

CITY OF HARRIS

APPLICATION FOR EMPLOYMENT

43970 Ginger Avenue
Harris, MN 55032

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

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

Date Received: _____

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: (____) _____ - _____ Work Phone: (____) _____ - _____ Other: (____) _____ - _____				Are you a United States Citizen or legally eligible to work in the U.S. ? _____ Yes _____ No <small>(If hired, you will be required to provide documentation that you are eligible to work in the U.S.)</small>			
Are you under 18? _____ Yes _____ No If Yes, state birth date: ____/____/____					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							
Drivers 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 (____) _____ - _____
 Address _____
 Supervisor's Name _____
 Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

 May we contact this employer? Yes No If No, please indicate
 reason: _____

Dates Employed (Mo/Yr):
 From _____ To _____
 Total (Years/Months) _____
 Hours Worked Per Week _____
 Last Salary _____
 Reason for Leaving or Seeking Other Employment:

Employer _____ Phone (____) _____ - _____
 Address _____
 Supervisor's Name _____
 Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

 May we contact this employer? Yes No If No, please indicate
 reason: _____

Dates Employed (Mo/Yr):
 From _____ To _____
 Total (Years/Months) _____
 Hours Worked Per Week _____
 Last Salary _____
 Reason for Leaving or Seeking Other Employment:

Employer _____ Phone (____) _____ - _____
 Address _____
 Supervisor's Name _____
 Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

 May we contact this employer? Yes No If No, please indicate
 reason: _____

Dates Employed (Mo/Yr):
 From _____ To _____
 Total (Years/Months) _____
 Hours Worked Per Week _____
 Last Salary _____
 Reason for Leaving or Seeking Other Employment:

Employer _____ Phone (____) _____ - _____
 Address _____
 Supervisor's Name _____
 Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

 May we contact this employer? Yes No If No, please indicate
 reason: _____

Dates Employed (Mo/Yr):
 From _____ To _____
 Total (Years/Months) _____
 Hours Worked Per Week _____
 Last Salary _____
 Reason for Leaving or Seeking Other Employment:

Employer _____ Phone (____) _____ - _____
 Address _____
 Supervisor's Name _____
 Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

 May we contact this employer? Yes No If No, please indicate
 reason: _____

Dates Employed (Mo/Yr):
 From _____ To _____
 Total (Years/Months) _____
 Hours Worked Per Week _____
 Last Salary _____
 Reason for Leaving or Seeking Other Employment:

KNOWLEDGE, SKILLS AND ABILITIES SECTION

Typing ability: _____ Yes _____ No _____ WPM

Computer Experience: _____ Yes _____ No If Yes, 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: _____

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

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) for whom you have worked 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. 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 (mm/dd/yyyy): ____/____/____	Age:	Sex: ____ Female ____ Male
<i>Please check one of the following:</i> ____ White (non-Hispanic) ____ Black (non-Hispanic) ____ Hispanic ____ American Indian or Alaskan Native ____ Asian or Pacific Islander ____ Other		
<i>Please check if any of the following are applicable:</i> ____ Disabled Individual ____ Non-Veteran ____ Veteran ____ Vietnam Era Veteran ____ 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.

CITY OF HARRIS

AUTHORIZATION FORM TO CONDUCT CRIMINAL HISTORY BACKGROUND CHECK, AND VERIFICATION OF DRIVING RECORD AND STATUS

All employment applicants and volunteers are required to sign a Criminal History Background Check Authorization Form as part of the application process of the City of Harris. This is in accordance with the City of Harris's Hiring/Employment Policy*.

** No Criminal History Background Check will be conducted unless/until you are selected for an interview or an offer of employment is extended.*

"I, the undersigned, hereby authorize the City of Harris to conduct a Criminal History Background check if I am selected for an interview or offered employment. In addition, I authorize the City of Harris to conduct a check of my driving record and status. I hereby release and agree to hold harmless the City of Harris, its employees and volunteers."

Applicant/volunteer: please sign, date and complete all information requested below. (Use black or blue ink.)

**NOTE: ALL AREAS MUST BE COMPLETED OR THE BACKGROUND CHECK
WILL BE REJECTED AS INCOMPLETE.**

SIGNATURE _____ DATE _____

FIRST, MIDDLE, LAST NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE _____

DATE OF BIRTH _____ DRIVER'S LICENSE _____

SS# _____ RACE _____ SEX (CIRCLE ONE) MALE FEMALE

.....
FOR OFFICIAL USE ONLY:

Date of Request _____ City Clerk _____

To: Chisago County Sheriff's Department

From: City of Harris

Please conduct a Criminal History Background Check and driving record/status check on this applicant or volunteer. Please contact the City Clerk's Office with the results.

Date Completed: _____ By: _____