

CITY OF KEEWATIN EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS:

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE."
2. If more space is needed to complete any questions, use comments section on the back.
3. Print clearly; incomplete or illegible applications will not be processed.

TODAY'S DATE: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____
LAST FIRST MI

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET CITY STATE ZIP

PRIOR ADDRESS: _____
STREET CITY STATE ZIP

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work you are required to submit a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medial professional designated by the company.

AVAILABILITY: For which position are you applying? _____

What date can you start? _____ What category would you prefer? Full-time Part-time Temporary Seasonal

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Shift Other _____

7 8 9 10 11 12 13 14 15 16 16+

EDUCATION: Please circle highest grade completed. —

NAME	CITY/STATE	GRADUATE?
High School		
College		
Other		

SECURITY: List states and counties of residence for the past seven (7) years:

Yes No Have you used any names or Social Security Numbers other than those on this page? If so, please list on back.

JOB RELATED SKILLS: NOTE: Do not fill out any part of this section you believe to be non-job related.

Languages you are fluent in? _____

Yes No If the job requires, do you have the appropriate valid drivers license?
DL# _____ Type _____ State of Issue _____

Yes No Have you ever failed a previous DOT drug or alcohol test in the last two years.

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____

Yes No Have you been given a job description or had the requirements of the job explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the requirements of this job with or without reasonable accommodation?

EMPLOYMENT HISTORY

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer? Yes No If yes, may we contact?

Company Name _____ State _____ Phone Number _____

From: _____ To: _____
Dates employed _____ Job Title _____ Supervisor Name _____

Duties _____

Salary _____ PER _____
(Hr/Week/Month) Reason for leaving _____

SECOND MOST RECENT EMPLOYER

Company Name _____ State _____ Phone Number _____

From: _____ To: _____
Dates employed _____ Job Title _____ Supervisor Name _____

Duties _____

Salary _____ PER _____
(Hr/Week/Month) Reason for leaving _____

THIRD MOST RECENT EMPLOYER

Company Name _____ State _____ Phone Number _____

From: _____ To: _____
Dates employed _____ Job Title _____ Supervisor Name _____

Duties _____

Salary _____ PER _____
(Hr/Week/Month) Reason for leaving _____

REFERENCES:

Include only individuals familiar with your work ability. Do no include relatives.

Name	Address/Phone	Years Known/Relationship
1.		
2.		
3.		

COMMENTS:

CERTIFICATION & RELEASE:

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said person, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. City of Keewatin policy requires drug testing to detect the use of illegal drugs prior to and during employment.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with The City of Keewatin, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, and education to ascertain any and all information which may be pertinent to my employment qualifications.

The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all person, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for three months from the date of my signature below. You may retain this copy of my release for your files. Thank you for your assistance.

Print Your Full Name

Signature

Date

CITY OF KEEWATIN

VETERANS' PREFERENCE CLAIM

Name of Veteran _____

Name of Applicant if different than Veteran _____

Address _____

Position applying for _____ Date of Birth _____

Are you a United States veteran? Yes No

Are you a disabled veteran? Yes No If Yes, % of disability? _____%

Are you currently receiving or eligible to receive a monthly pension benefit based exclusively on length of military service? Yes No

Branch of Service _____ Date of Discharge _____

Serial Number _____ Social Security Number _____

Date of Entry _____ Type of Separation _____

Veteran's Claim Number If Disabled _____ State Claim Filed in _____

I hereby claim Veterans' Preference for this examination and (swear/affirm) that the information given on this document is true and correct. I also authorize the release of necessary information by the Veterans' Administration to the City of Keewatin.

Signature of Veteran _____ Date _____

If spouse of disabled veteran, answer the following question:

Veteran's Present Occupation _____

DON'T FORGET TO ATTACH A COPY OF YOUR REPORT OF SEPARATION (DD214)

KEEWATIN TENNESSEN WARNING FOR EMPLOYEES

In accordance with the Minnesota Government Data Practices Act, we are required to inform you of your rights regarding the collection, creation, storage, maintenance, and dissemination of, and access to, government data as it pertains to you. There is a presumption that data are public and are accessible by the public for both inspection and copying unless there is a federal law, a state statute, or a temporary classification of data that provides that certain data are not public. According to Minnesota Statutes §13.43, subdivisions 2 and 3, as a public employee or an applicant for public employment, most of the data we maintain about you are public.

Data is classified into three categories: (1) public (any one can see it), (2) private (data is not public and accessible to the individual subject of the data), or (3) confidential (data made not public by statute or federal law and are inaccessible to the individual subject of the data).

The information we request from you may be used by us for one or more of the following purposes:

- To distinguish you from all other applicants or employees and identify you in our personnel files;
- To determine your eligibility for employment or promotion;
- To contact you or other significant persons in an emergency;
- To enroll you and your family members for health insurance;
- To enroll you for pension plans;
- To account for wages paid;
- To justify travel expense reimbursement;
- To account for other employer paid fringe benefits;
- To compile Equal Opportunity and Affirmative Action reports.

You are not legally required to provide the requested data and may refuse to do so. However, without the requested information the City of Keewatin may not be able to determine your eligibility for employment or promotion, compute your wages, or grant you other fringe benefits.

If you provide the requested data, we may share it with the following individuals/entities holding a legal right to access the information you provide:

- Peace Officer Standards and Training Board or law enforcement agency doing an investigation of the subject of the data;
- Department of Employment and Economic Development;
- Law enforcement agency for the purpose of reporting a crime or alleged crime committed by an employee;
- Department of Administration for the purpose of worker's compensation program;
- Exclusive bargaining unit representative;
- Minnesota Attorney General's Office;
- Minnesota Legislative Auditor's Office;
- Arbitrator/hearing officer;
- State and federal courts;
- State and federal enforcement agencies, including but not limited to the Federal Equal Employment Opportunity Commission, Minnesota Department of Human Rights, and the U.S. Department of Labor;
- Appropriate licensing entities and agencies;
- Counsel for parties in litigation;
- Persons/entities who have a legal document that authorizes them to act on your behalf;
- City of Keewatin personnel whose work assignments reasonably require access to your data;
- Any other individuals or entities as provided or limited by state or federal law.

Federal law permits government agencies to require an individual to provide his/her social security number for the administration of any tax. Please be aware when you are asked to give your social security number on Revenue forms, this collection is mandated by section 1211 of the Tax Reform Act of 1976 and also Minnesota Statutes 270.66. This information will be shared with the State Department of Revenue, the Internal Revenue Services, and security tax programs. In most other cases the disclosure of your social security number is voluntary. If it is required by law, we will inform you of the statute which requires collection.

If you have any questions about this notice, the City office staff will explain it to you. The information on this form applies to your future contacts with the City of Keewatin whether the contact is in person, by mail, or by phone.

Employee: I have read and understand the above Keewatin Tennessee Warning.

Print Name

Employee/Signature

Date