



CITY OF HENNING JOB APPLICATION

The City of Henning does not discriminate on the basis of race, color, religion, national origin, Sex, marital status, status with regard to public assistance, disability, sexual orientation or age

Personal (Please Print)

Date: _____

Name: _____ E-Mail Address: _____
(Last) (First) (Middle)

Present Address: _____
(No.) (Street) (City) (State) (Zip Code)

Telephone Number: H) _____ Cell) _____

Are you legally eligible for employment in the USA? Yes _____ No _____

(In accordance with the Immigration Reform and Control Act of 1986, this employer hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.)

Are you of legal age to work? _____

During the past 10 years have you served a sentence in jail or prison (including probation and/or parole), plead guilty for or been convicted of a felony, gross misdemeanor, or misdemeanor for which a jail sentence could have been imposed? You may answer "No" if the conviction or criminal records have been annulled, sealed, set aside or purged, or if you have been pardoned pursuant to the law. Yes _____ No _____

If "Yes" please attach a separate sheet with explanation. Information concerning this question will not be used to automatically bar you from employment, unless related to the position of employment sought. **Some positions applied for may require a criminal background check as a condition of employment.**

Position(s) applied for: _____

Were you previously employed by us? _____ If yes when? _____

Your employment may involve occasional use of a public vehicle. Do you have a valid driver's license? _____

Are you fluent in a language, including sign language, other than English? If so, which _____

On what date will you be available for work? _____

Are there any other experiences, skills or qualifications, which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage).

RECORD OF EDUCATION

Name of School and Address	From Month/Year	To Month/Year	Did you Graduate?

List all college degrees and major area of study:

- 1. _____
- 2. _____

What are your hobbies/special interests? _____

List all volunteer and community services you have provided. Include: name of organization, address of organization, phone number, dates, total hours worked, services performed, and name of supervisor.

Why did you seek employment with the City of Henning?

References: Give the names of at least three (3) people outside of relatives who can be contacted regarding your qualifications, work habits and character.

(Name)	(Present Address)	(Telephone)	(Position – if applicable)
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PREVIOUS EMPLOYMENT HISTORY

List below (most current dates first), your previous employers. Give correct, full address.
(Include part-time employment.)

Employing Firm _____ Length of Employment _____

Address _____ Phone Number _____

Your Title _____ Supervisor's Name & Title _____

Number & Type of Positions You Supervised _____

Principal Responsibilities – Be specific _____

Employing Firm _____ Length of Employment _____

Address _____ Phone Number _____

Your Title _____ Supervisor's Name & Title _____

Number & Type of Positions you Supervised _____

Principal Responsibilities – Be specific _____

PREVIOUS EMPLOYMENT HISTORY - CONTINUED

Employing Firm _____ Length of Employment _____

Address _____ Phone Number _____

Your Title _____ Supervisor's Name & Title _____

Number & Type of Positions you Supervised _____

Principal Responsibilities – Be specific _____

Employing Firm _____ Length of Employment _____

Address _____ Phone Number _____

Your Title _____ Supervisor's Name & Title _____

Number & Type of Positions you Supervised _____

Principal Responsibilities – Be specific _____

I understand this employer has the right to verify information provided in this application. If there are any misrepresentations on this application or my resume or made by me in an interview, which may be discovered now or anytime in the future, I may be discharged for cause without severance pay of any kind. False information or misrepresentation may also subject me to the penalty provisions of M.S. § 43A.39.

In connection with this application for employment, I authorize this employer and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance (such as transcripts). Moreover, I hereby release this employer and any agent acting on its behalf from any and all liability by reason of requesting such information from any person.

Yes No

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information from this application may be cause for rejection, or dismissal if employed.

(Signature of Applicant)

(Date)

VETERAN'S PREFERENCE POINTS SUPPLEMENT

(Must be completed by ALL applicants)

VETERAN'S PREFERENCE POINTS INSTRUCTIONS

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:

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 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.

YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-902 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. ELIGIBLE 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 submitted.

APPLICANT'S FULL NAME _____

POSITION APPLYING FOR _____

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? _____ YES _____ NO

If you answered "yes", you must complete this entire page. Your DD214 or other documentation must be received in our office no later than 7 calendar days after the application deadline for the position.

VETERAN'S PREFERENCE POINTS APPLICATION

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

Branch of Service: _____

Rank at Discharge: _____ Type of Discharge: _____

Date of Final Discharge: _____ Service No.: _____

Are you receiving or eligible for a military pension? _____ YES _____ NO

Do you have a compensable service-related disability? _____ YES _____ NO

Preference Requested: _____ Veteran _____ Disabled Veteran
_____ Spouse of Disable Veteran _____ Spouse of Deceased Veteran

Your Preference Points application cannot be considered without supporting documentation (see instructions). If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline for the position to guarantee points are awarded in a timely manner.

Supporting documentation: _____ is attached _____ will be submitted within 7 days

This employer does not discriminate on the basis of handicapped status in the admission or access to, or treatment of, or employment in its programs or activities. It is the policy of this employer to provide reasonable accommodations to known physical and mental limitations of qualified handicapped applicants and employees in order for them to perform the essential functions of the job in question.

THIS EMPLOYER IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

AFFIRMATIVE ACTION INFORMATION

The information requested below will be used for statistical purposes only. It will enable this employer to evaluate its recruitment process in the light of Federal and State Equal Opportunity laws. Your cooperation is strictly voluntary. Your application will be reviewed whether or not you provide this information. Thank you for your help.

DATE _____ POSITION APPLIED FOR _____

GENDER _____ Male _____ Female _____ Age _____

ETHNIC IDENTIFICATION:

____ White ____ Black ____ Asian ____ Hispanic Origin ____ American Indian ____ Other

SPECIAL NOTICE TO DISABLED INDIVIDUALS:

If you are a disabled person, you are invited to volunteer information concerning any personal physical or mental disability. If you desire, please state below any personal disability and your suggestions on how it may be accommodated.

Do you have a disability, which substantially limits basic work activities? _____ Yes _____ No

Suggestions for reasonable accommodations:

General Authorization and Release
Pursuant to Minn. Stat. Sec. 13.05, subd. 4
Minnesota Data Practices Act

TO: _____

I, _____ hereby authorize and grant my informed consent to permit you, _____ to release to and make available to The Henning Police Department and/or its agents and/or representatives, data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minn. Stat. Sec. 13.02, subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes:
All Information gathered of any type.

I understand that the purpose of permitting the Henning Police Department to have access to this information is to determine my suitability for employment. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the department, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

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

Name: _____ Driver's License Number: _____

(Original Signature)

(Date)

General Authorization and Release
Pursuant to Minn. Stat. Sec. 13.05, subd. 4
Minnesota Data Practices Act

TO: Minnesota Department of Public Safety
Driver and Motor Vehicle Section
Transportation Building
St. Paul, MN 55155

I _____ hereby authorize and grant my informed consent to release to and make available to The Henning Police Department and/or its agents and/or representatives, data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minn. Stat. Sec. 13.02, subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes:
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