



For Office Use Only: Received Date: _____ Time: _____
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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 employment are you seeking?

Full-time _____ Temporary Full-time _____ Seasonal Full-time _____
Part-time _____ Temporary Part-time _____ Seasonal Part-time _____

Are you age 18 or older? Yes No
Are you authorized to work in the US on an unrestricted basis? Yes No
May we contact your present employer? Yes 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.
3. **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.

PRESENT EMPLOYER:

Employer: _____ Dates of employment: _____
Phone: _____ Fax: _____ From: _____
Address: _____ To: _____
Supervisor: _____ Title: _____ Hours/week: _____
Your Title: _____ Reason for leaving: _____
Number and types of positions you supervised: _____
Salary \$ _____
Major Responsibilities (be complete): _____ % of time: _____
1. _____
2. _____
3. _____
4. _____

FIRST PREVIOUS EMPLOYER:

Employer: _____ Dates of employment: _____
Phone: _____ Fax: _____ From: _____
Address: _____ To: _____
Supervisor: _____ Title: _____ Hours/week: _____
Your Title: _____ Reason for leaving: _____
Number and types of positions you supervised: _____
Salary \$ _____
Major Responsibilities (be complete): _____ % of time: _____
1. _____
2. _____
3. _____
4. _____

SECOND PREVIOUS EMPLOYER: (attach separate sheet to detail additional employment)

Employer: _____ Dates of employment: _____
Phone: _____ Fax: _____ From: _____
Address: _____ To: _____
Supervisor: _____ Title: _____ Hours/week: _____
Your Title: _____ Reason for leaving: _____
Number and types of positions you supervised: _____
Salary \$ _____
Major Responsibilities (be complete): _____ % of time: _____
1. _____
2. _____
3. _____
4. _____

VOLUNTEER/OTHER EXPERIENCE: (List unpaid experience, Boards, Commissions, etc):

EDUCATIONAL INFORMATION

Circle the highest grade completed:

High School
9 10 11 12 GED

College
13 14 15 16

Post Graduate
16+ MA MS PHD JD

Name and address of High School: _____

Name and location of college, university, and/or technical schools:	# of years attended	Major/Minor or study area	Degree Received
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SKILLS AND TRAINING

To be completed by applicants for Administrative, Professional, Fiscal and Clerical positions only.

Typing ability: Yes No Words per minute: _____

List specific other office equipment and computer hardware/software that you have....

Training: _____

Experience: _____

To be completed by applicants for Labor/Maintenance and Skilled Trade positions only.

List specific equipment that you have experience with: _____

All applicants please complete this section:

Do you have a driver's license? Yes No

License Number: _____ Expiration Date: _____ Class: _____

Certifications, Registration or Occupational Licenses

Please list any current professional licenses, certificates or registration you hold (indicate number and expiration date):

1. _____
2. _____

REFERENCES

List three people who know you well, preferably from a work environment. Do not refer to an acquaintance or relative.

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 application are true, complete and correct. I understand that all information is subject to verification. I also understand that any falsification will disqualify me from employment or, if I am hired, may result in dismissal. My signature AUTHORIZES the City to secure my driving record (if the position requires driving), transcripts from educational institutions and information needed to complete a criminal background check. It also AUTHORIZES collection of any employment-related information deemed necessary from former employers (including prior employer drug and alcohol test results or refusals to be tested) and personal references. I understand that this application is not and is not intended to be a contract of employment.

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?	
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 the application deadline for the position in order to guarantee that points are awarded in a timely manner.

I hereby claim veterans preference for this position and swear that the information given on this document is true and correct. I also authorize the release of necessary information by the Veteran's Administration to the Sartell City Administrator's Office.

Signature

Date

FOR OFFICE USE ONLY
 _____ 10 points _____ 15 points

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 only one:

<u>Male</u>	<u>Female</u>	<u>Group</u>
_____	_____	A. Caucasian (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
_____	_____	B. 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:
