

# APPLICATION FOR EMPLOYMENT City of Worthington 303 Ninth Street, PO Box 279 Worthington, MN 56187-0279 (507) 372-8600

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Date Received: Interview:

1. Title of specific position for which y	of specific position for which you are applying  2. Date of application		3. Date available for work				
4. Last name	4. Last name First name Middle name						
5. Are you over the age of 18?		6. Residence	ohone 7.	Business phone	8. County		
□Yes □No If no, state date of birt	1						
9. Street address	10. City			11. State and zi	p code		
12. Do you have any relatives working for the City? □Yes □No   If yes, relationship Department							
13. Employment condition desired	14. Have	you previously be	een employed	d by the City?			
(check one) (check one) □Yes □No If yes, datePosition □Regular □Full-time □Temporary □Part-time							
15. If position involves driving, ple	ase indicate drive	r's license num	ıber.				
	State		Class	i			
16. Education. Did you graduate from high school or receive a GED?  □Yes □No School attended  How many years of education have you had? (circle one) 7 8 9 10 11 12 13 14 15 16 17 18 19 20							
Name & location of colleges, universities, technical schools	Did you gradua	Did you graduate? Certificate/Degree Courses of		es of Study			

your present or most recent experience first. Attach additional sheets if necessary. Length of Employment Employment Firm \_\_\_\_\_ From month year Phone #\_\_\_\_\_ Supervisor\_\_\_\_\_\_
Your Title\_\_\_\_\_ Supervisor's Title\_\_\_\_\_\_ To Number and type of position you supervised month year Hours per week\_\_\_\_\_ Last salary\_\_\_\_ Reason for leaving Principal Responsibilities - Be Complete May we contact your present employer? □Yes □No If no, explain Length of Employment Employment Firm \_\_\_\_\_ From month year Phone #\_\_\_\_\_ Supervisor \_\_\_\_\_\_
Your Title \_\_\_\_\_ Supervisor's Title \_\_\_\_\_\_ To Number and type of position you supervised month Hours per week \_\_\_\_ Last salary \_\_\_\_\_ Reason for leaving \_\_\_\_ Principal Responsibilities - Be Complete May we contact this employer? □Yes □No If no, explain \_\_\_\_\_ Length of Employment Employment Firm \_\_\_\_\_ From month year Phone #\_\_\_\_\_ Supervisor \_\_\_\_\_\_
Your Title \_\_\_\_\_ Supervisor's Title \_\_\_\_\_ To month Number and type of position you supervised Hours per week\_\_\_\_\_ Last salary\_\_\_\_ Reason for leaving Principal Responsibilities - Be Complete May we contact this employer? □Yes □No If no, explain \_\_\_\_\_

17. Employment history. Experience and training ratings are determined by this information - please be complete. List

18. Rel	evant current professional n	nemberships, registrations, or li	censes. Include	date when first issued.		
19.	Jo	b-Relevant Volunteer and Unpa	id Work Experie	nce		
	Kind of volunteer activity Major Responsibilities (Do not specify organization)			# Hours Years per month From To		
20. Des	scribe any additional experie	ence or training that qualifies yo	ı for this job			
	ERICAL APPLICANTS ONL					
	ing speedWPM	Number of Years L		-		
and	lawfully authorized alien wo	ation Reform and Control Act of orkers. If hired, you will be required to provide acid decumentation	red to provide wr	itten documentation of c		
	. · · ·	e to provide said documentatior . 8, requires employers to obtain			rding court-	
ord	ered child support obligation	ns that are required by law to be Failure to provide said documer	withheld from inc	come. If hired, you will be		
24. Did arn whi	you serve in the military sened forces of the U.S. after h	rvice of this country and separa aving served on active duty for 1 □ No □ Yes If 'yes', are you a	e under honorab 81 consecutive d	ole conditions from any b ays or by reason of disab	ility incurred	
Desc	cribe your duties and any sp	ecial training:				
to		, you may be required to underg u are able to perform the duties as are necessary for you.				
26. Giv		other than relatives who can be	contacted regar	ding your qualifications, v	work habits,	
	NAME	PRESENT ADDRESS	TELEPHONE	POSITION AND RELATION TO YOUR WORK		
		discriminate on the basis of ha				

The City of Worthington does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its programs or activities. It is the policy of the City of Worthington to provide reasonable accommodations to the known physical and mental limitations of qualified handicapped applicants and employees in order for them to perform the essential functions of the job in question.

THE CITY OF WORTHINGTON IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

#### SIGNATURE

The City has the right to verify information provided in the application. I may be discharged if there are any misrepresentations on this application or my resume or made by me in an interview which may be discovered now or anytime in the future. False information or misrepresentation may also subject me to the penalty provisions of M.S.§ 43A.39.

In connection with this application for employment, I authorize the City of Worthington and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the City of Worthington and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

□YES □YES, but not present employer until job is offered. □NO (We may be unable to hire you without this information)

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and I understand the information below.

DATE	SIGNATURE (Do not print)	

#### IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd. 2). If you become employed by the City, the data will be available to the Department of Finance, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the City Clerk/Human Resources Assistant by letter.

Private Data Why V	Ve Ask For It Are You Legally Obliq To Provide It? You Don't Pr		at May Happen If
Social Security Number	To distinguish you from all other applicants and to make procession more efficient	No	In most cases, nothing. However, it will help to ensure that your records are not confused with others.
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Date of Birth (when requested on a separate form)	To conduct a check of criminal records for certain positions	No	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Sex, Racial/Ethnic Group, Handicapped Status, Veteran Status (This information is requested on a separate form)	To be able to make Equal Opportunity reports as required by law.	No	We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring.
Conviction Record	To determine whether we may legally accept an application from you to determine whether your record may be a job-related consideration.	Yes	We will not be able to make determinations required by law. Failure to provide relevant conviction information may be grounds for dismissal.

ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC; THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE

## CITY OF WORTHINGTON ADDENDUM TO APPLICATION FORM

FOR OFFICE U	JSE ONLY
10 points	
15 points	

### **VETERANS PREFERENCE POINTS APPLICATION INSTRUCTIONS**

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 veterans preference points. You are not required to supply this information, but we cannot award veterans 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'S DD214 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.

ARE YOU APPLYING FOR VETERANS BONUS POINTS?

□YES □NO

If you answered "YES", your DD214 or other documentation must be received no later than seven (7) calendar days after the application deadline for the position.

VETERANS PREFERENCE POINTS APPLICATION					
Veteran □Self □Spouse	If spouse, Veteran's Name:				
Branch of Service:	Period of Active Duty: From: To:		То:		
Rank at Discharge	Type of D	of Discharge Date of Discharge		Service #	
Are you receiving or eligible for a military pension?  □YES □NO		Do you have a compensable service related disability?  □YES □NO			
Preference requested: □Veteran □Disabled Veteran □Spouse of Disabled Veteran □Spouse of Deceased Veteran					

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.

Supporting documentation: □ is attached □ will be submitted within 7 days of application deadline.