

City of Shorewood Employment Application

The City of Shorewood welcomes you as an applicant for employment. Your application will be considered along with other applications received. It is the policy of the City of Shorewood that applicants and employees will not be discriminated against on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability and age in all aspects of our personnel policies, programs, practices and operations. This policy applies to full-time, part-time, temporary, and seasonal employment.

Portions of the information contained in this application will be considered personal and confidential and will be used only in conjunction with your possible employment. Please provide us with complete information. You are encouraged to attach any additional information you believe qualifies you for the position.

Please use **INK** or a **TYPEWRITER** when completing this application.

Name:

Last	First	Middle
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Address:

Number	Street	Apt. Number
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City	State	Zip Code
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Phone:

Home	Work
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Social Security Number : _____ = _____ = _____

Are you a citizen of the United States? Yes No

If you are not, do you have Bureau of Immigration approval to work in the U.S.A.?
(If hired by the City you are required to show proof of eligibility.)

Are you willing and available to work overtime and shift work? Yes No

Have you served a sentence in jail or been convicted for a misdemeanor or felony for which a jail sentence could have been imposed?

Yes No

(You may answer "no" if the conviction or criminal records have been annulled, sealed, set-aside, or purged or if you have been pardoned pursuant to the law.)

If "yes," please attach a separate sheet with an explanation. Information concerning this question will not be used to automatically bar you from employment.

Type of Work: Permanent Part-Time Temporary Seasonal

Date Available: _____

Circle the highest High School College Post Graduate
Grade Completed: 9 10 11 12 or GED 13 14 15 16 MA or PhD

Position Applying for: _____

Educational Information

School	Name and address of School	Course of Study	Last year completed				Did you Graduate?		List Diploma or degree obtained
			1	2	3	4	Yes	No	
High School									
College									
Other (Specify)									

Special Skills and Qualifications

List any correspondence courses, seminars, workshops, training, and skills acquired that might relate to this position and summarize special job-related skills and qualifications acquired from employment or other experience.

List any current licenses, registrations, or certificates that you possess. Include drivers license number, class and State of issue.

TO BE COMPLETED BY APPLICANTS FOR CLERICAL, ADMINISTRATIVE, AND FISCAL POSITIONS ONLY:

Typing Ability: Yes No Shorthand Ability: Yes No

WPM: _____ WPM: _____

Business Machines and Experiences:

Bookkeeping Experiences:

TO BE COMPLETED BY APPLICANTS FOR LABOR AND SKILLED TRADE POSITIONS ONLY

Apprenticeship(s) served or trades learned:

Capable of operating the following equipment:

Employment Experience (Start with the most recent employer)

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

***If you need additional space please write on the back of this sheet**

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise identified by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause during the probational period. Following the probation period, discipline and discharge will be for just cause and will be applied on a nondiscriminatory basis. It is further understood that the employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the City.

In the event of employment, I understand that incomplete or inaccurate 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 employer.

This employer has the right to verify information provided in this application. False information may subject an applicant to rejection for employment and the penalty provisions of applicable Minnesota Statutes.

Signature of Applicant

Date

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 veteran who became 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

VETERANS PREFERENCE POINTS APPLICATION

Veteran _____ Self _____ 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? _____ Yes _____ No

Do you have a compensable service-related injury? _____ Yes _____ No

Preference Requested: _____ Veteran _____ Disabled Veteran

_____ Spouse of Disabled Veteran _____ 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
 within 7 days of deadline