

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)			
PRESENT ADDRESS		CITY	STATE
PERMANENT ADDRESS		CITY	STATE
PHONE NO. ()		REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

CITY OF MAPLE LAKE

Employment Application Supplement

Applicant Name: _____

(Print)

CRIMINAL HISTORY INQUIRY

Have you ever been convicted of a felony? (Conviction will not necessarily disqualify you from employment; however, conviction of a crime related to this position may result in your being rejected for this position).

_____ Yes _____ No

If "Yes," explain: _____

DISABILITY INQUIRY

Employment is contingent upon the applicant successfully performing the essential functions of the job. The Position Description explains the essential functions and the knowledge, skills, and abilities required to perform those functions. If you have any questions, please make contact with the City Clerk.

Do you request a special test accommodation?

_____ Yes _____ No

If "Yes," explain: _____

Important Facts about Information Provided on Your Application

You have been requested to provide information about yourself as part of this application process. The purpose and intended use of this data is to enable the City to evaluate your suitability for employment. You may refuse to provide any or all requested data; however, failure to provide requested information may result in a lower score or may result in the City declining to extend an offer of employment. The information you provide will be reviewed by City staff and consultants. Some information on applicants for public employment is available to the general public, pursuant to the Minnesota Data Practices Act, Chapter 13.43. All materials submitted become the property of the City and are not returnable. You should NOT submit an original document if it is your only copy. Unless otherwise stated in the application materials, photocopies of documents are acceptable.

Providing false information in any part of this application process may result in immediate dismissal from any position gained on the basis of that information.

CITY OF MAPLE LAKE EMPLOYMENT APPLICATION

Affirmative Action Addendum

The following information is requested to enable the City of Maple Lake in determining whether our selection processes result in unfair discrimination, and to take affirmative action in our hiring. This information is requested pursuant to Minn. Stat. 43A11. You are not required to answer these questions; however, if you fail to do so, we may be unable to give you appropriate credit for your qualifications.

1. Did you serve in the military service of this country and separate 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?

_____ Yes _____ No
2. If your answer is “Yes,” are you a permanent resident of Minnesota?

_____ Yes _____ No
3. Are you disabled and/or handicapped? “Disability/handicapped” is defined as “a handicapping condition which substantially limits one of life’s major activities such as walking, caring for yourself, seeing, hearing, speaking, performing manual tasks, breathing, learning, working. Do not answer “Yes” to this questions if, for example, you have a visual problem corrected by glasses.

_____ Yes _____ No
4. If your answer to number 3 was “Yes,” do you have need which may necessitate accommodations in the application or interview process?

_____ Yes _____ No
5. If your answer to number 4 was “Yes,” describe the type of accommodations.

I certify that the information provided in this application is true and complete to the best of my knowledge and belief. I understand that false information may result in my immediate termination from further consideration for, or employment by, the City of Maple Lake.

Signature

Printed Name

AUTHORIZATION AND RELEASE

Pursuant to Minn. Stat. 13.05, Subd. 4
Minnesota Data Practices Act

TO: _____

I, the undersigned Applicant, hereby authorize and grant my informed consent to permit you to release and make available to the City of Maple Lake, its agents and representatives all public, non-public and private data, as defined by Minn. Stat. 13.02, Subd. 12, which has been or will be collected by you as a result of my contacts and associations with you, your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the City of Maple Lake to have access to this information is to determine my suitability for employment with the City, including verification of my records and analysis by consultants to the City, who may review my suitability for employment.

You may refuse to provide this authorization. However, failure to do so will prevent you from being eligible to receive a job offer.

This authorization shall be valid for a period of one year. I may cancel this written authorization by providing written notice to the City Clerk.

I also acknowledge that a photocopy of this Authorization and Release may be used in lieu of an original, and that photocopy shall be considered as valid as the original.

DATED: _____

Applicant's Signature

Applicant's Full Printed Name

CITY OF MAPLE LAKE

Applicant Flow Information Sheet

To All Applicants:

The following information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in validation of our selection methods. The information will not be maintained in individual personnel files and will not be made available to any person involved in decisions affecting an individual's appointment or promotion to any position. Although providing this information is voluntary, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the recruitment and selection of employee for public service.

Position Applied For: _____

Instructions: Check the choices that best answer each question.
Return this sheet along with your application.

1. What is your gender:

_____ Male _____ Female

2. To which racial/ethnic group do you belong?

_____ American Indian/Alaskan Native
_____ Black
_____ Asian or Pacific Islander
_____ Hispanic, Spanish or Mexican American
_____ White
_____ Other (specify) _____

3. Do you have a disability or handicapping condition which substantially limits one of life's major activities?

_____ No
_____ Yes - Blind
_____ Yes - Deaf
_____ Yes - Epilepsy
_____ Yes - Other (specify) _____

_____ Yes - Amputee
_____ Yes - Cardiac
_____ Yes - Diabetes
_____ Yes - Paralysis

4. Did you serve in the military service of this country and separate 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 on active duty; or are you the spouse of a deceased or disabled veteran? _____ Yes _____ No (Attach DD/214).

5. How did you learn about this job opening? _____

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 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 a 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 the position for which you are applying, when you do submit these 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 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