



EMPLOYMENT APPLICATION

**CITY OF PELICAN RAPIDS
315 N BROADWAY
PO BOX 350
PELICAN RAPIDS, MN 56572
218-863-6571 (Phone)
218-863-7077 (Fax)**

AN EQUAL OPPORTUNITY EMPLOYER

Application for the position of _____

Date available for work _____

Directions (please read carefully):

1. Read and sign attached "Notice to Applicants".
 2. Type or print clearly in ink. Illegible applications may be removed from consideration.
 3. You may submit a resume with this application.
 4. I understand that I will be required, prior to hire, to provide proof of eligibility to work in the United States.
 5. I understand that I will be required, prior to hire, to provide information resulting from felonies or misdemeanors for which I have been convicted.
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1. Name: _____
(Last) (First) (Middle)

2. Address: _____
(Number and Street Address)

(City) (State) (Zip Code)

3. Telephone number: _____

4. Are you 18 years of age or older? Yes No

5. Employment Experience: List present or most recent employment first. Complete the following employment information for approximately the past eight (8) years. Attach additional sheets if necessary. ***Applicants will be considered eligible only if it can be determined from their application that they meet minimum qualifications for the position.***

Employer Name and Address:		Phone:
Dates employed: From _____ to _____ Total: _____ Yrs _____ Months		
Salary: _____ Beginning _____ Per: Hr Mo Yr Ending _____ Per: Hr Mo Yr	Reason for leaving:	
___ Full time ___ Part time ___ Hrs/Wk	May we contact this employer? ___ Yes ___ No	
Your title:	Supervisor:	
Specific job duties:		

Employer Name and Address:		Phone:
Dates employed: From _____ to _____ Total: _____ Yrs _____ Months		
Salary: _____ Beginning _____ Per: Hr Mo Yr Ending _____ Per: Hr Mo Yr	Reason for leaving:	
___ Full time ___ Part time ___ Hrs/Wk	May we contact this employer? ___ Yes ___ No	
Your title:	Supervisor:	
Specific job duties:		

Employer Name and Address:		Phone:
Dates employed: From _____ to _____ Total: _____ Yrs _____ Months		
Salary: _____ <i>Circle one</i> Beginning _____ Per: Hr Mo Yr Ending _____ Per: Hr Mo Yr	Reason for leaving:	
__ Full time __ Part time _____ Hrs/Wk	May we contact this employer? __ Yes __ No	
Your title:	Supervisor:	
Specific job duties:		

Employer Name and Address:		Phone:
Dates employed: From _____ to _____ Total: _____ Yrs _____ Months		
Salary: _____ <i>Circle one</i> Beginning _____ Per: Hr Mo Yr Ending _____ Per: Hr Mo Yr	Reason for leaving:	
__ Full time __ Part time _____ Hrs/Wk	May we contact this employer? __ Yes __ No	
Your title:	Supervisor:	
Specific job duties:		

6. EDUCATION:

Name and Location	Course of study and/or degree	No. of yrs attended	Did you graduate?
High school:			
College:			
Vocational/Technical/Other:			

<p>Describe any education or training you have not covered above:</p>
<p>Describe any job-relevant volunteer or other unpaid work experience:</p>
<p>Please add any other information which you would like us to consider:</p>

<p>Give the names of three people other than relatives who can be contacted regarding your qualifications, work habits and character.</p>			
Name	Present Address	Telephone	Occupation

NOTICE TO APPLICANTS

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 any City employee or City attorney who must use it in the course of conducting city business and as otherwise provided by law. (M.S. 13.43, Subd.2). *Your name is considered private until you are selected as eligible for an interview.* You are not legally required to provide the information requested in this application, but the City of Pelican Rapids will not be able to consider your application without it.

Private data	Why we ask for it	Are you legally obligated to provide it?	What may happen if you don't provide it
Name	To distinguish you from other applicants	Yes	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
Telephone	To be able to contact you to determine availability for interview	No	We may not be able to contact you for an interview
Sex, Racial/Ethnic Group, Handicapped Status, Veteran Status	To be able to make Equal Opportunity reports as required by law and to provide affirmative action in city service	No	We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring
All other information on the application is public; that is, it may be given to anyone for any purpose.			

I certify that all the information I have provided is true, complete and correct to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or termination if I am hired.

I hereby authorize the City of Pelican Rapids and any agent acting on its behalf to investigate any information contained in this application or given during an oral interview, as may be necessary in arriving at an employment decision.

As part of this application and in consideration of being permitted to take the examination for the position herein applied for, including such practical demonstration tests the City shall deem necessary to determine personal fitness, skill and eligibility, I, the undersigned applicant, do hereby expressly and voluntarily release, relinquish and forever discharge the City of Pelican Rapids, its agents, officers or employees, from any and all claims, demands, or causes of action, including specifically, all acts of active or passive negligence on the part of the City, its agents, officers or employees, for any damage or injury I might sustain in connection with, or by reason of, my participation in said examination, it being fully understood that I do hereby voluntarily assume all risks of whatever nature in connection therewith.

I have read and I understand the information above.

(Signature)

(Date)

Application for Veteran's Preference Points

Eligibility:

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 veteran's preference points, you must:

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.

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 veterans points without it.

Instructions:

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. **All documentation must be received no later than 7 calendar days after the application deadline for the position for which you are applying.**

Veterans Preference Points Application

Veteran: _____ Self _____ Spouse; If Spouse, Veteran's Name: _____

Branch of Service: _____ Dates of Active Duty: from _____ to _____

Rank at Discharge: _____ Type of Discharge: _____

Date of Final Discharge: _____ Service Number: _____

Do you have a compensable service-related disability? _____ Yes _____ No

Type of Preference requested: Veteran _____ Disabled Veteran _____

Spouse of Veteran _____ Spouse of Disabled Veteran _____

Supporting Documentation:

_____ is attached _____ will be submitted within 7 days of application deadline.

Waiver and Release of Information

To: _____

I hereby give my permission to release information, both public and private data, and opinions about me, my performance, reputation and character, to the City of Pelican Rapids.

This release includes all information gathered about me including, but not limited to:

- dates of employment
- pay grade classification
- salary/wages
- my job performance, reputation and character
- absenteeism information
- punctuality information
- results of performance reviews
- disciplinary information
- whether employer would hire me again
- background check when applicable

I release _____ and whoever speaks for them, with no conditions whatsoever, from any liability for giving the reference and furnishing the information.

A copy of this release is as good as the original.

Date _____

Signature of Applicant

Date _____

Chief of Police