

APPLICATION FOR EMPLOYMENT

<p>RETURN TO: CITY OF ST. CLOUD HUMAN RESOURCES 400 2ND ST. SO. ST. CLOUD, MN 56301</p>	<p>PHONE: (320) 255-7217 HR FAX: (320) 255-7261 WEBSITE: www.ci.stcloud.mn.us EMAIL: hr@ci.stcloud.mn.us</p>	<p>OFFICE USE ONLY</p>
<p>DATE RECEIVED:</p>		<p>TIME:</p>

We welcome you as an applicant for employment. Your application will be considered with others. It is our policy to provide equality of opportunity in employment. This policy prohibits discrimination on the basis of race, color, creed, religion, national origin, disability, public assistance, familial status, marital status, sex, age (18 and over), sexual orientation or criminal convictions which are not related to the position you are applying for. This policy applies to all full, part-time, temporary and seasonal employment.

ADA: If you require assistance in the application or selection process, please contact the Human Resources Employment Office. Reasonable accommodations may be made to enable individuals with a disability to participate in applications and testing.

VETERANS PREFERENCE: If you are claiming status as a Veteran, you will be required to bring proof (DD-214) to any testing procedures you may be scheduled for. To expedite that process, you may submit copies of your documents with this application.

POSITION APPLYING FOR _____ DATE AVAILABLE _____

Full-Time Part-Time Seasonal/Temporary

Name (Last)	(First)	(Middle)	Phone Number
Street Address		Email Address (If provided, this will be the primary source of communication)	
City/ State/ Zip			

Are you over 18 years old? Yes No

If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal in accordance with the Immigration Reform and Control Act of 1986.

EDUCATION/TRAINING

How many years of school have you completed?
1 2 3 4 5 6 7 8 9 10 11 12/ 13 14 15 16/ 17 18 19 20

Types of School	Name and Address of School	Degree or Certificate	Major
High School			
College or University			
College or University			
Graduate School			
Technical			
Technical			

List any correspondence courses, special courses, seminars, workshops, and training programs you attended that might relate to this position.

If relevant, list other current registrations, licenses or certifications you have. Include date first issued and expirations of current issuance:

If relevant, please indicate

Driver's License Number

State

Class

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

Typing Ability: Yes No ____ WPM

Can you operate:

Personal Computer/Word Processor: Yes No Dictating Equipment: Yes No
What computer software have you used?

Other office equipment you can operate:

TO BE COMPLETED BY APPLICANTS FOR LABOR & SKILLED TRADE POSITIONS ONLY

Apprenticeship(s) served or trades learned:

Capable of operating the following equipment:

EMPLOYMENT HISTORY

Please list past employers beginning with your most recent employment. If necessary, list other employers on back of application

Present or last employer		Address		City	State
Your Supervisor's Name		Phone Number		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dates Employed (Mo/Yr) From To	Total Yrs/Mos Employed	Hours worked Per Week	Job Title		
Reason for leaving				Last Salary	
Specific duties					
Second last employer		Address		City	State
Your Supervisor's Name		Phone Number		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dates Employed (Mo/Yr) From To	Total Yrs/Mos Employed	Hours worked Per Week	Job Title		
Reason for leaving				Last Salary	
Specific duties					

Employment History, Continued

Third last employer		Address		City	State
Your Supervisor's Name		Phone Number		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dates Employed (Mo/Yr) From _____ To _____	Total Yrs/Mos Employed	Hours worked Per Week	Job Title		
Reason for leaving			Last Salary		
Specific duties					
Fourth last employer		Address		City	State
Your Supervisor's Name		Phone Number		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dates Employed (Mo/Yr) From _____ To _____	Total Yrs/Mos Employed	Hours worked Per Week	Job Title		
Reason for leaving			Last Salary		
Specific duties					
Fifth last employer		Address		City	State
Your Supervisor's Name		Phone Number		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dates Employed (Mo/Yr) From _____ To _____	Total Yrs/Mos Employed	Hours worked Per Week	Job Title		
Reason for leaving			Last Salary		
Specific duties					

UNSALARIED EXPERIENCE

Volunteer Organization	Street	City	State
Position Held	Duties Performed		
Immediate Supervisor	Phone Number		
Dates of Participation	Hours Per Week	Skills Learned	
Volunteer Organization	Street	City	State
Position Held	Duties Performed		
Immediate Supervisor	Phone Number		
Dates of Participation	Hours Per Week	Skills Learned	

CONVICTION INFORMATION

All employment offers are conditioned upon the applicant passing a criminal background check. Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work sought. However, making false statements or withholding information will cause you to be barred from employment, or removed from employment.

IMPORTANT FACTS CONCERNING INFORMATION ON YOUR APPLICATION

Minnesota Law affects you as an applicant with the City of St. Cloud. The following data is public information and is accessible to anyone: veteran’s status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. All other personally identifiable information is considered private, including but not limited to, your name, home address and phone number.

If you are selected as a finalist for a position, your name will become public information. You become a finalist if you are selected to be interviewed by the City of St. Cloud.

The information requested on the application is necessary, either to identify you or to assist in determining your suitability for the position for which you are applying. You may legally refuse, but refusal to supply the requested information will mean that your application for employment may not be considered.

If you are selected for employment with the City of St. Cloud, the following additional information about you will be public: your name; actual gross salary and salary range; actual gross pension; the value and nature of your fringe benefits; the basis for and the amount of any added remuneration, such as expenses or mileage reimbursement, in addition to your salary, your job title; job description; training background; previous work experience, the dates of your first and last employment with the City of St. Cloud; the status of any complaints or charges against you while at work; the final outcome of any disciplinary action taken

against you, and all supporting documentation about your case; your badge number, if any; your city and county of residence; your work location and work telephone number; honors and awards; payroll timesheets and comparable data.

Anything not listed above which is placed in your application folder or your personnel file (such as medical information, letters of recommendation, resumes, etc.) is made private information by law. For further information, refer to Minnesota Statute, Chapter 13.

In consideration of being permitted to apply for the position herein, I voluntarily assume all risks in connection with my participating in any tests the City of St. Cloud deems necessary to determine my fitness and eligibility, and I release and forever discharge the City of St. Cloud, its officers and employees from any and all claims for any damage or injury that I might sustain in said testing process.

Tennessee Warning: The purpose and intended use of the information requested on the application is to assist in determining your eligibility and suitability for the position for which you are applying. You may legally refuse to give the information. If you refuse to give the information, your application for employment may not be considered. Other persons or entities authorized to receive the information you supply, include but are not limited to: Staff of St. Cloud Police Department, Bureau of Criminal Apprehension, Drivers License Section, Auditors for the City of St. Cloud, and other governmental agencies necessary to process your application.

This space can be used to add any additional information or to complete previous questions.

APPLICANT’S STATEMENT

I hereby certify that all answers to the above questions are true and I agree and understand any false statements contained in this application (including failure to present the required proofs and any additional information required for Public Safety applicants) may cause rejection of this application or termination of employment. I authorize the City of St. Cloud and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. In accordance with Minnesota Data Practices Act (M.S. 15.165) I have been informed of and understand my rights as a subject of data.

Signature of Applicant	Date
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VETERANS' PREFERENCE

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: COPY OF VETERAN'S DD214 MUST BE ATTACHED (Veteran is defined by MN Statue 197.447)

You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at (651) 430-6895.

The City of St. Cloud operates under a point preference system which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score and been 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, or after having served the full period called or ordered for federal active duty and be a United States citizen or resident alien.

Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted 5 points. Disabled veterans eligible for such preference may use the 5 points preference only for the first promotion after securing City employment.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

NAME (LAST)	(FIRST)	(MI)	PHONE NUMBER	POSITION APPLYING FOR
				Closing Date:
ADDRESS (STREET)			(CITY)	(STATE)
			(ZIP)	ARE YOU A US CITIZEN OR RESIDENT ALIEN?
				<input type="checkbox"/> YES <input type="checkbox"/> NO

VETERAN (10 points):

(DD214 or DD215 must be submitted to receive points.)

Honorably discharged veteran..... YES NO

DISABLED VETERAN (15 points):

(DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

Percent of Disability: _____%

Have you ever been promoted in City of St. Cloud employment?..... YES NO

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):

(DD 214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: _____ Have you remarried?..... YES NO

SPOUSE OF DISABLED VETERAN (15 points):

(DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

How does the Veteran's disability prevent performance of a stated job "requirement". Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

AFFIDAVIT: I hereby claim Veterans' Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the Veterans' preference verification documents and submit them to the City of St. Cloud by the required application deadline date.

Signature

Date

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by MN Statute 197.477, and to certain spouses of deceased or disabled veterans subject to the provisions of MN Statute 197.477 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien,
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1.) Attach a copy of the DD214 or DD215. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
(DD214 "Member-1" copy will not be accepted)
- 2.) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as an result of, active duty for training purposes does not qualify for disabled veteran preference per MN Statutes 197.455 and 197.447.
- 3.) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's DD214 or DD215, USDVA verification that the veteran died on or as a result of active duty, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of St. Cloud. Please contact our office at (320) 255-7217 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference in public employment.

NOTICE TO JOB CANDIDATES – THIS INFORMATION IS VOLUNTARY

Civil Service Rule V allows for “expanded certification” of women and/or racial minorities under certain circumstances. This means that, in addition to the top three candidates historically considered for a vacancy, the Board may include up to two eligible candidates from each protected group that a disparity exists. To be considered, the candidate must score in the top 2/3 of those successfully completing the examination.

If you would like to claim protected class status as a female or racial minority, please indicate below and sign this form. The information is confidential and will be separated from your employment application, but will be used for record keeping purposes in the event you are eligible for the expanded certification allowance.

Protected Class:

Female

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

Name: _____
(Please Print Name)

Position Applied For: _____

Signature: _____ **Date:** _____

If you require assistance in the application or selection process, please contact the Human Resources Office. Reasonable accommodations may be made to enable individuals with a disability to participate in applications and testing.