissed or asked to resign from any job? _____ Yes _____ No If yes, please explain: _____

This space can be used to add any additional information you deem relevant to better assess your suitability for the position applied for: _____

CONVICTION INFORMATION: No person shall be disqualified from public employment solely or in part because of prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly relate to the position of employment sought. In determining the effect of a conviction, the City shall consider the requirements of Minnesota Statutes, Chapter 364. Applicants who are finalists for certain positions will be subject to a criminal background investigation.

Have you ever been convicted as an adult for a criminal violation? _____ Yes _____ No If yes, please complete the following for each offense. Attach additional sheets, if needed.

Nature of Offense	Date of Offense and Location	Disposition

MILITARY SERVICE: Do you have military service? _____ Yes _____ No Branch of Service: _____
 Period of Active Duty: From: _____ To: _____ Rank at Discharge: _____
 Type of Discharge: _____ Date of Final Discharge _____
 Describe your duties and any special training: _____

VETERAN'S PREFERENCE POINTS: Preference points are awarded to qualified veterans and spouses of deceased veterans to add to their application results. Points are awarded subject to the provisions of MN Statute 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 U.S. after having served on active duty for 181 consecutive days or by reason of disability rated at 50% or more, incurred while serving on active duty, and be a citizen of the U.S. or resident alien; or be the surviving spouse of a deceased veteran or the spouse of a disabled veteran who because of the disability is not able to qualify.

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" DD214 and FL-802 or death certificate

ARE YOU APPLYING FOR VETERAN'S PREFERENCE POINTS? **___ YES ___ NO** If yes, your DD214 or other supporting documentation must be received no later than five (5) calendar days after the application deadline.

PREFERENCE REQUESTED: ___ Veteran (5pts) ___ Disabled Veteran (10pts) ___ Spouse of Disabled or ___ Deceased Veteran (5pts)

Are you receiving or eligible for a military pension? _____ Yes _____ No Do you have a service-related disability? _____ Yes _____ No (_____%)

REFERENCES: Please list 3 supervisory references (not relatives), who you have worked for and who can attest to your work qualities.

Name	Relationship to You	Employer Name	Telephone Number
			()
			()
			()

NOTICE TO APPLICANT: Information requested on your application that is defined by State Statute as public may be released on request and includes job history, education and training, relevant test scores, rank on our eligibility list, Veteran's status, and work availability. Your name is 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. Certain other information is private and may be released only to you or to governmental entities authorized access by law. Private data contained above:

NAME/SOCIAL SECURITY NUMBER (SSN): Used to identify you in relation to other applicants. You are legally required to provide your name, but not your SSN. Failure to provide this information may result in a delay in processing or rejection of your application.

LICENSE INFORMATION: Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in rejection of your application.

CITIZENSHIP STATUS: Used to certify applicants for work in the U.S. as determined by laws of the U.S. Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application.

FAIR CREDIT REPORTING ACT DISCLOSURE: In connection with your application for employment, an investigation may be made in which "consumer reports" are obtained from a consumer reporting agency. Such reports may include information concerning your credit worthiness, credit capacity, character, general reputation, personal characteristics, or mode of living. Examples of such reports include, but are not limited to: your credit history and a criminal background check. Upon written request, you will be provided with a disclosure of the nature and scope of the consumer report.

The City of Harris will not use the information contained in the consumer report and/or investigative consumer report in violation of any applicable federal or state law or regulation.

If any consumer reports and/or investigative consumer reports indicate that any adverse action should be taken, including the denial of your application for employment, you will be provided with a copy of the report(s) and the "Summary of Your Rights Under the Fair Credit Reporting Act" per the Fair Credit Reporting Act.

The information contained herein is considered private data and will be used only to determine your suitability for employment. Providing this information is strictly voluntary and you are not required by law to furnish any of the information requested herein. However, if you do not furnish it we may have difficulty determining your suitability for employment. The information provided herein will be accessible only to you, appropriate staff of the City of Harris, or as provided for by Minnesota Statutes. By law, I understand that I have the right to receive a free copy of my consumer report and/or investigative consumer report from the consumer reporting agency if one is obtained, upon my written request for this information.

I hereby authorize the City of Harris to obtain "consumer reports" and/or "investigative consumer reports" in connection with processing my application for employment. I further authorize the appropriate individuals, companies, institutions or agencies, including consumer reporting agencies, to release this information.

Applicant Name (printed): _____

Applicant Signature: _____ **Date:** _____

APPLICANT'S STATEMENT

I certify that I have read the "Notice to Applicant" regarding the MN Data Practices Act, and understand my rights as a subject of data. I authorize that a transcript may be requested where necessary to verify any education record. I hereby expressly authorize the collection, use and release of any and all information concerning me, which relates to my employment. I hereby release the City of Harris, with which I am seeking employment, from any liability which may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless my present and past employers from any liability whatsoever arising out of its release of information pursuant to this release.

I understand that if offered a position, I must submit to and pass a drug screen and depending on the position, may be required to submit to and pass a psychological examination, a physical examination and/or a physical agility test.

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in this application will be grounds for disqualification for employment or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

By signing this form I hereby acknowledge I have read and understood the above statements. **Failure to sign this form may result in rejection of your application.**

Signature of Applicant

Date

EQUAL EMPLOYMENT/AFFIRMATIVE ACTION DATA

The purpose of collecting the data requested below is to comply with State and Federal Equal Opportunity Employment reporting and other legal requirements. Periodic reports are made to the government using the following information. ***This form will be filed separate from your application and it will not be used in our recruitment evaluation process.*** The following information is requested for reporting purposes only. Please note that your cooperation in providing the following data is ***voluntary*** and inclusion or exclusion of data will not affect any recruitment selection decisions.

Name		Social Security
Address		
City	State	Zip Code

Title of Position Applying For:		Today's Date
Date of Birth (mo/day/yr): _____ / _____ / _____	Age: _____	Sex: _____ Female _____ Male
<i>Please check one of the following:</i> <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Black (non-Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other		
<i>Please check if any of the following are applicable:</i> <input type="checkbox"/> Disabled Individual <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran		

REFERRAL SOURCE

How were you made aware of this employment opportunity?

- Internet (specify site): _____
- Newspaper (Specify paper): _____
- Employment Agency (List name): _____
- Employee Referral (Provide name): _____
- Community Agency Referral (specify name): _____
- Walk-In
- Other Source: _____

THIS FORM WILL BE SEPARATED FROM YOUR APPLICATION FORM.