

City of Annandale

APPLICATION FOR EMPLOYMENT

**Return to: City of Annandale
30 Cedar Street East
Annandale, MN 55302
Phone: (320) 274-3055
Fax: (320) 274-5728**

We welcome you as an applicant to employment! The City of Annandale is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, national origin, gender, age, marital status, public assistance status, veteran status, disability, or sexual orientation. Individuals are evaluated and selected on the basis of merit.

Title of Position for which you are applying		Date of Application
Last Name	First Name	Middle Name
Home Address		
City, State, Zip		
Home Phone	Work Phone	May We Call You At Work? Yes No
What Type of Employment are you seeking?		
Full-Time	Temporary, Full-Time	Seasonal, Full-Time
Part-Time	Temporary, Part-Time	Seasonal, Part-Time

Are you age 18 or older? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

May we contact your present employer? Yes No

Are you applying for Veterans Preference Points? Yes No If yes, please see #8, Important Information About Completing Your Application, on page 2.

IMPORTANT INFORMATION ABOUT COMPLETING YOUR APPLICATION

1. Read the job announcement carefully so you understand the duties and requirements for the position for which you are making application.
2. Complete this City of Annandale employment application form. You must submit a separate application for each job announcement.
3. **Type or print clearly** and give complete and accurate information. The information you provide on this application will be used to determine if you meet the minimum qualifications for this position. The information must be specific and complete and submitted on or before the last day for filing. If you need more space, attach additional pages to the application.
4. Complete all application areas. **Do not mark your application "See Resume"**. An incomplete application may reduce your opportunity for employment with the City of Annandale.
5. Your completed application **must be physically received by the City of Annandale by the published closing date**. We do not accept applications received after the closing date, even if they are postmarked by that date. The City is not responsible for the failure of others, including the U.S. Post Office, to forward applications to us before the deadline.
6. **Employment History: Be specific and complete.** List your present and most recent experience first. Include only job-related, paid experience. If you attach additional information sheet(s), include all the information requested on the job application.
7. If you have a disability or language difficulty that would prevent you from successfully completing the application form, please contact the Annandale City Clerk so that reasonable effort can be made to accommodate your needs.
8. **Veterans Preference: Qualified veterans and spouses of disabled or deceased veterans may apply to have preference points awarded for certain positions of employment with the City. If you intend to file a claim of Veterans Preference with the City of Annandale, a Veterans Preference claim form should be completed and a copy of your DD214 should be filed by the job announcement closing date. The Veterans Preference claim form is found on Page 6. You may contact the City to confirm whether the specific job for which you are applying is subject to Veterans Preference.**
9. **Drug Testing:** In accordance with the City's Drug and Alcohol Testing Policy, all individuals entering City employment in the Public Works Department are required to take a drug test. Some positions in the City may also require pre-employment physical examinations. All offers of employment will be conditionally offered based upon passing the drug test and/or the physical examination.
10. **SIGN YOUR APPLICATION ON PAGE 5.**

EMPLOYMENT HISTORY

Please give accurate, complete employment information. List your present or most recent experience first. Attach additional sheets if necessary.
DO NOT MARK YOUR APPLICATION "SEE RESUME" OR YOUR APPLICATION WILL NOT BE CONSIDERED.

PRESENT EMPLOYER:

Employer: _____
Phone No. _____ Fax No. _____
Address: _____
Supervisor: _____ Title: _____
Your Title: _____
Number and types of positions you supervised: _____

Dates of employment:
From: _____ To: _____
Hours per week: _____
Reason for leaving: _____
Salary \$ _____

Major Responsibilities (be complete):

- | | % of time: |
|----------|------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

FIRST PREVIOUS EMPLOYER:

Employer: _____
Phone No. _____ Fax No. _____
Address: _____
Supervisor: _____ Title: _____
Your Title: _____
Number and types of positions you supervised: _____

Dates of employment:
From: _____ To: _____
Hours per week: _____
Reason for leaving: _____
Salary \$ _____

Major Responsibilities (be complete):

- | | % of time: |
|----------|------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

SECOND PREVIOUS EMPLOYER:

Employer: _____
Phone No. _____ Fax No. _____
Address: _____
Supervisor: _____ Title: _____
Your Title: _____
Number and types of positions you supervised: _____

Dates of employment:
From: _____ To: _____
Hours per week: _____
Reason for leaving: _____
Salary \$ _____

Major Responsibilities (be complete):

- | | % of time: |
|----------|------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

EDUCATIONAL INFORMATION

Circle the highest grade completed:

Elementary
1 2 3 4 5 6 7 8

High School
9 10 11 12 GED

College
13 14 15 16

Post Graduate
16+ MA MS PHD JD

Name of High School/Address: _____

Name and location of college, university, and/or technical schools	No. of years attended	Major/Minor or study area	Degree Received
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SKILLS AND TRAINING

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

Typing ability: Yes No Words per minute: _____

List specific OTHER OFFICE EQUIPMENT and COMPUTER HARDWARE/SOFTWARE with which you have . . .

Training: _____

Experience: _____

TO BE COMPLETED BY APPLICANTS FOR LABOR/MAINTENANCE AND SKILLED TRADE POSITIONS ONLY:

List SPECIFIC EQUIPMENT with which you have experience:

ALL APPLICANTS PLEASE COMPLETE THIS SECTION:

Do you have a valid driver's license? Yes No

Class: _____

Have you had any moving violations in the last five (5) years? Yes No If "yes", please explain: _____

CERTIFICATIONS, REGISTRATION, OR OCCUPATIONAL LICENSE

Please list any current professional licenses, certificates or registration held by you (indicate number and expiration date):

1. _____
2. _____
3. _____

REFERENCES

List three (3) people who know you well, preferably from a work environment. Do not refer to an acquaintance or relative.

Name	Address	Phone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Tennessee Warning)

This application is to assist in the process of reviewing you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or City departments where you may be considered for employment. All other information you supply on this application with the exception of that which is private data as indicated below will become public if you are hired by the City. Names of applicants will become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

Private Data	Why We Ask For It	Are You Legally Obligated to Provide It?	What May Happen If You Don't Provide It?
Name/Home Address/ Driver's License Number	To distinguish you from all other applicants; to be able to send you notices; to obtain driving record and/or criminal background check to determine whether any conviction or violation is job-related.	Yes	Failure to provide information may be cause for rejecting an application. If you do not have a valid Driver's License, you may instead provide us with your date of birth for purposes of the necessary background checks.
Social Security Number	To distinguish you from all other applicants and to make processing more efficient.	No	You may be assigned an individual identification number to be used in any contacts you have with the City concerning your records.
Home Telephone	To be able to contact you to determine availability for interview.	No	We may not be able to employ in certain jobs where you may be required to come to work or be interviewed on short notice.
Special Accommodations	To determine whether you need special accommodations.	No	We will be unable to provide necessary accommodations in a timely manner.
Conviction Records	To determine whether we may accept an application from you if your conviction history may be job-related	Yes	We will be unable to make the determination requested by law. Failure to provide relevant conviction information may be grounds for dismissal.

Applicant's Statement: I certify that all statements made on this application are true, complete and correct. I understand that all information is subject to verification. I also understand that any falsification will disqualify me from employment or, if I am hired, may result in dismissal. My signature AUTHORIZES the City to secure my driving record (if the position requires driving), transcripts from educational institutions, and information needed to complete a criminal background check. It also AUTHORIZES collection of any employment-related information deemed necessary from current and former employers (including prior employer drug and alcohol test results or refusals to be tested) and personal references. I understand that this application is not and is not intended to be a contract of employment.

Signature of Applicant

Date

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Annandale appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Please indicate the position(s) for which you are applying:

Please indicate how you heard about this position:

Please place a check in the appropriate blanks:

Gender: _____ Male _____ Female

With which racial/ethnic group do you identify?

_____ Asian or Pacific Islander

_____ African American (Black)

_____ Hispanic

_____ Native American or Alaskan Eskimo

_____ Caucasian (White)

_____ Other (Please indicate: _____)

Disability status, defined as:

- (1) Has physical, sensory or mental impairment (condition) which materially (significantly) limits one or more life activities;
- (2) Has a record of such an impairment (condition);
- (3) Is regarded as having such an impairment (condition).

Based on the above information, do you claim disability status?

_____ Yes _____ No

CITY OF ANNANDALE
ADDENDUM TO EMPLOYMENT APPLICATION
POLICE OFFICER

Applicant Name: _____

1. Do you have a valid Minnesota Driver's License: ____ Yes ____ No
2. Do you have a P.O.S.T. Police Officer License: ____ Yes ____ No
3. Are you available to work shifts from 5:00 pm. – 3:00 a.m.: ____ Yes ____ No
3. Do you have additional post secondary education? How many years? _____
4. Describe your experience in law enforcement, if any. How many years? What did you do?

5. Describe your experience in law enforcement or other positions requiring you to work with the public. How many years have you held positions working with the public? What did you do?

6. Describe your experience with computers. How many years? What hardware/software have you used?

7. Describe your experience in working with firearms. How many years? What did you do?

BE SPECIFIC. Failure to detail specific experience and number of years may result in failure to accurately score your application and may reduce your chances for an interview.