



## Special Skills and Qualifications

List any correspondence courses, special courses, seminars, workshops, training and skills acquired that might relate to this position, and summarize special job-related skills and qualifications acquired from employment or other experience.

List any current licenses, registrations or certificates that you possess, including Driver's License number, class and State of Issue.

### TO BE COMPLETED BY APPLICANTS FOR CLERICAL, ADMINISTRATIVE AND FISCAL POSITIONS ONLY

Typing Ability: Yes  No  WPM \_\_\_\_\_ Shorthand Ability: Yes  No  WPM \_\_\_\_\_

Business Machines and Experiences:

### TO BE COMPLETED BY APPLICANTS FOR LABOR AND SKILLED TRADE POSITIONS ONLY

Apprenticeship(s) served or trades learned:

Capable of operating the following equipment:

Have you served a sentence in jail or been convicted of a misdemeanor or felony for which a jail sentence could have been imposed? You may answer "no" if the conviction or criminal records have been annulled, sealed, set-aside or purged, or if you have been pardoned pursuant to the law.

Yes  No

If "yes", please attach a separate sheet with explanation. Information concerning this question will not be used to automatically bar you from employment.

# Employment Experience

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

<b>Employer (1)</b>	<b>Dates Employed</b> From                  To	<b>Work Performed</b>	
<b>Address</b>			
<b>City, State, ZIP</b>			
<b>Telephone Number(s)</b>	<b>Hourly Rate/Salary</b> Starting Ending		
<b>Job Title</b>			
<b>Supervisor</b>			
<b>Reason for Leaving</b>			
<b>Employer (2)</b>	<b>Dates Employed</b> From                  To		<b>Work Performed</b>
<b>Address</b>			
<b>City, State, ZIP</b>			
<b>Telephone Number(s)</b>	<b>Hourly Rate/Salary</b> Starting Ending		
<b>Job Title</b>			
<b>Supervisor</b>			
<b>Reason for Leaving</b>			
<b>Employer (3)</b>	<b>Dates Employed</b> From                  To	<b>Work Performed</b>	
<b>Address</b>			
<b>City, State, ZIP</b>			
<b>Telephone Number(s)</b>	<b>Hourly Rate/Salary</b> Starting Ending		
<b>Job Title</b>			
<b>Supervisor</b>			
<b>Reason for Leaving</b>			
<b>Employer (4)</b>	<b>Dates Employed</b> From                  To		<b>Work Performed</b>
<b>Address</b>			
<b>City, State, ZIP</b>			
<b>Telephone Number(s)</b>	<b>Hourly Rate/Salary</b> Starting Ending		
<b>Job Title</b>			
<b>Supervisor</b>			
<b>Reason for Leaving</b>			

This page can be photocopied for additional employers. Attach any additional sheets to application.

# Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation 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 the City specifically acknowledges such change in writing.

In the event of employment, I understand that incomplete or inaccurate 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.

This employer has the right to verify information provided in this application. False information may subject an applicant to rejection for employment and the penalty provisions of applicable Minnesota Statutes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***FOR PERSONNEL DEPARTMENT USE ONLY***

**APPLICANT – Do not write below**

**FOR INTERVIEWER'S USE**

INTERVIEWER	DATE	COMMENTS

**FOR TEST ADMINISTRATOR'S USE**

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

# 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's 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 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

If you answered "yes" your DD214 or other documentation must be received no later than seven calendar days after the application deadline for the position.

## VETERAN'S PREFERENCE POINTS APPLICATION

Veteran: Self  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: Yes  No

Do you have a compensational service-related disability?: Yes  No

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 seven calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation: Is attached  Will be submitted within seven days of application deadline

FOR OFFICE USE ONLY

5 Points  10 Points