

Phone: 763-753-2630 Fax: 763-753-9881

Application for Employment

I.	Position Desired		Date:	
Title	of position for which you are	applying:		
Date	available to begin employme	nt:		
II.	Personal Data	Email:		
	First	Middle	Last	
	ess:	City	State Best time to call:	Zip
Minne Have		(If applicable e City of St. Francis?	Yes No	
-	// p			
	Date of Hire:		educational records may be f	ound:

III. Personal Statement

Please indicate why you are interested in the position and what you hope to accomplish if selected:

IV.	Work/Volunteer Experience
	ost recent work and volunteer experience first. Please attach additional relevant work experience sheets if necessary.
Empl	ver Name:
Empl	ver Address:
Name	of Supervisor:Phone:
Job T	le:
Job [ties:
Date	of Employment/Experience: Start:End:
	n for Leaving:
	e contact your previous supervisor for a reference?
Empl	ver Name:
	ver Address:
	of Supervisor:Phone:
	le:
	ties:
	of Employment/Experience: Start:End:
	n for Leaving:
Empl	ver Name:
	ver Address:
_	of Supervisor:Phone:
	le:
	ties:
	of Employment/Experience: Start:End: n for Leaving:
	e contact your previous supervisor for a reference?

V. Education

List all schools attended. Please attach additional education sheet if necessary.

High School				
Name of High School	l:			
Address of School:				
Diploma or GED Rece	eived:		Grade Poin	t Average:
Higher Education				
_				
Address of School:				
				t Average:
Major/Minor:				<u> </u>
Name of School:				
Address of School:				
				t Average:
Major/Minor:				5
Name of School:				
Address of School:				
			Grade Poin	t Average:
Major/Minor:				<u> </u>
List/describe any oth	ner training and/or e	xperience relevant t	o the position for wh	nich you are applying:
VI. Licenses				
List current licenses,	registrations, or cert	ificates relevant to th	ne position for which	you are applying.
<u>Description</u>	<u>License No.</u>	<u>Issued by</u>	<u>Date Issued</u>	<u>Expiration</u>

VII. References

References should be people in a position to discuss your qualifications for the position you seek. Include managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you.

Name of Reference:	Title:	
Address:		
Phone Number:	Relationship to You:	
Name of Reference:	Title:	
Phone Number:	Relationship to You:	
Name of Reference:	Title:	
Phone Number:	Relationship to You:	

VIII. Certification, Acknowledgment and Release

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the City of St. Francis.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the City Council or the appointing authority referenced in the job description, and that until such approval, the City of St. Francis shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") and references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the City of St. Francis and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession.

I hereby release the City of St. Francis and all current and former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of the City of St. Francis, former employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.

- Notice to Applicant: If you do not agree with any portion of the acknowledgement, certification, authorization and release, cross out that section and initial it.
- Applications must be signed to be considered for employment. Complete all applicable areas. Do
 not mark your application "see resume". An incomplete application may reduce your opportunity
 for employment with the City of St. Francis. Applications must be received by the application
 deadline.

Date:	Signature:
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IX. Data Privacy Notice

According to Minn. Stat. § 13.04, the City must advise you of the following.

1. Purpose and intended use of the data:

The City collects this information for purposes of selecting a candidate for hire. For public safety positions or in the event you are selected for hire, your data will be used to perform a criminal background check, including using the BCA's website.

2. Whether you may refuse or are legally required to supply this data:

Application for employment as well as supplying any data in application for employment is voluntary.

3. Consequences arising from supplying or refusing to supply this data:

We take pride in hiring the best candidates, but we can't do this without a complete application. Filling out the application is voluntary, and the more complete the application, the better your chances of conveying to the City you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.

X. Veteran's Preference Points Application

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 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; 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.

If you supply the supporting documentation by separate mail, your name and the position applying for must be included.

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Preference:	☐ Veteran (10 pts) ☐ Disabled Veteran (15 pts) ☐ Spouse of Disabled Veteran (10 pts)

Branch of Service:	Active Duty From:		To:
Rank of Discharge:Type of Discharge:			
Date of Final Discharge:	Service Num	nber:	
Are you receiving or eligible for a military pen	sion? Yes	□ No	
Do you have a compensable service rated disa	ability? 🗌 Yes	□No	
If you answered 'yes", your USDVA Letter of I	Disability must be subn	mitted with ap	oplication.
Your preference points application cannot instructions above). If the documentation is r seven (7) calendar days after the application awarded in a timely manner.	not attached, it must b	oe received ir	our office no later than
		(Continued >>>>>>