



Office Use Only Date Received: _____ Interview Date: _____ Interview Time: _____
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Application for Employment

We welcome you as an applicant for employment with the City of New Brighton, Minnesota. Your application will be considered with others in competition for the position in which you are interested. It is the policy and intent of the City of New Brighton to provide equal opportunity employment to all persons. This policy prohibits discrimination because of race, color, sex, national origin, political affiliation, place of residence, marital status, sexual preference, status with regard to public assistance or disability, as is consistent with the City's policy of hiring a well-qualified person so as to maintain the high standards of public service required of all City employees. This policy applies to all phases of permanent and part-time employment. All information contained in or connected with this application will be considered personal and confidential and will be used only in conjunction with your possible employment by the City of New Brighton. Please furnish us with complete information as outlined in this application. You are encouraged to attach any additional information or materials, which you believe qualify you for the position for which you are applying.

-Please note that the City of New Brighton does not accept faxed copies of completed employment applications forms-

Please print neatly in ink.

Return To: Parks and Recreation
 400 10th St. NW
 New Brighton, MN 55112

General Information

Position Applying for: _____

Job Status Desired: ___ Full-Time ___ Part Time ___ Temporary ___ Seasonal

Date Available to start: _____

<u>Last Name:</u>	<u>First Name:</u>	<u>Middle Name:</u>
<u>Street Address:</u>	<u>City, State Zip</u>	<u>County</u>
<u>Telephone Number (Home)</u> ()	<u>Telephone Number (Business)</u> ()	<u>Telephone Number (Cell)</u> ()
<u>Email address</u>		

Are you under 18 years of age? Yes No
 Are you willing to work overtime if required? Yes No
 Are you a United States Citizen OR, if not, do you have permission to work in this county? Yes No

Education / Training:

How many years of education have you had? 1-12 13 14 15 16 17 18 19 20+

School Name and Address	Diploma, Degree, Certificate Of Credits earned	Major
High School/GED:		
College or University:		
College or University:		
Graduate School:		
Technical:		

Briefly describe why you are interested in this position: (Or attach resume and/or cover letter.) _____

Driver's License Information

Do you have a valid driver's license? Yes No Driver's License No.: _____
State of Issuance: _____ Class: _____ Expiration: _____

Background Checks

The City of New Brighton conducts criminal history background checks on all employees.

For sworn police positions, felony convictions (and certain other convictions mandated by the state licensing board for police) will automatically disqualify you from further consideration. For non-police positions, the City will look at the type of conviction and whether it is directly related to the job for which you are applying.

Candidates for positions working with children will not be selected if they have been convicted of any crime listed in the Child Protection Worker Act (Minnesota Statutes 299C.61 & 62). Generally this includes child abuse crimes, murder, manslaughter, felony level assault or any crime committed against a minor, kidnapping, arson, criminal sexual conduct, and prostitution related crimes.

Before any applicant (other than applicants for positions within the police or fire department) is rejected on the basis of criminal conviction, he or she will be notified in writing and will be given any rights afforded by Minnesota Statutes Chapter 364. This includes the right to show evidence of rehabilitation.

Clerical and Accounting Positions Only

Typing WPM: _____

Can you operate: _____ Dictation Equipment _____ Personal Computer/Word Process; Brand: _____

Check other office equipment you can operate proficiently:

_____ Copier _____ Fax _____ Telephone Console _____ 10-Key Adding Machine

_____ Other: _____

List any computer software you can operate proficiently:

Labor and Skilled Trade Positions Only

Apprenticeship(s) served or trades teamed:

List all machines and equipment that you have experience operating:

List any computer software you can operate proficiently:

List any correspondence courses, special courses, seminars, workshops, and/or training programs you have attended, or registrations, licenses, or certificates you have that might relate to this position.

Please review the job description before responding.

Have you been employed by the City in the past? ____Yes ____No, if so please provide your former job title and years of service. _____

Employment History

Experience and training ratings are determined by this information. Please be complete and do not state "Refer to Resume" in the specific duties section. List your most recent employers first. (Use additional sheets if necessary.)

Present or Last Employer			
Address		City	State Zip
Supervisor Title & Name		Phone No. ()	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment	Hours Worked/Week	Job Title	Last Salary or Hourly Wage
Reason for Leaving:			
Specific Duties:			

Employer			
Address		City	State Zip
Supervisor Title & Name		Phone No. ()	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment	Hours Worked/Week	Job Title	Last Salary or Hourly Wage
Reason for Leaving:			
Specific Duties:			

Have you ever been terminated from a previous employer? Yes No

If yes, state the name and address of company, date of determination, and reason for termination (do not include layoff or staff reduction).

Supervision

Have you ever supervised people? Yes No Company Name _____

Check the functions you have performed as a supervisor:

- | | | |
|--------------------------------|--------------------------------------|---------------------------|
| ___ Interviewed Candidates | ___ Conducted Performance Appraisals | ___ Disciplined Employees |
| ___ Hired/Recommended for Hire | ___ Recommended Salary Adjustments | ___ Terminated Employees |
| ___ Established Objectives | | |

Military Experience

Complete this section only if you served in the U.S. Armed Forces.

Describe your duties and any special training:	Branch of Service	
	Period of Active Duty	
	From	To
	Rank at Discharge	
Type of Discharge	Date of Final Discharge	

Volunteer/Unsalariated Experience

Volunteer Organization	Position Held		
Street	City	State	Zip
Immediate Supervisor	Phone No. ()		
Dates of Participation	Hours Per Week		
Skills Learned			

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Street	City	State	Zip
Immediate Supervisor	Phone No. ()		
Dates of Participation	Hours Per Week		
Skills Learned			

Accommodations

Do you have any physical or health limitations that would require special or reasonable accommodations by the City:

Yes No

If yes, please describe the nature of the accommodation:

Employment of Relatives

List any relatives currently employed by the City of New Brighton

Name	Relationship To You

Personal References (Please do not list City of New Brighton employees or relatives)

Name and Occupation	Address	Phone Number

Tennessean Warning/Data Practices Notice to All Applicants

The Minnesota Government Data Practices Act requires that you be informed of the purposes and intended uses of the information you provided to the City of New Brighton during the application process or during employment. Any information about yourself that you provide will be used to identify you as an applicant and to assess your qualifications for employment with the City. If you wish to be considered for employment, you are required to provide the information requested in the Application for Employment. If you refuse to supply information requested by the City, it may mean your application will not be considered.

You are hereby advised that, under Minnesota law, the following information given by an applicant is considered to be public: veteran status, relevant test scores, rank on our eligible list; job history; education and training; work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or when applicants are considered by the appointing authority to be finalists for a position with the City of New Brighton. "Finalist" means an individual who is selected to be interviewed by the appointing authority prior to selection.

The data concerning you, which is placed in your application folder or in your personnel file and which is not listed as public, is private. This private data will be shared with you and those members of the City staff who need it to process the application, update your personnel record, evaluate your work performance and if you are handicapped, provide the necessary accommodations. It may also be shared with the following: persons authorized to have access to the information under State or Federal law; persons authorized by Court Order to have access to the information; and persons to whom you consent in writing to have access to the information.

With the exception of racial and ethnic data, the data you give us about yourself is needed to identify you and to assist determining your suitability for the position for which you are applying. Racial and ethnic data is used to monitor protected class employment and to meet Federal, State, and Local reporting requirements. Furnishing racial and ethnic data about yourself, as well as your social security number, is voluntary.

I certify that answers herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract for employment.

In the vent of employment, I understand that false or misleading information given in my application, or interview(s), may result in discharge. I understand also, that I am required to abide by all rules and regulations of the City.

I certify that I have read the "Notice to Application" regarding the Minnesota Data Practices Act (MN Statutes 1301-1390), and I understand my rights as a subject of date.

Applicant Signature: _____

Date: _____

Veteran's Preference

The Minnesota Veteran's Preference Act grants veterans a limited preference over non-veterans in hiring and promotion of public employment.

To qualify for preference, you must have served on active duty in any branch of the Armed Forces of the United States for 181 consecutive days or more and have been honorably discharged; you must be a citizen of the United States and currently not receiving a monthly veteran's pension based exclusively on length of service; or be the spouse of a deceased veteran or of a disabled veteran who because of disability is unable to qualify.

The City operates under a point preference system which awards points to qualified veterans and/or spouses of deceased or disabled veterans. Ten (10) preference points are granted for non-disabled veterans and widows of a deceased veteran at the initial selection phase or at the time of an open competitive examination, whichever is applicable. Fifteen (15) points are added if the veteran has a permanent service-connected compensable disability as certified by the Veteran's Administration, is the spouse of a disabled veteran, or the widow of a deceased veteran who was disabled at the time of death.

For promotional opportunities, ten (10) points are granted to disabled veterans only (50% disability required) and these points apply only to the first promotion after securing City employment.

Please Print.

Name: _____

Do you wish to claim a Veteran's Preference? Yes _____ No _____

If yes, please check the preference you are claiming:

_____ **Veteran**-Defined as a person separated under honorable conditions who has served on active duty for at least 181 days or honorably discharged by reason of disability incurred while on active duty. (10 Points)

_____ **Disabled Veteran**-Defined as a Veteran having a compensable service-connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces, and which is currently existing. Must have an active service-related disability rating (not active duty for training) of 10 percent or greater. (15 Points)

_____ **Widow of a Deceased Veteran**-Defined as a spouse of a veteran who dies in active-duty or as a result of an active duty injury. Spouse must not be remarried. (10 Points)

_____ **Spouse of Disabled Veteran**-Defined as a veteran who is unable to work in the specific position the spouse is applying for due to the nature of the veterans's service-connected disability rating of ten percent or greater. (15 Points)

_____ **Widow of Deceased Veteran Who Was Disabled at Time of Death**-Defined as a spouse of a veteran who was disabled at time of death, and died on active duty or as a result of an active-duty injury. Spouse must not be remarried. (15 Points)

You must also submit a copy of your DD214, letter from USDA verifying active duty disability, or any other military document that can substantiate the service information requested on the form. **Claim not accompanied by proper documentation will not be processed.** Note: This claim will be separated from your application during the recruitment process.

Signature: _____

Date: _____

Applicant Flow Survey

Completion of this information is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to employ with requirements regarding government record keeping, reporting, and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated!

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print.

Position Applied For: _____ Date: _____

Referral Source: Walk-in Private Employment Agency Focus/Bulletin
 Tribune/Pioneer Press Relative School Minority Group Referral
 Other Employee: _____

Sex: Male Female

Age Group: 16-25 26-39 40+

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | |
|---|---|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other | |

For Administrative Use Only.

Position(s) Applied For: Available Not Available

Other Positions Considered For: _____

Hired: No Yes, Position: _____

From the EEO job classification listed below, which one best describes the position filled:

- | | | |
|--|---|---|
| <input type="checkbox"/> Officials/Manager | <input type="checkbox"/> Office and Clerical Worker | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Operators (semi-skilled) | |

Notes: _____

Completed By: _____ Date: _____