

Please return to:
Personnel Department
4100 Lakeview Avenue N
Robbinsdale, MN 55422-1898

City of Robbinsdale

APPLICATION FOR EMPLOYMENT

Dear Applicant,

We welcome you as an applicant for employment. Your application will be considered with others for the position you specify. Qualified applicants are considered for positions without regard to race, color, creed, religion, national origin, political affiliation, disability, marital status, sex, age or public assistance status. This policy applies to full, part-time, temporary and seasonal employment.

Minnesota law requires that you be informed that certain information, which you will be asked to provide in the employment process, is considered private data. Information regarding veteran status, relevant test scores, rank on eligible list, education and training, and work availability is public information. Public information is accessible to anyone. All other personally identifiable information is considered private, that is, not accessible to the public; including but not limited to your name, home address and phone number. The information requested on the application is necessary either to identify you or to assist in determining your suitability for the positions for which you are applying. Refusal to supply the requested information will mean that your application for employment may not be considered. If you are selected as a finalist for a position, your name will become public information. You become a finalist if you are selected to be interviewed by the City of Robbinsdale.

Title & Kind of Work Applied For: _____ Full-Time Part-time

Job Title _____ Temporary Seasonal Date Available: _____

PERSONAL INFORMATION:

Last Name First Name Middle Name Social Security No.

Present Address: _____ City State Zip Code

Home Phone No. Work Phone No.
May we call at work? yes no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon offer of employment.) Yes No.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? (A description of the activities involved in such a job or occupation is attached.) Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

EDUCATIONAL INFORMATION (To be completed only if education is a job requirement)					
Circle the highest grade completed	Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12 or GED	College 13 14 15 16	Post Graduate MA PhD Lib	
SCHOOL	Name and Address of School	Dates From To	Degree Received	Major	Minor
High School or GED	OPTIONAL	n/a			
Vocational/ Technical					
College/ University					
Graduate/ Post Graduate					
Other					

SUPPLEMENTAL INFORMATION

Describe any additional experience, training or skills which qualify you for this job. Include any computer or word processing experience you have had (if applicable). Please review the job description before answering this question.

PROFESSIONAL DESIGNATIONS & LICENSES

List relevant current professional memberships, registrations, or licenses. Include dates first issued. Include drivers license number, class and State of issue, if applicable.

TO BE COMPLETED BY APPLICANTS FOR CLERICAL, ADMINISTRATIVE & FISCAL POSITIONS ONLY
 Typing _____ WPM; Shorthand ability _____ WPM; Computer Software _____

Business Machines: _____
 Bookkeeping Experience: _____

TO BE COMPLETED BY APPLICANTS FOR LABOR & SKILLED TRADE POSITIONS ONLY
 Apprenticeship(s) served or trades learned: _____

Capable of operating the following equipment: _____

EMPLOYMENT HISTORY - Please list past employers beginning with your most recent employment. If necessary, list other employers on additional sheet. Experience and training ratings are determined by this information; please be complete.

Employing Firm _____ Address _____ Phone No. _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and Type of Positions You Supervised _____ _____ % of Time Spent In each area of Responsibility Principal Responsibilities - Be Complete _____ _____ _____ _____ _____ _____ _____ _____	Length of Employment From _____ Month Year To _____ Month Year Hours Per Week _____ Last Salary _____ Reason for Leaving _____ _____ May we contact your present employer? __yes __no If no, explain _____ _____ _____
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Employing Firm _____ Address _____ Phone No. _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and Type of Positions You Supervised _____ _____ % of Time Spent In each area of Responsibility Principal Responsibilities - Be Complete _____ _____ _____ _____ _____ _____ _____ _____	Length of Employment From _____ Month Year To _____ Month Year Hours Per Week _____ Last Salary _____ Reason for Leaving _____ _____ May we contact your present employer? __yes __no If no, explain _____ _____ _____
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Attach Resume for Additional Relevant Work Experience

Job Relevant Volunteer and Unpaid Work Experience

Name of Organization	% of time per responsibility	Major Responsibilities	No. Hrs. Per Month	Years From	To

MILITARY SERVICE (Complete this section if you served in the U.S. Armed Forces.)

Branch of Service _____ Rank of Discharge _____

Describe your duties and any special training _____

CONVICTION INFORMATION

Have you ever been convicted of a crime for which a jail sentence of more than 90 days could have been imposed?

_____ Yes _____ No.

If yes, list:

Conviction date(s)

Nature of Conviction(s)

Evidence of Rehabilitation if applicable.

You may answer "No" to this question if the conviction or criminal records thereof have been annulled, expunged, sealed, set aside or purged, or if you have been pardoned pursuant to law. Before any applicant is rejected on the basis of a criminal conviction, he or she will be notified in writing and will be given any rights to processing of complaints or grievances afforded by Minnesota Statute Chapter 364.

REFERENCES: List the name, addresses and phone number for four non-relatives who can be contacted regarding your qualifications for this position. These should be people familiar with your prior work experience.

Name	Address/Phone

I hereby certify that all answers to the above questions are true and I agree and understand any false statements contained in this application may cause rejection of this application or termination of employment without notice or benefits. I authorize that a transcript may be requested where necessary to verify any educational record.

Further, I agree that my employment is in accordance with any applicable written agreement and applicable personnel practices published to employees and subject to such agreements or practices, may be terminated by me or the City of Robbinsdale at any time.

Signature

Date

CONSENT TO OBTAIN CERTAIN DATA

CITY OF ROBBINSDALE
4100 Lakeview Avenue North
Robbinsdale, MN 55422

You have informed me that in order to process my application for a position with the City of Robbinsdale it will be necessary to obtain data on me which may be kept by any county, city, school district or other educational institution, or other political subdivisions and the State of Minnesota. I understand that the following types of data are among those pertinent to the review of my application:

Educational Records
Military Records
Employment Data
Arrest Records
Conviction Records
Drivers License Records

The following states, counties, cities, school districts and other political subdivisions may have such data on me (please list):

No other government source of such data exists.

I hereby consent to the release of such data from said sources to the Police Department of the City of Robbinsdale. In giving my consent, I understand that while the data gathered will be used for the limited purpose of evaluating my application, the data once gathered will be subject to classification under the Minnesota Government Data Practices Act and if classified as public, may be released by the City of Robbinsdale without my consent or further release to me. The consent which I hereby give, shall remain in effect until such time as a final determination of my application, or one year from this date, whichever shall occur first.

Signature of Applicant

Date

APPLICANT FLOW SURVEY

The information requested in the following questions will not affect you as an applicant. It will not be used to illegally discriminate. It will be used to determine if our recruitment efforts are reaching all segments of the community and to meet Federal reporting requirements. The information may be used for affirmative action purposes.

We would appreciate your assistance in our efforts to ensure Equal Employment Opportunity. Providing this information is strictly voluntary.

NOTE: UPON RECEIPT BY THE CITY, THIS FORM WILL BE IMMEDIATELY SEPARATED FROM THE REST OF THE JOB APPLICATION AND KEPT IN A CONFIDENTIAL FILE SEPARATE FROM YOUR APPLICATION.

City and State in which you reside:

City: _____ **State:** _____

Title of position for which you are applying: _____

Age Group	
_____ 16-25	_____ Over 40
_____ 26-39	

Gender
_____ Male
_____ Female

What Race/Ethnic Group Do You Consider Yourself?		
_____ White	_____ Asian American	_____ American Indian
_____ Black	_____ Spanish Surname	_____ Other

Do You Have a Disability?	How Did You Learn About This Job?
<input type="checkbox"/> No <input type="checkbox"/> Yes – Amputee <input type="checkbox"/> Yes – Blind <input type="checkbox"/> Yes – Cardiac <input type="checkbox"/> Yes – Deaf <input type="checkbox"/> Yes – Diabetes <input type="checkbox"/> Yes – Epilepsy <input type="checkbox"/> Yes – Paralysis <input type="checkbox"/> Yes – Alcoholism <input type="checkbox"/> Yes – Mental <input type="checkbox"/> Yes – Other (describe below) _____ _____ _____	<input type="checkbox"/> Private Employment Agency Name: _____ <input type="checkbox"/> Public Employment Agency: Name: _____ <input type="checkbox"/> Minneapolis Star Tribune <input type="checkbox"/> Other Local Newspaper Name: _____ <input type="checkbox"/> College/Technical School/High School Name: _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Robbinsdale, City of, Employee <input type="checkbox"/> Minority Group Referral Source Name: _____ <input type="checkbox"/> Other (be specific) _____ _____

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veterans 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.

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 supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? Yes No

If you answered "yes", your DD214, or other documentation, must be received no later than 7 calendar days after the application deadline for the position.

VETERAN'S PREFERENCE POINTS APPLICATION	
Veteran: <input type="checkbox"/> Self <input type="checkbox"/> Spouse	If spouse, veteran's name:
Branch of Service:	Period of Active Duty: From _____ To _____
Rank at Discharge: Type of Discharge:	Date of Final Discharge: Service No:
Are you receiving or eligible for a military pension? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preference Requested: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Spouse of Deceased Veteran	

Your preference points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation: is attached. will be submitted with 7 days of application deadline.

<p>FOR OFFICE USE ONLY</p> <p><input type="checkbox"/> 5 points</p> <p><input type="checkbox"/> 10 points</p>
