

For Office Use Only: Received	
Date:	۱
Time:	

City of Sartell

APPLICATION FOR EMPLOYMENT

Return to: City of Sartell

125 Pine Cone Road North

Sartell, MN 56377 Phone: (320) 253-2171 Fax: (320) 253-3337

www.sartellmn.com

We welcome you as an applicant for employment! The City of Sartell is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, national origin, gender, age, marital status, public assistance status, disability, or sexual orientation. Individuals are evaluated and selected on the basis of merit.

Title of Position for which you are applying			Date of Application		
Last Name	First Name		Middle Name		
Phone Numbers:	Home	Other			
Home Address					
City, State, Zip					
What type of emplo	oyment are you seeking?				
Full-time Part-time	· ·	Seasonal Full-time Seasonal Part-time			
Are you age 18 or older? Are you authorized to work in the US on an unrestricted May we contact your present employer?		basis? Yes	s No		

IMPORTANT INFORMATION ABOUT COMPLETING YOUR APPLICATION

- 1. Read the job announcement carefully so you understand the duties and requirements for the position for which you are making application.
- **2.** Complete this City of Sartell employment application form. You must submit a separate application for each job announcement.
- **Type or print clearly** and give complete and accurate information. The information you provide on this application will be used to determine if you meet the minimum qualifications for this position. The information must be specific and complete and submitted on or before the last day for filing. If you need more space, attach additional pages to the application.
- 4. Complete all application areas. **Do not mark your application "See Resume".** An incomplete application may reduce your opportunity for employment with the City of Sartell.
- 5. Your completed application must be physically received by the City of Sartell by the published closing date. We may not accept applications received after the closing date, even if they are postmarked by that date. The City is not responsible for the failure of others, including the U.S. Post Office, to forward applications to us before the deadline. The City does accept faxed or emailed applications if received by the deadline.
- **6. Employment History: Be specific and complete.** List your present and most recent experience first. If you attach additional information sheet(s), include all the information requested on the job application.
- 7. If you have a disability or language difficulty that would prevent you from successfully completing the application form, please contact the Sartell City Administrator so that reasonable effort can be made to accommodate your needs.
- 8. Veterans Preference: Qualified veterans and spouses of disabled or deceased veterans may apply to have preference points awarded for certain positions of employment with the City. If you intend to file a claim of Veterans Preference with the City of Sartell, a Veterans Preference claim form should be completed and a copy of your DD214 should be filed by the job announcement closing date. The Veterans Preference claim form is found on Page 6. You may contact the City to confirm whether the specific job for which you are applying is subject to Veterans Preference.
- 9. Drug Testing & Criminal History/Background checks: In accordance with City Policies, some positions of City employment require a pre-employment drug test and/or criminal background check. Some positions in the City may also require pre-employment physical and/or psychological examinations. Offers of employment may be conditionally offered based upon passing the drug test, physical examination and/or psychological examination and criminal history background check, if required.

10. SIGN YOUR APPLICATION ON PAGE 5.

EMPLOYMENT HISTORY

Please give accurate, complete employment information. List your present or most recent experience first. Attach additional sheets if necessary. Do not mark your application "SEE RESUME" or your application may not be considered.

		D (C 1)
Employer:		Dates of employment: From:
Supervisor:	Title	To: Hours/week:
		Reason for leaving:
rumber and types of positi	-	Salary \$
Major Responsibilities (be		Salary \$ % of time:
	•	
1		
2		
4		
T		
FIRST PREVIOUS EMI		
Employer:	<u>-</u>	Dates of employment:
		From:
Address:		To:
		Hours/week:
Your Title:	_	Reason for leaving:
Number and types of posit	tions you supervised:	
		Salary \$
Major Responsibilities (be	•	% of time:
1		
2		
3		
4		
	EMPLOYER: (attach separate sheet to	
	·	<u>-</u> -
	Fax:	
Address:		To:
		Hours/week:
Supervisor:		
Supervisor: Your Title:		Reason for leaving:
•		Reason for leaving:
Your Title:		Reason for leaving: Salary \$
Your Title:	tions you supervised:	
Your Title:	e complete):	% of time:
Your Title:	tions you supervised:	Salary \$ % of time:
Your Title:	e complete):	Salary \$ % of time:
Your Title:	e complete):	Salary \$ % of time:

EDUCATIONAL INFORMATION

Circle the highest grade completed: High School	College	Post Graduate	
9 10 11 12 GED	13 14 15 16	16+ MA MS PH	D JD
Name and address of High School:			
Name and location of college, university		Major/Minor	Degree
and/or technical schools:	attended	or study area	Received
	SKILLS AND TRA	INING	
To be completed by applicants for Ad	ministrative, Profession	nal, Fiscal and Clerica	l positions only.
Typing ability: Yes No Words p	per minute:	· 	-
List specific other office equipment and Training:	computer hardware/soft		
г .			
Experience.			
To be completed by applicants for Lal List specific equipment that you have ex		_	•
All applicants please complete this sec	tion:		
	Yes No		
License Number:		Date: Cl	ass:
Certifications, Registration or Occupa Please list any current professional licen expiration date): 1	ses, certificates or regist	ration you hold (indicat	e number and
	REFERENCE		
List three people who know you well, pr relative.	referably from a work en	vironment. Do not refe	r to an acquaintance
Name and Address		Phone	Occupation
1			
2.		_	
		_	
3		_	

(Tennessen Warning)

This application is to assist in the process of reviewing you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or City departments where you may be considered for employment. All other information you supply on this application with the exception of that which is private data as indicated below will become public if you are hired by the City. Names of applicants will become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

Private Data	Why We Ask For It	What May Happen If You Don't Provide It?
Name/Home Address/ Driver's License Number	To distinguish you from all other applicants; to be able to send you notices; in the event you are a finalist for the position, then to obtain driving record and/or criminal background check to determine whether any conviction or violation is job-related.	Failure to provide information may be cause for eliminating you from consideration as a position finalist. If you do not have a valid Driver's License, you may instead provide us with your date of birth for purposes of the necessary background checks.
Home Telephone	To be able to contact you to determine availability for interview.	We may not be able to employ in certain jobs where you may be required to come to work or be interviewed on short notice.
Special Accommodations	To determine whether you need special accommodations.	We will be unable to provide necessary accommodations in a timely manner.

Applicant's Statement: I certify that all statements made on this applicant on the subject to verification. I also understand that any falsification are result in dismissal. My signature AUTHORIZES the City to secular anscripts from educational institutions and information needed to concollection of any employment-related information deemed necessary falcohol test results or refusals to be tested) and personal references. I contract of employment.	cation will disqualify me from employment or, if I am hired, re my driving record (if the position requires driving), mplete a criminal background check. It also AUTHORIZES rom former employers (including prior employer drug and
Signature of Applicant	Date

VETERANS PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to veterans and spouses of deceased or disabled veterans to add to their exam results for employment positions subject to veterans preference. Points are awarded subject to the provisions of Minnesota Statutes Section 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.

	VETERANS PREFERENCE	POINTS APPLICATION	
Veteran Self Spouse	If spouse, veteran's name:		
Branch of Service:		Period of active duty from:	to:
Rank of Discharge:	Type of Discharge:	Date of Final Discharge:	Service No:
Are you receiving or eligible for a military pension?		Do you have a compensable service-related disability?	
	eteran Spouse of Disabled Veteran	Disabled Veteran Spouse of Deceas	
Our Preference Points application ocumentation is not attached, it muarantee that points are awarded in	ust be received in our office no		
I hereby claim veterans preference authorize the release of necessary	-	_	document is true and correct. I al Administrator's Office.
Signature	Date	FOR	OFFICE USE ONLY _ 10 points 15 points

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EQUAL EMPLOYMENT OPPORTUNITY

The City of Sartell is an Equal Opportunity Employer. In order to gauge whether the City's hiring practices are resulting in the recruitment of protected status applicants and to comply with requirements of the Equal Employment Opportunity Commission, the City of Sartell collects the following information anonymously on all applicants for City employment. *Your name is not included on this form so that this information will remain anonymous and will be retained separately from other job application materials.*Those making the hiring decision will not see this information on any candidate.

Please check onl	y one:		
Male	<u>Female</u>		Group
		A.	Caucasian (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
		В.	African American (not of Hispanic Origin): All persons having origins in any of the black racial groups of Africa.
		C.	American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
		D.	Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
		E.	Asian or Pacific Islanders: All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example: China, Japan, Korea, the Philippine Islands, and Samoa.
Date:		Position	Applied For:

CITY OF SARTELL ADDENDUM TO EMPLOYMENT APPLICATION COMMUNITY DEVELOPMENT DIRECTOR

ppli	cant Name:
1.	Describe work experience in local government management, including supervising and managing teams and projects (be specific about experience & number of years of such experience):
2.	Describe work experience in community development (be specific about experience & number of years of such experience):
3.	Describe work experience in planning, zoning, subdivisions and land use (be specific about experience & number of years of such experience):
4.	Describe work experience in development negotiations (be specific about experience & number of years of such experience):
5.	Describe work experience in economic development (be specific about experience & number of years of such experience):

BE SPECIFIC. Failure to detail specific experience and number of years may result in failure to accurately score your application and may reduce your chances for an interview.