



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

OFFICE USE ONLY

Date Received: _____
Interview: _____

1. Title of specific position for which you are applying	2. Date of application	3. Date available for work
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4. Last name	First name	Middle name
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5. Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state date of birth _____	6. Residence phone	7. Business phone	8. County
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9. Street address	10. City	11. State and zip code
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12. Do you have any relatives working for the City?
Yes No If yes, relationship _____ Department _____

13. Employment condition desired: (check one) (check one) <input type="checkbox"/> Regular <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time	14. Have you previously been employed by the City? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date _____ Position _____
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15. If position involves driving, please indicate driver's license number.
_____ State _____ Class _____

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
or list year number here _____

Name & location of colleges, universities, technical schools	Did you graduate?	Certificate/Degree	Courses of Study

17. Employment history. Experience and training ratings are determined by this information - please be complete. List your present or most recent experience first. Attach additional sheets if necessary.

Employment Firm _____

Address _____

Phone # _____ Supervisor _____

Your Title _____ Supervisor's Title _____

Number and type of position you supervised _____

Principal Responsibilities - Be Complete

Length of Employment

From _____

month year

To _____

month year

Hours per week _____

Reason for leaving _____

May we contact your present employer?

Yes No

If no, explain _____

Employment Firm _____

Address _____

Phone # _____ Supervisor _____

Your Title _____ Supervisor's Title _____

Number and type of position you supervised _____

Principal Responsibilities - Be Complete

Length of Employment

From _____

month year

To _____

month year

Hours per week _____

Reason for leaving _____

May we contact this employer?

Yes No

If no, explain _____

Employment Firm _____

Address _____

Phone # _____ Supervisor _____

Your Title _____ Supervisor's Title _____

Number and type of position you supervised _____

Principal Responsibilities - Be Complete

Length of Employment

From _____

month year

To _____

month year

Hours per week _____

Reason for leaving _____

May we contact this employer?

Yes No

If no, explain _____

18. Relevant current professional memberships, registrations, or licenses. Include date when first issued.

19. Job-Relevant Volunteer and Unpaid Work Experience

Kind of volunteer activity (Do not specify organization)	Major Responsibilities	# Hours per month	Years	
			From	To

20. Describe any additional experience or training that qualifies you for this job. _____

21. CLERICAL APPLICANTS ONLY: Word Processing/Computer Experience
Typing speed _____ WPM Number of Years _____ List software and hardware _____

22. In accordance with the Immigration Reform and Control Act of 1986, the City of Worthington hires only U.S. citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

23. Minn. Stat. Sec. 518.611 Subd. 8, requires employers to obtain information from all new employees regarding court-ordered child support obligations that are required by law to be withheld from income. If hired, you will be required to provide such documentation. Failure to provide said documentation will result in dismissal.

24. Did you serve in the military service of this country and separate 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 incurred while serving on active duty? No Yes If 'yes', are you a permanent resident of the State of Minnesota? No Yes

Describe your duties and any special training:

25. If you are hired for this position, you may be required to undergo a physical examination at this employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations are necessary for you.

26. Give the names of four people other than relatives who can be contacted regarding your qualifications, work habits, and character.

NAME	PRESENT ADDRESS	TELEPHONE	POSITION AND RELATION TO YOUR WORK

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 We Ask For It	Are You Legally Obligated To Provide It?	Are You Legally Obligated You Don't Provide It	What May Happen If
Social Security Number	To distinguish you from all other applicants and to make procession more efficient	No	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	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	No	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices.	Yes	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	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	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	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 USE ONLY
10 points <input type="checkbox"/>
15 points <input type="checkbox"/>

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 <input type="checkbox"/> Self <input type="checkbox"/> Spouse	If spouse, Veteran's Name:		
Branch of Service:		Period of Active Duty: From:	
		To:	
Rank at Discharge	Type of Discharge	Date of Discharge	Service #
Are you receiving or eligible for a military pension? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have a compensable service related disability? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Preference requested: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran			
<input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> 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.