



Application for Employment

Return to:
City of Sauk Rapids
250 Summit Ave. N.
Sauk Rapids, MN 56379
Phone: 320.258.5300

We welcome you as an applicant to employment! The City of Sauk Rapids is an equal opportunity employer and does not discriminate on the basis of race, color, 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 US on an unrestricted basis?

Yes

No

May we contact your present employer?

Yes

No

Are you applying for Veteran's 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 that you are applying for.
2. Complete the City of Sauk Rapids 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 might reduce your opportunity for employment with the City of Sauk Rapids.
5. The City of Sauk Rapids must receive your completed application 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 US Post Office, to forward applications to us before the deadline.
6. On the Employment History section, please be specific and complete. List your present and most recent experience first. Include only job-related, paid experience. If you attach additional information, please 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 City of Sauk Rapids Administrator so that reasonable effort can be made to accommodate your needs.
8. 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 Sauk Rapids, the Veterans Preference claim form on page 6 should be completed and a copy of your DD214 should be filed by the job announcement closing date. Please contact the City of Sauk Rapids to confirm whether the specific job you applied for is subject to Veterans Preference.
9. In accordance with the City's Drug and Alcohol Testing Policy, all individuals entering City employment are required to take a drug test. Some positions in the City might 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: _____ Dates of employment: _____
Phone: _____ Fax: _____ From: _____
Address: _____ To: _____
Supervisor: _____ Title: _____ Hours/week: _____
Your Title: _____ Reason for leaving: _____
Number and types of positions you supervised: _____

Major Responsibilities (be complete):	% of time:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

FIRST PREVIOUS EMPLOYER:

Employer: _____ Dates of employment: _____
Phone: _____ Fax: _____ From: _____
Address: _____ To: _____
Supervisor: _____ Title: _____ Hours/week: _____
Your Title: _____ Reason for leaving: _____
Number and types of positions you supervised: _____

Major Responsibilities (be complete):	% of time:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

SECOND PREVIOUS EMPLOYER:

Employer: _____ Dates of employment: _____
Phone: _____ Fax: _____ From: _____
Address: _____ To: _____
Supervisor: _____ Title: _____ Hours/week: _____
Your Title: _____ Reason for leaving: _____
Number and types of positions you supervised: _____

Major Responsibilities (be complete):	% of time:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

EDUCATIONAL INFORMATION

Circle the highest grade completed:

Elementary	High School	College	Post Graduate
1 2 3 4 5 6 7 8	9 10 11 12 GED	13 14 15 16	16+ MA MS PHD JD

Name and address of High School: _____

Name and location of college, university, and/or technical schools: _____	# 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 that you have....

Training: _____

Experience: _____

To be completed by applicants for Labor/Maintenance and Skilled Trade positions only.

List specific equipment that you have experience with: _____

All applicants please complete this section:

Do you have a driver's license? Yes No

License Number: _____ Expiration Date: _____ Class: _____

Have you had any moving violations in the last five years? Yes No

If yes, please explain: _____

Certifications, Registration or Occupational Licenses

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

1. _____
2. _____
3. _____

REFERENCES

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

Name and Address	Phone	Occupation
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____

(Tennessee Warning)

This application is to assist in the process of reviewing you for possible employment. Certain information requested on the application is private; this 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 the City hires you. 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 Do Not Provide It?
Name Home Address Driver's License #	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 an interview.	No	We may not be able to employ you 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 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

VETERANS' PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to veterans and spouses of deceased or disabled veterans to add to their exam results for employment positions subject to veterans' preference. Points are awarded subject to the provisions of Minnesota Statutes Section 43A.11. To be eligible for veterans' preference points, you must:

1. 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 resident alien, or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who, because of 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 veterans points. You are not required to supply this information, but we cannot award veterans points without it.

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

VETERANS PREFERENCE POINTS APPLICATION

Veteran _____ If spouse, veteran's name: _____
_____ Self _____ Spouse

Branch of Service: _____ Period of active duty from: _____ to: _____

Rank of Discharge: _____ Type of Discharge: _____ Date of Final Discharge: _____ Service #: _____

Are you receiving or eligible for a military pension? _____ Do you have a compensable service-related disability? _____

Preference requested: _____ Veteran _____ Disabled Veteran
_____ Spouse of Disabled Veteran _____ Spouse of Deceased Veteran

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than the application deadline for the position in order to guarantee points are awarded in a timely manner.

I hereby claim veterans' preference for this position and swear that the information given on this documentation is true and correct. I also authorize the release of necessary information by the Veteran's Administration to the Sauk Rapids City Administrator's Office.

Signature: _____ Date: _____

FOR OFFICE USE ONLY _____ 5 points _____ 10 points
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