

State of Minnesota

Application for Employment

How To Apply For A Job

- 1. Applications are accepted only for jobs/exams announced as open on the Job Line (651) 296-2616 or (651) 282-2699 TTY or in the *Minnesota Career Opportunities Bulletin* or Special Postings.**
- 2. Read the Job/Exam Announcement.**
Announcements describe special requirements and application instructions as well as examination criteria. To get an announcement or application, call our Job Line 24 hours a day or e-mail us at job.info@state.mn.us. If you have questions, Job Line staff are available 9:00 a.m. to 4:00 p.m., Monday through Friday.
- 3. Some Jobs Are Open Only for Certain Locations and Employment Conditions, or Require Travel.**
The job/exam announcement lists those. Be sure your availability matches those in the announcement where required.
- 4. Attach to your Application Proof of Education, License, etc. Requested in the Job/Exam Announcement.**
Do not submit letters of recommendation, work samples, etc. unless specifically requested in the announcement. Note: If you do not have electronic copies of the requested documents, submit via fax or mail.
- 5. Fill Out Your Application Carefully and Completely.**
Job Title and option (if applicable) must match that in the announcement. Type or print clearly; illegible or incomplete applications will be returned.
- 6. Use One Application Per Job/Exam.**
Photocopies are accepted.
- 7. Send, Fax or Deliver Your Application to the Address in the Job/Exam Announcement.**
- 8. Applications Must Be Received (Not Post Marked) by the Closing Date in the Job/Exam Announcement.**
We cannot be responsible for the failure of agencies or postal services to forward applications to the appropriate address by the closing deadline.
- 9. You Will Be Required, Prior to Hire, to Provide Proof of Eligibility to Work in the United States and Information on any Relevant Criminal Convictions.**

Minnesota Statutes 13.01 through 13.87 (1983) on data practices require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: name, home address, home phone number, social security number, gender, racial/ethnic group, disability status and test accommodation information.

This means it is available only to you, state agencies, and officials who have a need for it.

We ask for this data to distinguish you from other applicants, to allow us to contact you, to enable us to ensure your rights to equal opportunity, to meet affirmative action goals and to meet federal reporting requirements.

Furnishing social security number, gender, racial/ethnic data, disability status, test accommodation and Veterans preference information is voluntary. Refusal to supply other requested information may mean that your application will not be considered.

If you are referred to a vacancy, your name, score and rank will become public and may be provided to anyone. All other information you supply on this application, except that described as private above, is public and may be provided to anyone requesting it.

The data in this application can be collected or provided, if required, in an alternate manner. Write to the Minnesota Department of Employee Relations or call (651) 296-2616 or (651) 282-2699 TTY.

The State of Minnesota is an equal opportunity, affirmative action employer.

FOR OFFICE USE ONLY

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P L E A S E T Y P E O R P R I N T C L E A R L Y

SOCIAL SECURITY NUMBER

LAST NAME First MI

ADDRESS

CITY STATE ZIP

PHONE HOME: WORK:

TITLE OF JOB APPLYING FOR

CURRENT STATE EMPLOYEES - Name of agency or department (not division or work unit) where you work:

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information requested below will be used to evaluate our efforts to reach all segments of the population and in reviewing our selection and placement efforts. The information is VOLUNTARY and PRIVATE. It is detached and retained separately from your work history. It is not referred to hiring managers or supervisors. If we request additional information related to your disability, it will be maintained as SEPARATE and PRIVATE medical records. We appreciate your cooperation in our efforts to ensure Affirmative Action and Equal Employment Opportunity. Any false statement may be punishable by law.

PLEASE CHECK THE APPROPRIATE BOXES: Male Female

WITH WHICH RACIAL/ETHNIC GROUP DO YOU IDENTIFY? If the group appropriate for you is not listed, please indicate the one that comes closest.

- Asian or Pacific Islander African American (Black) Hispanic
 American Indian or Alaskan Native Caucasian (White)

American Indian, defined as: "A person of one or more Indian blood." (Minn. Stat. 254.02, Subd. 11). The Minnesota Indian Affairs Council suggests that at hire, state agencies require persons claiming Indian heritage to provide an enrollment number and tribal affiliation.

DISABILITY STATUS, DEFINED AS:

- (1) a physical or mental impairment that substantially limits one or more of the major life activities;
- (2) has a record of such impairment;
- (3) is regarded as having such an impairment.

DO YOU CLAIM DISABILITY STATUS? Yes No

DO YOU NEED SPECIAL TESTING ACCOMMODATIONS such as a reader or sign language interpreter?
 Yes No

Please specify type of accommodation needed:

WHERE DID YOU HEAR ABOUT THIS JOB?

- | | |
|--|---|
| <input type="checkbox"/> 1 Minnesota Career Opportunities Bulletin | <input type="checkbox"/> 8 Trade/Technical School Posting |
| <input type="checkbox"/> 2 Job Information Line | <input type="checkbox"/> 9 State Employee |
| <input type="checkbox"/> 3 Job Service Office | <input type="checkbox"/> 10 State Agency |
| <input type="checkbox"/> 4 Newspaper - Advertisement | <input type="checkbox"/> 11 State Affirmative Action or Human Resources Staff |
| <input type="checkbox"/> 5 Community Newspaper | <input type="checkbox"/> 12 DOER Office of Diversity and Equal Opportunity |
| <input type="checkbox"/> 6 Trade Journal | <input type="checkbox"/> 13 Internet |
| <input type="checkbox"/> 7 College/University Posting | <input type="checkbox"/> 14 Other |

EMPLOYMENT CONDITIONS

- 1 - Intermittent (on call as needed)
 2 - Permanent, full-time
 3 - Permanent, part-time
 4 - Temporary, full-time

- 5 - Temporary, part-time
 6 - Seasonal, full-time
 7 - Seasonal, part-time

- SHIFT: 1 - Day shift
 2 - Evening shift
 3 - Night shift
 4 - Rotating shift

TRAVEL If you are willing to travel in this job, check this box.

TEST CENTER LOCATION

If the job you are applying for requires a written test, you will be tested at the Minnesota state test center closest to the address you give on your application. If you want to be tested at a different Minnesota test center, attach a note to the front of your application indicating the location you prefer. The Department of Employee Relations will accommodate your request whenever possible.

JOB LOCATION CODES

Statewide

Write the 3 number location code from the list below for each location where you will accept work (up to 6 locations). If you will accept a job in all of the cities listed under an area, *use the code for that area*. If you will work anywhere in the state, check only the *Statewide box*. Keep in mind that your name may be removed from consideration for refusing a job at any location where you indicated you would work. You will be considered for positions only at the locations you indicate.

LOCATION CODES

- | | | | |
|---|-----------------------------|-----------------------------|-----------------------------|
| (002) Twin Cities Area | (058) Northeast Area | (060) Central Area | (062) Southwest Area |
| (050) Minneapolis | (015) Duluth | (007) Alexandria | (233) Canby |
| (051) St. Paul | (016) Ely | (012) Cambridge | (017) Fairmont |
| (052) Twin Cities Suburbs - No. Area | (063) Eveleth | (025) Little Falls | (234) Granite Falls |
| Arden Hills, Brooklyn Park, Coon Rapids, Fridley, Lino Lakes, New Brighton, Roseville | (020) Grand Rapids | (031) Mora | (076) Hutchinson |
| (053) Twin Cities Suburbs - So. Area | (022) Hibbing | (032) Morris | (236) Jackson |
| Apple Valley, Bloomington, Burnsville, Eagan, Inver Grove Heights, Rosemount | (023) International Falls | (228) Pine City | (230) Luverne |
| (054) Twin Cities Suburbs - E. Area | (030) Moose Lake | (037) St. Cloud | (027) Marshall |
| Oakdale, White Bear Lake | (056) Togo | (039) Sauk Centre | (028) Montevideo |
| (055) Twin Cities Suburbs - W. Area | (043) Virginia | (061) Southeast Area | (033) New Ulm |
| Golden Valley, Hopkins, Minnetonka, Plymouth, St. Louis Park, Wayzata | (057) Willow River | (006) Albert Lea | (235) Pipestone |
| (008) Anoka | (226) Silver Bay | (009) Austin | (046) Willmar |
| (021) Hastings | (059) Northwest Area | (018) Faribault | (047) Windom |
| (224) Oak Park Heights | (010) Bemidji | (026) Mankato | (049) Worthington |
| (040) Shakopee | (011) Brainerd | (034) Owatonna | |
| (041) Stillwater | (013) Crookston | (035) Red Wing | |
| | (014) Detroit Lakes | (036) Rochester | |
| | (232) East Grand Forks | (038) St. Peter | |
| | (019) Fergus Falls | (048) Winona | |
| | (024) Itasca State Park | | |
| | (029) Moorhead | | |
| | (231) Staples | | |
| | (042) Thief River Falls | | |
| | (044) Wadena | | |
| | (045) Walker | | |

VETERANS PREFERENCE

GENERAL To qualify for Veterans Preference, you must meet all of the following:

- 1) have separated under honorable conditions from any branch of the armed forces of the United States;
- 2) have served on active duty for 181 consecutive days or more or for the full period ordered to active duty OR have separated by reason of disability incurred while serving on active duty;
- 3) be a United States citizen or resident alien;
- 4) not be eligible for or currently receiving a monthly veteran's pension benefit based on length of military service.

If you meet all the above, check the appropriate box(es) below.

FOR EXAMINATIONS OPEN TO THE PUBLIC:

- I am a non-disabled veteran (5 points).
 I am a disabled veteran with a currently existing, compensable, service-connected disability as judged by the U.S. Veteran's Administration or by the Retirement Board of the Branches of the Armed Forces (10 points).
 I am the widow/widower (not remarried) of a deceased veteran (5 points).
 I am the spouse of a disabled veteran who cannot work because of the disability (10 points).

FOR EXAMINATIONS OPEN ONLY TO CURRENT STATE EMPLOYEES:

- I am a disabled veteran entitled to disability compensation for a permanent, service-connected disability rated at 50% or more who has not been previously promoted in the state service (5 points).

| | |
|---------------------|-------|
| FOR OFFICE USE ONLY | SCORE |
|---------------------|-------|

TITLE OF JOB APPLYING FOR:

LAST NAME First MI

PHONE HOME: WORK: SOCIAL SECURITY NUMBER

The information you provide on pages 3 and 4 will be given to hiring agencies when your name is referred for consideration:
 TYPE OR PRINT CLEARLY - ESPECIALLY NAME AND JOB TITLE ABOVE
 list most recent experience first;
 list each different position separately even in the same organization;
 part-time experience is prorated based on a 40 hour week as the full-time standard;
 provide month and year for employment dates;
 be complete and accurate; your score may depend on it.

Office use only

LICENSES

List current licenses, registrations or certificates required for the job for which you are applying Date First Issued Expiration Date

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

EDUCATION

| | | | | | |
|--|---------------------------|--------------------------------|---------------------------------|--|--------------------------------|
| Name and location of post-secondary college, Technical, business, trade or other school | Dates Attended From To | # of credits or % full-time | (check one) Semester Quarter | List Major or Program then Minor (if any) | Degree/ Certificate Granted |
|--|---------------------------|--------------------------------|---------------------------------|--|--------------------------------|

EXPERIENCE 1

Current or most recent employer

Name of Organization: Location:

Your Job Title: Supervisor:

Employment Dates From: To: Hours per week:
Month & Year Month & Year

Major Activities % of time performing duty

- 1.
- 2.
- 3.
- 4.
- 5.

Number and title(s) of people you supervised:

Computer software/hardware used:

May we contact your current employer for reference?: Yes Yes, but not until job is offered. No (We may be unable to hire you without this information)

Name and phone number of immediate supervisor:

EXPERIENCE 2

Name of Organization:

Location:

Your Job Title:

Supervisor:

Employment Dates From:

Month & Year

To:

Month & Year

Hours per week:

Major Activities

% of time performing duty

- 1.
- 2.
- 3.
- 4.
- 5.

Number and title(s) of people you supervised:

Computer software/hardware used:

EXPERIENCE 3

Name of Organization:

Location:

Your Job Title:

Supervisor:

Employment Dates From:

Month & Year

To:

Month & Year

Hours per week:

Major Activities

% of time performing duty

- 1.
- 2.
- 3.
- 4.
- 5.

Number and title(s) of people you supervised:

Computer software/hardware used:

ATTACH ADDITIONAL SHEETS TO THIS PAGE IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.

IMPORTANT

The state has the right to verify information provided in the application. False information may subject an applicant to the penalty provisions of M.S. 43A.39. In connection with this application for employment, *I authorize the State of Minnesota 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 State of Minnesota and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

I declare that all information provided is true and complete and acknowledge that I have read and understand the information above. I further understand and agree that this application is an authorized substitute for my actual genuine signature.

Date:

Signature (do not print):

YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes Chapter 13 requires that you be informed of the following about private data requested on this application:

- **Name, Home Address and Telephone Number** are used to contact you about potential job opportunities. If this data is not provided, we may not be able to contact you. If you are referred for a vacancy, your name becomes public data.
- **Social Security Number** is used to ensure accurate identification of your application, as distinguished from other applicants. If this data is not provided, other data provided by you will be used for identification purposes. Minnesota Personnel Rules, Chapter 3900.6100, authorize the use of this number by the Department of Employee Relations (DOER).
- **Gender, Racial/Ethnic Group, and Disability status** are used to comply with equal employment opportunity and affirmative action requirements as set forth by law and to evaluate our efforts in ensuring diversity in the recruitment and selection of employees. If this data is not provided, it will be more difficult for us to evaluate our efforts.
- **Test Accommodation Information** is used to provide appropriate accommodations (disability data will be maintained as separate and private medical records). If sufficient data is not provided, we may not be able to accommodate you.

You are not legally required to provide any of the private data listed above. Employees from DOER and state agencies where your application is referred may have access to your private data only if their work assignments reasonably require access during the hiring process. Others who may legally access the above data are representatives of the Attorney General and Legislative Auditor, enforcement agencies with statutory authority, and persons/entities authorized by law or court order.

MINNESOTA DEPARTMENT OF EMPLOYEE RELATIONS

658 Cedar Street
2nd Floor
St. Paul, MN 55155

Job Information Line (651) 296-2616
Telecommunications Device for the Deaf (651) 282-2699 TTY
FAX (651) 296-8919