

Application for Employment

City of Madelia

116 W. Main Street
Madelia, MN 56062
(507) 642-3245 Fax (507) 642-8556

1. Title of Position		2. Date of Application		3. Date Available for Work	
4. Last Name		First Name		Middle Name	
5. Social Security Number					
6. Cell Phone			7. Home Telephone		8. Work Telephone
9. Street Address				10. City, State and Zip Code	
11. Are you a United States Citizen or eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
12. Employment Desired: <input type="checkbox"/> Regular Full-time <input type="checkbox"/> Seasonal/temporary					
13. Drivers license number, state issued and class Number _____ State _____ Class _____					
15. Education: Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No How many years of schooling have you completed? 7 8 9 10 11 12 13 14 15 16 17 18 19 20					
TYPE OF SCHOOL	NAME & LOCATION	# YEARS COMPLETED	MAJOR	DEGREE	
High School					
Trade/Business/Vocational					
Undergraduate Studies					
Graduate Studies					
Apprenticeship Served					
16. Please list relevant professional memberships, registrations or licenses.					
17. List office machines you can efficiently operate.					
18. List computer programs with which you are proficient.					

19. **Work Experience** List complete employment history, beginning with most recent. Include paid and unpaid experience. **DO NOT USE "SEE RESUME" OR SIMILAR.** Attach additional sheets if needed.

Employing Firm _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%; text-align: left;">Principal Responsibilities</th> <th style="width: 30%; text-align: left;">% of Time Spent</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Principal Responsibilities	% of Time Spent	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Length of Employment From _____ To _____ Total _____ Hours Worked Per Week _____ Last Salary/Wage _____ Reason for leaving or seeking other employment _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Experience, continued:	
Employing Firm _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Principal Responsibilities _____ % of Time Spent _____ _____ _____ _____ _____	Length of Employment From _____ To _____ Total _____ Hours Worked Per Week _____ Last Salary/Wage _____ Reason for leaving or seeking other employment _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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21. **References:** List three references you have known at least one year who can attest to your work qualities.

Name _____	Address _____
Relationship _____	Telephone Number _____
Name _____	Address _____
Relationship _____	Telephone Number _____
Name _____	Address _____
Relationship _____	Telephone Number _____

22 Veterans Preference Points

Eligibility & Instructions

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their training and experience points. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veterans preference points, you must:

Be separated under honorable conditions from a 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 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 the 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 the documents. All documents must be received no later than seven (7) calendar days after the application deadline for the position for which you are applying.

Veteran: SELF SPOUSE – Veteran's Name: _____

Branch of Service: _____ **Date of Active Duty:** _____

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: Attached Will Submit

AN EQUAL OPPORTUNITY EMPLOYER, the City of Madelia will hire and promote without regard to such non-job related distinctions such as race, creed, color, age, religion, sex, marital status, status with regard to public assistance, national origin, physical or mental disability or sexual orientation.

23. Informed Consent:

General Authorization and Release Pursuant to Minnesota Statutes 13.05, Subd. 4, Minnesota Data Practices Act

I hereby authorize and grant my informed consent to permit the release of data to the Police Department serving the City of Madelia, Minnesota, and /or its agent and/or representatives data classified as private which concerns me and that may be in your possession. The data which I authorize to be release consists of private data as define by Minnesota Statutes 13.04, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your representatives. The information from 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 you agency. I understand that the following types of data are among those pertinent to the review of my employment application: educational records, military record, employment data (current and former), arrest records, conviction records, professional and personal references and driver's license records. I understand that the purpose of permitting the City of Madelia to have access to this information is to determine my suitability for employment.

I understand that any decision to hire me is contingent upon the results of an investigatory report. I further understand that misrepresentation or omission of information will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered. I hereby release any person who provides information pursuant to this document from any claims or liability by me or on my behalf.

By signing this authorization, I herby release the Police Department serving the City of Madelia and the Bureau of Criminal apprehension from any and all liability which otherwise may or does happen as a result of he release of any and all data, regardless of its accuracy. I also release the City of Madelia from any and all liability for its receipt ad use of data received pursuant to their consent.

This authorization or a copy of shall be valid for a period of one year, but I reserve the right to, at any time prior to the expiration, cancel the written authorization by providing written notice to the City or to you of that fact.

Signature

Signature: _____ Date: _____

Applicant Information

Please print clearly in ink or type.

First Name	Middle	Last
Address		City/State/ Zip
Applicant Date of Birth	Driver's License Number (Note state if not Minnesota)	