

EDUCATION

Types of School	Name and Address of School	Major Area of Study	Did You Graduate?	Degree Obtained
High School				
Technical School				
College				
Graduate School				
Military				

● List applicable courses, seminars, workshops, training, and acquired skills _____

● List applicable professional or technical organizations and level of participation: _____

● List applicable office machines you have experience operating: _____

● List applicable vehicles, equipment, and machinery you have experience operating: _____

● List current applicable licenses, registrations or certificates: _____

● If applying for a position which may require driving a City-owned vehicle, please indicate your driver's license type:

Class A___; Class B___; Class C___

● Have you ever been convicted of a felony? __Yes __No If yes, explain: _____

● Have you worked for the City of Apple Valley before? ____Y e s __No

If yes, when and in what position? _____

● Are you a U.S. Citizen, or otherwise legally eligible to work in the United States? __ Y e s __ N o

● Are you under 18 years of age? ____Y e s __No

If you are under 18 years of age, you must attach one of the following: an age certificate which is issued by school officials; a copy of your driver's license; or a copy of your birth certificate. If one of these is not attached, your application will not be considered.

EMPLOYMENT HISTORY (PAST SEVEN (7) YEARS ONLY)

Please list your employment history for the past seven (7) years. Begin with most recent employment.

May we contact your present employer for verification and reference? — Yes — No

May we contact your former employers for verification and reference? — Yes — No

1. Company Name and Address

_____ From _____ To _____
(Dates for last 7 years only)

_____ Current/Final Salary _____

_____ Supervisor _____

Company Phone _____ Reason for Leaving _____

Job Title and Duties _____

2. Company Name and Address

_____ From _____ To _____
(Dates for last 7 years only)

_____ Current/Final Salary _____

_____ Supervisor _____

Company Phone _____ Reason for Leaving _____

Job Title and Duties _____

3. Company Name and Address

_____ From _____ To _____
(Dates for last 7 years only)

_____ Current/Final Salary _____

_____ Supervisor _____

Company Phone _____ Reason for Leaving _____

Job Title and Duties _____

4. Company Name and Address

_____ From _____ To _____
(Dates for last 7 years only)

_____ Current/Final Salary _____

_____ Supervisor _____

Company Phone _____ Reason for Leaving _____

Job Title and Duties _____

5. Company Name and Address

_____ From _____ To _____
(Dates for last 7 years only)

_____ Current/Final Salary _____

_____ Supervisor _____

Company Phone _____ Reason for Leaving _____

Job Title and Duties _____

EMPLOYMENT HISTORY PRIOR TO THE PAST SEVEN (7) YEARS

Please provide a listing of all positions held prior to the past seven (7) years.

1. Company Name and Address

_____ Supervisor _____
 _____ Reason for Leaving _____
 Company Phone _____ Position Held _____

2. Company Name and Address

_____ Supervisor _____
 _____ Reason for Leaving _____
 Company Phone _____ Position Held _____

3. Company Name and Address

_____ Supervisor _____
 _____ Reason for Leaving _____
 Company Phone _____ Position Held _____

4. Company Name and Address

_____ Supervisor _____
 _____ Reason for Leaving _____
 Company Phone _____ Position Held _____

. Have you ever been involuntarily terminated from employment? ____Yes ____No If so, state name and address of company and reason for termination (do not include lay-off or reduction in force).

REFERENCES: Provide the following data for those persons whom we may contact for additional references.

NAME	ADDRESS	TELEPHONE #

READ CAREFULLY AND SIGN

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions on either the application or during my interview may disqualify me from further consideration for employment and may be considered justification for dismissal. I authorize investigation of all statements contained in this application or made during my interview for employment as may be necessary in arriving at an employment decision.

I acknowledge that none of the statements made in this application are intended to be, nor should be construed as a contract between the City and myself.

I hereby authorize persons, schools, my current employer, previous employers and organizations named in this application to provide any and all information regarding my employment, also any other information, whether personal or otherwise that mayor may not be on record. I release such employers and individuals from all liability for damages whatsoever that may arise from furnishing this information.

Signature of Applicant: _____ Date: _____

CITY OF APPLE VALLEY

14200 Cedar Ave.
Apple Valley, MN 55124

Section 1:

All applicants for a position with the City of Apple Valley are requested to complete this section. Completion is voluntary and this form will **not** be filed with your application. It will be used by the Personnel Department to compile summary data for the purpose of completing necessary governmental reports relative to affirmative action and equal employment opportunity and for the City's use in monitoring its recruitment process. This form may be returned under separate cover.

Place an "X" in front of your appropriate gender in Section A, and in front of the racial/ethnic group listed under Section B which best applies to you.

A. Gender: Female Male

B. Racial/Ethnic Group:

American Indian or Alaskan Native Black (non-Hispanic origin) White (non-Hispanic origin)
 Asian or Pacific Islander Hispanic

C. Title of Position applied for: _____

D. Where did you hear about this position? _____

Section II:

VETERAN'S PREFERENCE

You must submit a photocopy of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed.

The City of Apple Valley awards preference points to qualified veterans. Five (5) preference points are granted for non-disabled veterans on open vacancies. Ten (10) points are added if the veteran has a permanent service-connected compensable disability as certified by the Veterans Administration.

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. Veteran's preference may be used by the surviving spouse of a deceased veteran and by the spouse of a disabled veteran who because of the disability is unable to qualify.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If your DD214 form is submitted to the Personnel Department separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

COMPLETE THIS FORM ONLY IF YOU ARE A VETERAN AND CLAIMING VETERAN'S PREFERENCE:

Name (Last) (First) (Middle) Position Title

Address Phone No.

Are you a U.S. Citizen? yes no

Active Duty Information: (Note: a photocopy of your DD214 form must accompany this claim sheet.)

Have you (or your disabled or deceased spouse) served on active military duty without interruption for 181 days or more?
 yes no

Are you receiving or are you eligible to receive a monthly veteran's pension based exclusively on length of military service?
 yes no

For Disabled veterans: (Letter from VA as proof of disability must be submitted to receive points):

Permanent yes no Currently existing yes no

For Spouses of Disabled veterans:

Spouse's Present Occupation _____

(NOTE: Letter from VA in proof of disability must be submitted to receive points.)

AFFIDAVIT I hereby claim veteran's preference for this vacancy and certify that all the information given is true, complete and correct to the best of my knowledge.

I hereby authorize the Veterans Administration to release information necessary to process this application to the City of Apple Valley Personnel Department.

Signature

Date