

City of Staples

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application:	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name		
Address: <i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Telephone Number(s)	Social Security Number			

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If yes, give date

Have you ever been employed with us before?

Yes No

If yes, give date

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country

because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

Are you available to work:

Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
School Name and Location																	
Years Completed	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra—curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

- 1.
- 2.
- 3.

Have you ever had any job-related training in the United States military?

Yes No

If yes, please describe:

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.



Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____ INTERVIEWER _____ DATE _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE _____ DATE _____

NOTES

INFORMATION REGARDING THE MINNESOTA GOVERNMENT DATA PRACTICES ACT

The personnel data we collect from you is used to record your employment history with the City of Staples, and in the administration of health insurance, pension plans, fringe benefits, worker's compensation, unemployment compensation, employee assistance programs, and for affirmative action and equal employment opportunity reports.

You are not required to provide all of the information we ask you to provide. However, it may affect our ability to administer certain programs if you do not provide it. If you have any questions about the information we ask you to provide after reviewing the chart attached hereto, please contact the City Clerk.

The information we collect about you is classified as:

- Public, which means that the information is available to anyone who asks to see it.
- Private, which means that the information is available only to the person the information is about, and to the staff who must use it in the normal course of conducting City business, and as otherwise provided for by law, and
- Confidential, which means that information is not accessible to the data subject (e.g., certain human rights investigations).

As an employee of the City of Staples, the following information about you will be public:

- | | |
|--|--|
| <ul style="list-style-type: none">• Name• Actual gross salary• Salary range• The value and nature of any employer-paid fringe benefits• The basis for and the amount of any added remuneration, including expense reimbursement, in addition to salary (e.g., travel advance, tuition reimbursement and parking)• Your job title• Your job description• Education and training background• Previous work experience• Dates of your first and last employment with the City• The terms of any agreement settling administrative or judicial proceedings | <ul style="list-style-type: none">• The final disposition of any disciplinary action together with the specific reasons for the action• Work location• Work telephone number• Badge number, if applicable• Your city and county of residence• Honors and awards received because of City employment• Payroll timecards or other comparable data that record time worked for payroll purposes but not the reasons for the use of sick or other medical leave or other non-public data• The status, but not the nature, of any complaints or charges against you, whether or not the complaint or charge resulted in a disciplinary action. |
|--|--|

Personnel data may be shared with personnel employees, accounting and payroll staff, and insurance providers (in general, those whose position and/or work assignment requires access) as needed for business purposes. There are also other entities with which private personnel data may occasionally be shared on a need-to-know basis (labor organizations, IRS, Social Security Administration, Public Employees Retirement Association, etc.). The City of Staples will comply with applicable laws in this regard.

Except as noted above or in accordance with the law, information not listed as public, which is maintained as part of your personnel record, is private, and will not be shared with anyone except with your informed consent.

EMPLOYMENT INFORMATION CHART

Information Requested	How We Use it	Legally Required?	Known Consequences of Not Supplying Information
Full Name & Home Address	Identification; mailings to home address	No	May not receive information which is mailed to home address
Social Security	Identification; tax administration	Yes	Cannot be employed without a Social Security Number
Date of Birth	Identification; benefit plans; equal employment opportunity reports	No	Could cause problems in administering benefit plans
Sex	Identification; benefit plans; equal employment opportunity reports	No	Could cause problems in administering benefit plans
Marital Status	Benefit plans	No	Could cause problems in administering benefit plans
Disability Status	Equal employment opportunity reports; reasonable accommodation	No	May not receive reasonable accommodations
Military Service	Equal employment opportunity reports; Veterans' Preference	No	Incomplete information in EEO reports; may not receive Veterans' Preference notices
Home Telephone Number	Contacts regarding work assignments	No	May be problem with employment if chronically unable to reach by telephone
Emergency Contact Telephone Number	To contact relatives or friends in case of an emergency on the job	No	May considerably slow down our ability to reach someone on employee's behalf in an emergency

Note: Although most of these items are not legally required, there may be employment-related or personal consequences for not providing them.

Application for Veterans Preference Points

Eligibility:

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their training and experience examination 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 do not include these documents with this application, be sure to include your name, and the name of position for which you are applying, when you do submit the documents.

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

Veteran's preference 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