Date Received: _____

Application for At Will Employment

CITY OF PIPESTONE
119 2ND AVENUE SW
PIPESTONE MN 56164
507-825-3324

_____ _____ _____
Title of specific position for which you are applying | Date of application | Date available for work

_____ _____
Last name | First name | Middle name | Home phone

_____ _____
Address | City | State | Zip | Business phone

Requesting employment: Full-time _____ Part-time _____ Are you over the age of 18? Yes _____ No _____ If no, date of birth _____

Do you have any relatives working for the City? Yes _____ No _____ If yes, what department? _____

Have you previously been employed by the City? Yes _____ No _____ If yes, date _____ Position _____

If position involves driving, do you have a valid driver's license? Yes _____ No _____ Class _____ State Issued _____

Did you graduate from high school or receive a GED? Yes _____ No _____ School attended _____

How many years of education have you had? (Circle one) 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Names and locations of colleges, universities, technical schools	Did you graduate?	Certificate/degree	Course of study
_____	Yes _____ No _____	_____	_____
_____	Yes _____ No _____	_____	_____
_____	Yes _____ No _____	_____	_____
_____	Yes _____ No _____	_____	_____

Employment history, experience and training ratings are determined by this information (please be complete). List your last 3 to 5 employers.

Employment firm _____

Address _____

Phone number _____ Supervisor _____ Supervisor's title _____

Your title _____ Type of position _____

Principal responsibilities (be complete) _____

_____

_____

Hours per week _____ Last salary _____ Reason for leaving _____

May we contact your present employer? Yes _____ No _____ If no, explain _____

_____

Employment firm _____

Address _____

Phone number _____ Supervisor _____ Supervisor's title _____

Your title _____ Type of position _____

Principal responsibilities (be complete) _____

_____

_____

Hours per week _____ Last salary _____ Reason for leaving _____

Employment firm _____

Address _____

Phone number _____ Supervisor _____ Supervisor's title _____

Your title _____ Type of position _____

Principal responsibilities (be complete) _____

_____

_____

Hours per week _____ Last salary _____ Reason for leaving _____

Employment firm _____

Address _____

Phone number _____ Supervisor _____ Supervisor's title _____

Your title _____ Type of position _____

Principal responsibilities (be complete) _____

_____

_____

Hours per week _____ Last salary _____ Reason for leaving _____

Employment firm _____

Address _____

Phone number _____ Supervisor _____ Supervisor's title _____

Your title _____ Type of position _____

Principal responsibilities (be complete) _____

_____

_____

Hours per week _____ Last salary _____ Reason for leaving _____

Relevant current professional memberships, registrations, or licenses, include date when first issued.

_____

_____

_____

Job-relevant volunteer and unpaid work experience

Kind of volunteer activity	Major responsibilities	Hours per month

Describe any additional experience or training that qualifies you for this job. _____

_____

_____

_____

Clerical applicants only. Typing speed _____ WPM Word proceeding/computer experience (list software and hardware) _____

_____

_____

In accordance with the Immigration Reform and Control Act of 1986, the City of Pipestone 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 documentations will result in dismissal.

Minnesota Statute Section 518.611 Subdivision 8, requires employers to obtain information from all new employees regarding court-support obligations that are required by law to be withheld from income. If hired, you will be required to provide such documentation. Failure to provide said documentation will result in dismissal.

Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty? No _____ Yes _____

Describe your duties and any special training _____

_____

_____

If you are hired for this position, you may be required to undergo a physical examination at this employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations are necessary for you.

Give the name of four people other than relatives who can be contacted regarding you qualifications, work habits, and character.

Name	Present Address	Telephone	Position and relation to your work

We welcome you as an applicant for employment with the City of Pipestone. It is the City's policy to provide equal opportunity in employment. The City of Pipestone will not discriminate on the basis of race, age, religion, national origin, martial status, disability, sex, sexual orientation, status with regard to public assistance, or any other basis protected by law.

THE CITY OF PIPESTONE IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

The City of Pipestone has the right to verify information provided in the application. I may be discharged 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. 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 the City of Pipestone 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 the City of Pipestone and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information, from any person.

Yes _____ Yes, but not present employer until job is offered _____ No (we may be unable to hire you without this information) _____

Maiden or previous Name _____ You are not legally obligated to provide it, however, failure to provide information may result in the inability to conduct previous educational or employment history checks.

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 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 dismissal if discovered at a later date. I hereby acknowledge that I have read and I understand the information below.

Date _____ Signature (do not print) _____

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

The information contained in this application is considered private data under the Minnesota Data Practices Act, and will be used only in conjunction with your possible employment. Please furnish complete information so we may accurately and completely assess your qualifications. Your application will be evaluated in comparison to the requirements of the position for which you are applying. As an applicant for employment, your name is considered a finalist if and when you are selected for a final interview. If the City of Pipestone hires you, some of the information contained on this application form (such as previous employment experience and educational background) will become public data.

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd. 2). If you become employed by the City of Pipestone, the data will be available to the Department of Finance, the International Revenue Service, the Social Security Administration and the Public Employment Retirement Association for payroll and tax purposes If you disagree with the data we have about you, notify the City Administrator by letter.

Private Data	Why We Ask For It	Are You Legally Obligated To Provide It	What May Happen If You Don't Provide It
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Maiden or Previous Name	To conduct previous educational or employment history checks	No	We may not be able to obtain important education or employment history for hiring requirements.
Date of Birth	The Fair Labor Standards Act and Minnesota law have restrictions about when minors can work and and what they can and cannot do on the job.	No	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Veteran Status	To award qualified veterans and spouses of deceased or disable veterans preference points.	No	Nothing.

ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC, THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE.

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 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.

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 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 position for which you are applying, when you do submit the documents.

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

VETERAN'S 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 _____

Are you receiving or eligible for a military pension? Yes _____ No _____

Do you have a compensable service related disability? Yes _____ No _____

Type of preference requested: _____ Veteran _____ Disable Veteran

_____ Spouse of Veteran _____ Spouse of Disable Veteran

Supporting documentation: _____ is attached

_____ will be submitted within 7 days of application deadline