



EMPLOYMENT APPLICATION

The City of Burnsville welcomes you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. It is our policy to provide equal employment opportunities to all. Individuals are evaluated and selected solely on the basis of their qualifications.

Please furnish complete and accurate information so that we can properly evaluate your application. Be aware that the use of false or misleading information, or the omission of important facts may be grounds for immediate dismissal. Also note that information you provide herein may be subject to later verification and/or testing. You may attach to this application any additional information that helps explain your qualifications. *(Please print clearly or type).*

Personal

Last		First		Middle		Other names you have used	
Name							
Street				City		State Zip	
Address							
Residence		Business		May we call you at work?		Social Security Number	
Telephone				<input type="checkbox"/> Yes <input type="checkbox"/> No			

Work Preferences

Title of specific position for which you are applying: <hr/> <hr/> <hr/> <hr/> <hr/>		Are you interested in: FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> If temporary/or seasonal for what period of time are you available? <hr/> <p style="text-align: center;">Hours of availability</p> <hr/>
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General Information

Have you applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? (Date) _____	Do you have relatives or in-laws working here? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, whom? _____
How did you hear about a job at the City of Burnsville? <input type="checkbox"/> Came in on my own <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> City employee <input type="checkbox"/> Newspaper (Specify) _____ <input type="checkbox"/> School (Specify) _____ Counselor _____ <input type="checkbox"/> Employment agency (Specify) _____			
Salary expected _____		When are you available? _____	
Driver's License Number _____	State _____	Class _____	

Education and Training

Circle the highest grade or year completed in high school 9 10 11 12	Name and location of high school _____	Did you receive a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive a GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and location of college, university, technical, professional, business, trade, vocational, military or other school	Dates Attended Mo./Yr. From Mo./Yr. To	No. Credits Earned Qtr. Sem.	Certificate or Degree	Date Received	Major	Minor

Special Skills

Clerical Skills	What is your present typing speed per minute? _____	Can you operate: Dictating equipment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Computer: If yes, please list software _____			
	Other office equipment you can operate _____			
Skilled Trade Skills	Do you have experience in a skilled trade? If so, please describe the extent/nature of experience _____			
	Have you completed an apprenticeship in a skilled craft? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, - _____	What craft? _____	Where did you complete it? _____
	List all machines and equipment you have operated: _____ _____			
	List all current licenses and/or certification together with an identification of the granting authority _____ _____			

Employment History

Give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. *Please do not write "see resume" in this section. Part or all of your rating may be based on this information.*

Company Name	Telephone ()-
Address	Employed (State Month and Year) From To
Name of Supervisor and Title	Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$
State job title and list your duties/responsibilities, beginning with the duty that consumed the greatest proportion of your time:	Reason for leaving

Company Name	Telephone ()-
Address	Employed (State Month and Year) From To
Name of Supervisor and Title	Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$
State job title and list your duties/responsibilities, beginning with the duty that consumed the greatest proportion of your time:	Reason for leaving

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Company Name	Telephone ()-
Address	Employed (State Month and Year) From To
Name of Supervisor and Title	Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$
State job title and list your duties/responsibilities, beginning with the duty that consumed the greatest proportion of your time:	Reason for leaving

Conviction Information

This question must be answered before your application will be considered complete.

You may answer "No" to this question if the conviction or records thereof have been annulled, sealed, set aside, or purged, or if you have been pardoned pursuant to law.

If the answer to this question is "Yes", please attach a separate sheet of paper giving full particulars. This information will not be used to bar you from employment but may be used to direct your interest to areas less related to the area of your conviction.

During the past five years have you served a sentence in a jail or prison or been convicted of a misdemeanor or felony for which a jail sentence could have been imposed?

Yes _____ No _____

References

Please provide the name, address and telephone number of three references who are not related to you and are not previous employers.

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List professional, trade, business, or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin):

- I hereby certify that I am not a member of any organization which advocates overthrow of the United States Government by force or illegal or unconstitutional means.
- I hereby certify that all statements herein are true and complete and authorize investigation of all information contained in this application. I understand that my present employer will not be contacted for employment verification until I have become one of the finalists for the position for which I am applying.
- Organizations and persons named herein are authorized to give information regarding me and they are hereby released from all liability for issuing such information.
- I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for employment or dismissal if I have been employed.
- I understand that any regular employment with the City of Burnsville will be contingent upon successful completion of a physical examination, drug/alcohol test, and/or completion of a medical history questionnaire, and a psychological examination for Police, Fire and Dispatcher applicants.

Date

Applicant's Signature

PERSONNEL DEPARTMENT USE ONLY

Action	Notified	Date	Time

To obtain this information in alternative forms such as Braille, large print, audio tape or qualified readers, please contact the City of Burnsville. Telephone: (952) 895-4470, TDD: (952) 895-4567.

Position Applied For: _____ **Date:** _____

This document will be separated from your application before employment consideration by the City of Burnsville.

Furnishing the information below is voluntary. The information will in no way affect you as an individual applicant. The information will not be kept in Personnel files and will not be made available to any person involved in decisions affecting any individual's employment or promotion to a position. The information will be used only for test validation research and reporting on Equal Employment Opportunity and Affirmative Action.

Age: Under 18 _____ 18-39 _____ 40-65 _____ Over 65 _____

Sex: Male _____ Female _____

Ethnic Group:

_____ White _____ African American _____ Hispanic _____ Asian _____ American Indian

Do you have a disability? _____ No _____ Yes

INFORMATION DISCLOSURE: NOTICE TO APPLICANTS

In accordance with M.S. 13.04 Subd. 2 we must inform you of your rights as a subject of government data. The information you give us about yourself is needed to identify you and assist in determining your suitability for the position(s) for which you are applying.

The information that we collect about you is classified as either Public or Private. Public means that it is available to anyone who asks to see it. Private means that the information is available only to the person the information is about and to the staff who must use it in the normal course of conducting City business and as otherwise provided for by law.

Private Data	Why We Ask For It	Are You Legally Obligated to Provide It?	What May Happen If You Don't Provide It?
S.S. #	To distinguish you from all other applicants and to make processing more efficient.	No	In most cases, nothing. However it will help ensure that we do not confuse your records with those of others.
Name	To distinguish you from all other applicants.	Yes	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.
Daytime Telephone	To be able to contact you to determine availability for interview.	No	We may not be able to contact you for interview.
Drivers License #	Necessary for positions that require driving.	No	We may not be able to process your application for a position requiring driving.
Relatives	To assure compliance with the City's nepotism policy.	No	In most cases, nothing. However if hired, failure to do so could result in undue suspicion or embarrassment and may result in disciplinary action.
Sex, Racial/Ethnic Group, Handicapped Status	To be able to make Equal Opportunity reports as required by law and to provide affirmative action in City service.	No	We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring.
Conviction Record	To determine whether we may legally accept an application from you and to determine whether your record may be a job related consideration.	Yes	We will not be able to make determinations required by law.

Your name is considered private until you are certified as eligible for appointment to a vacancy or considered as a finalist. ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC.

**CITY OF BURNSVILLE
ELECTION OF VETERAN'S PREFERENCE
(This form must be completed)**

NAME: _____
(first, middle, last)

Do you wish to claim a veteran's preference?

_____ Yes _____ No

If so, please check the preference you are claiming:

_____ *Veteran (defined as 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).*

_____ *Disabled Veteran (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, which disability is currently existing).*

_____ *Spouse of a deceased veteran.*

_____ *Spouse of disabled veteran who is unable to use preference due to disability.*

NOTE: If you elect to use a veteran's preference, please enclose proper documentation establishing your right to claim the preference.

Signature

Date