



Employment Application Packet

Return Completed Applications to:
CITY OF AUDUBON
357 4th Street • PO BOX 263 • Audubon, MN 56511
cityofaudubon@loretel.net
Fax: 218-439-3910

The City of Audubon welcomes you as an applicant for employment. It is our policy to provide equal opportunity to all employees and applicants for employment. The City of Audubon will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, or status with regard to public assistance.

PLEASE COMPLETE THIS APPLICATION FULLY. YOU MAY ATTACH A RESUME OR OTHER ADDITIONAL INFORMATION FOR CONSIDERATION IN CONJUNCTION WITH THE COMPLETED APPLICATION.

Request for Accommodation: If you require assistance in the hiring process, please contact the City Clerk to make a specific request for reasonable accommodation.

THE CITY OF AUDUBON IS AN EQUAL OPPORTUNITY EMPLOYER.

POSTION APPLYING FOR: _____	
DATE: _____	WHEN are you available for employment? _____
Please circle: Type of employment:	TEMPORARY REGULAR
Please circle: Amount of time:	FULL TIME PART TIME
If applying for PART TIME, how many hours per week? _____	
Expected pay: \$ _____ per _____.	
Are you a legally authorized to accept employment in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not a U.S. Citizen, do you have the necessary work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for employment here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No

◆ PERSONAL INFORMATION

CONTACT INFORMATION:

Last Name: _____ First Name: _____ Middle: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Preferred communication: _____

Telephone: _____ Between hours of _____ and _____

Telephone: _____ Between hours of _____ and _____

DRIVER'S LICENSE

(Only complete this section if a driver's license is required for the position you are applying for.)

Driver's License # _____ License Class (A, B, C, D) _____

State in which license is issued: _____ Expiration Date: _____

EDUCATION

Educational Institution	Name and Address of Institution	Course (Major/Minor)	Level of Education	Did you Graduate (Y/N)	List Diploma or Degree Awarded
High School					
College					
College					
Other (Specify)					

LICENSES & CERTIFICATES

Please list any other licenses, registrations, or certifications that are required or pertinent to the position you are applying for. If this licensing, etc., is required for the position, and you fail to include a photocopy of it with your application form, your name will be removed from further consideration for the position. If this licensing is not required for the position, but you feel it is relevant and may be an item for which we are awarding points, please indicate below for credit to be awarded.

Type of License or Certificate	Licensing Agency	Expiration Date	License Number

★★ Attach a copy of each license or certificate ★★

OTHER SKILLS

List any special skills or interests that you feel relate to the position: _____

◆ PREVIOUS EMPLOYMENT

Please give accurate, complete full-time and part-time employment information. Start with the most recent or current employer.

1. Employer: _____ May we contact this employer? No Yes

Employer Address: _____

Employer Phone Number: _____

Supervisor's Name & Title: _____

Your Job Title: _____

Your Duties & Responsibilities: _____

Dates of Employment: _____ to _____
(month & year) (month & year)

Reason for Leaving: _____

2. Employer: _____ May we contact this employer? No Yes

Employer Address: _____

Employer Phone Number: _____

Supervisor's Name & Title: _____

Your Job Title: _____

Your Duties & Responsibilities: _____

Dates of Employment: _____ to _____
(month & year) (month & year)

Reason for Leaving: _____

3. Employer: _____ May we contact this employer? No Yes

Employer: _____ May we contact this employer? No Yes

Employer Address: _____

Employer Phone Number: _____

Supervisor's Name & Title: _____

Your Job Title: _____

Your Duties & Responsibilities: _____

Dates of Employment: _____ to _____
(month & year) (month & year)

Reason for Leaving: _____

4. Employer: _____ May we contact this employer? No Yes

Employer Address: _____

Employer Phone Number: _____

Supervisor's Name & Title: _____

Your Job Title: _____

Your Duties & Responsibilities: _____

Dates of Employment: _____ to _____
(month & year) (month & year)

Reason for Leaving: _____

◆ PROFESSIONAL REFERENCES

List people who know you well, preferably from a work environment and not an acquaintance or relative.

Name _____ Address _____

Home Phone _____

Work Phone _____ Occupation _____

Name _____ Address _____

Home Phone _____

Work Phone _____ Occupation _____

Name _____ Address _____

Home Phone _____

Work Phone _____ Occupation _____

◆ CLAIM FOR VETERAN'S PREFERENCE

VETERAN'S 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 veteran 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 of 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 veteran's preference points. You are not required to supply this information, but we cannot award veteran's 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.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? YES NO

ALL APPLICANTS CLAIMING VETERAN'S PREFERENCE MUST ATTACH A COPY OF HIS/HER DD214. FAILURE TO DO SO MAY RESULT IN LOSS OF VETERAN'S PREFERENCE ELIGIBILITY.

VETERAN'S 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 Final Discharge:	Service Number:
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	

Signature _____ Date _____

<p>For Office Use Only: 5 Points 10 Points</p>
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◆ EMPLOYEE CERTIFICATION

Before signing this application, please read the following waiver carefully.

- (1)** I have read and understand the job announcement for the position for which I am applying and certify that the answers given in this application are true and complete to the best of my knowledge.
- (2)** I authorize all current and previous employers to release job-related information upon the written request of the City of Audubon. However, I understand that if, in the Employment History section, I have answered "No" to the question, "May we contact this employer?," contact with the employer will not be made without my specific authorization.
- (3)** I authorize the City of Audubon to verify all information on this application to determine whether or not I am qualified for the position for which I am applying.
- (4)** I understand that providing false information on this application may result in dismissal from any position gained on the basis of that false information.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

◆ **TENNESSEN WARNING**

In accordance with the Minnesota Government Data Practices Act, the City of Audubon is required to inform you of your rights as they relate to the private information collected from you. Private data is information that is available to you, but not the public. The personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the City of Audubon. All data collected is considered private except for the following:

- (1) Your veteran's status.
- (2) Relevant test scores.
- (3) Your rank on our eligibility list.
- (4) Your job history.
- (5) Your education and training.
- (6) Your work availability.

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules, and regulations of the City of Audubon. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, appropriate City employees, and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment that is not designated in this notice as private data.

I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____