



## Application for Employment

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St. James, MN 56081

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*Please print and fill out all sections/circle answers to questions that are provided.*

1. Title of specific position for which you are applying: \_\_\_\_\_
2. Date available for work: \_\_\_\_\_
3. Applicants full name (First, Middle, Last): \_\_\_\_\_
4. Current Address: (street/city/state/zip code): \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_
6. Home Telephone: \_\_\_\_\_
7. Cell Telephone: \_\_\_\_\_
8. E-mail address: \_\_\_\_\_
9. Are you legally eligible to work in the U.S.? Yes No
10. To your knowledge do you have any family who work in the department for which you are applying?  
Yes No If yes, please specify: \_\_\_\_\_
11. Employment condition desired: Regular Full-Time Regular Part-Time Seasonal/Temporary
12. Are you willing to relocate if you live outside of the cities call-back area? Yes No
13. Salary desired: \$ \_\_\_\_\_
14. Has the City of St. James previously employed you? Yes No  
If yes, list date(s) and/or position(s) held: \_\_\_\_\_

**Question 15 only needs to be answered if you are applying for a police, fire or ambulance position with the city.**

A background check will be conducted for all potential candidates.

15. Have you ever been convicted of a felony? Yes No

16. Please list your valid driver's license number, the state issued in, and the class:

Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

17. Please list relevant professional memberships, apprenticeships, registrations, or licenses. Include date first issued: \_\_\_\_\_

18. List machines that you can efficiently operate that are relevant to the position that you are applying for: \_\_\_\_\_

19. List computer programs that you are proficient in and indicate your number of years of experience with each: \_\_\_\_\_

20. Education: Did you graduate from high school or receive a GED? Yes No

How many years of schooling have you completed: 10 11 12 13 14 15 16 17 18 19 20 20+

Type of School	Name/Location	# Years Completed	Major Area of Study	Degree/Diploma/Certificate Received
High School				
Vocational				
College				

21. Work Experience. (*Experience and ratings are determined by this information: please complete.*) List complete employment history, beginning with the most recent first. Include paid and unpaid experience. **Do not use "See Resume" or Similar.** Attach additional sheets if needed.

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Your Title \_\_\_\_\_ Supervisors Title: \_\_\_\_\_

Number of Positions you supervised: \_\_\_\_\_

Length of Employment: From (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_

Hours Worked per week \_\_\_\_\_ Last hourly wage \_\_\_\_\_

Principal Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

May we contact this employer? Yes No

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Your Title \_\_\_\_\_ Supervisors Title: \_\_\_\_\_

Number of Positions you supervised: \_\_\_\_\_

Length of Employment: From (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_

Hours Worked per week \_\_\_\_\_ Last hourly wage \_\_\_\_\_

Principal Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

\_\_\_\_\_

May we contact this employer? Yes No

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Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Your Title \_\_\_\_\_ Supervisors Title: \_\_\_\_\_

Number of Positions you supervised: \_\_\_\_\_

Length of Employment: From (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_

Hours Worked per week \_\_\_\_\_ Last hourly wage \_\_\_\_\_

Principal Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

\_\_\_\_\_

May we contact this employer? Yes No

22. References: List three references which you have known at least one year, who can attest to your work qualities:

Name	Relationship to you	Address	Telephone Number

23. Please complete all of the attached documents and sign where requested.

24. To the best of my knowledge, the information included in the application is accurate and true. I understand that misrepresentation or omission of facts in connection with my application may be sufficient cause for dismissal whenever discovered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The City of St. James is an equal opportunity employer. It is the policy of the City of St. James to provide equality in employment to all persons. This policy expressly prohibits discrimination because of race, creed, color, religion, national origin, sex, sexual orientation, marital status, status with regard to public assistance, disability, membership or activity in a local human rights commission, age, or any other basis protected by law, except where there is a bona fide occupational qualification. This policy applies to all phases of employment including, but not limited to: recruitment, hiring, placement, promotion, demotion, transfer, layoff, recall, discharge, rates of pay or other forms of compensation, and selection of training. This policy also applies to the use of all facilities and participation in all city-sponsored employee activities.

The information asked of you below will be used to evaluate our overall efforts in achieving diversity in the recruitment and selection of City of St. James employees. 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 this office. The City of St. James 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: \_\_\_\_\_)

Based on the definition below, do you claim Disability status?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Disability status is defined as:

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

**Application Forms**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the City of St. James and its representatives to make an investigation of any information contained in this application and/or supplemental materials I have submitted in consideration for the position of \_\_\_\_\_.

I authorize my past and present employers and educational institutions to release information concerning my employment and educational background to the City of St. James. The information obtained will be used by the City of St. James to evaluate my qualifications for employment and may be disclosed to elected and appointed officials and employees of the City of St. James whose work assignments reasonably require access during the hiring process: enforcement agencies with legal authority; and persons/entities authorized by law or court order.

To the fullest extent permitted by law, I release my present or former employers and educational institutions from responsibility for any harm or damages that I may experience as a result of their good faith compliance with this authorization.

I understand that I am not legally required to sign this authorization, but if I do not do so, the City of St. James may be unable to adequately evaluate my qualifications for employment.

This authorization is valid for one year from the date below or until the purpose has been fulfilled, whichever occurs first. This authorization maybe withdrawn by notifying the City in writing, but such withdrawal does not affect the validity of disclosures made prior to the withdrawal notice. A photocopy of this release is valid for all purposes as an original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## APPLICATION FOR VETERANS PREFERENCE POINTS

### Eligibility:

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their training and experience examination results. Points are awarded subject to the provisions of Minnesota Statutes, section 197.455. To be eligible for veteran's preference points, you must be either be (1) 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 (2) 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.

### Instructions:

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 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 do not include these documents with this application, be sure to include your name, the name of the position for which you are applying, when you do submit the documents.

All documents must be received no later than 7 calendar days after the application deadline for the position for which you are applying.

### Veterans Preference Application

Veteran: Self \_\_\_\_\_ Spouse \_\_\_\_\_ If spouse, veteran's name: \_\_\_\_\_

Branch of service: \_\_\_\_\_ Dates of Active Duty: from \_\_\_\_\_ to \_\_\_\_\_

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: Is attached \_\_\_\_\_

Will be provided within 7 days of application deadline \_\_\_\_\_

**Minnesota Data Practices Act Privacy Notice  
Tennesen Warning**

**(Employee Investigation)**

Name of Individual Interviewed: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Individuals present: \_\_\_\_\_

Location of interview: \_\_\_\_\_

Interview conducted by: \_\_\_\_\_

You may be requested as part of this investigation to provide information that may be considered private or confidential under the Minnesota Governmental Data Practices Act. Because you may be asked to provide private or confidential information, the Minnesota Data Practices Act requires that the City of St. James (City) provide you with the following information in regard to its request that you provide this information to the City.

The City is informing you of the purpose and intended use of the information requested. The City is requesting information from you as part of its investigation of a complaint and/or allegations of inappropriate conduct by a City employee. The City may use the information you provide during the course of the investigation and in determining appropriate disciplinary or other actions by the City in regard to the complaint/allegations, including civil or criminal action. If the private or Confidential information you provide supports that you have engaged in inappropriate conduct, the City may use the information to support civil or criminal action.

- You are not legally required to supply the requested information and may refuse to supply the requested private and/or confidential information.
- In addition to the person(s) who are present at the interview, the information you provide may be shared with other City employees and administrators who are involved in this investigation, or whose job responsibilities provide them with a legitimate reason for access to the information you provide.

I acknowledge the City has informed me of the above information.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Disclaimers**



**IMPORTANT – READ BEFORE SIGNING**

I understand that nothing contained in this application or in the granting of an interview, and no City policies, procedures, or handbooks that I might receive if I am hired, are intended to create an employment contract between the City and me for employment or for providing any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the City unless made in writing and signed and authorized by officials or employees of the City with authority to bind the City. If an employment relationship is established, I understand that, unless otherwise provided in some other binding document, it is “at-will,” which means that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice, and that the City retains the same rights.

I also understand that if I am hired, I will be required to present documents to the City establishing my identity and authorization to work in the United States.

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. I agree and understand that any misrepresentations, false statements, or omission of information contained in this application or any supplemental materials I submit may disqualify me from further consideration for employment or result in immediate termination from employment if discovered at a later date.

**SIGNATURE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Tennessean Warning

### YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes, Section 13.04 requires that you be informed of the following about private data requested on this application. The data obtained may be disclosed to elected and appointed officials and employees of the City whose work assignments reasonably require access during the hiring process; enforcement agencies with legal authority; and persons/entities authorized by law or court order.

Private Data	Purpose and intended use	Known consequence arising from supplying or refusing to supply
Name	To identify you in relation to other applicants. If you become a finalist for a position, then your name becomes public data.	You are legally required to provide this data. If this data is not provided, the City will reject your application
Age 18 or older	To certify applicants for certain types of work	You are legally required to provide this data. If this data is not provided, the City will reject your application
Residence Information	To be able to notify you of your application's status	You are not legally required to provide this data, but you will be required to provide this data if you are hired. If this data is not provided, the City may not be able to contact you.
Telephone Numbers	To contact you regarding availability or interviews, to notify you of vacancies, to request clarification on your application	You are not legally required to provide this data. If this data is not provided the City may not be able to contact you.
Close Relatives	To assist the City in determining whether your employment would result in any conflicts with City's nepotism policy	You are not legally required to provide this data. If this data is not provided, the City will not be able to make this determination.
Military	To assist the City in evaluating your qualifications for employment	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information
Professional or Technical Licenses, Certificates, Memberships, or other credentials	To allow you to identify additional information that may assist the City in evaluating your qualifications for your employment	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information
Job-related volunteer and unpaid work experience	To allow you to identify additional information that may assist the City in evaluating your qualifications or employment	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information
Additional Experience	To allow you to identify additional information that may assist the City in evaluating your qualifications or employment	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information
Eligibility to Work	To certify that applicants are eligible to work	You are not legally required to provide this data, but you will be required to provide this data if you are hired. If this data is not provided, the City may reject your application
References	To assist the City in evaluating your qualifications for employment	You are not legally required to provide this data. If this data is not provided, the City will reject your application

**All other data on this application is public data.**