

APPLICATION FOR EMPLOYMENT

CITY OF GLENCOE, MINNESOTA

(07-06)

- Follow instructions carefully
- Provide detail – do not use “see resume”
- If accommodation or assistance is needed in completing this application, contact the employing agency.
- Print or type
- Check for errors & signature before submitting

Position applying for:	City Department	Date (day/mo/year)
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General Information

Name (Last, First, Middle Initial)	Work Telephone	Home Telephone	Email Address	
Mailing Address	City		State	Zip Code

Have you ever applied for a position with the City of Glencoe in the past?
 No Yes If yes, please indicate the position(s) applied for and the date(s).

Can you provide proof, if hired, that you are eligible to work in the United States? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
 If yes, please explain _____
 (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)

How did you learn about this opening?

Veteran's Preference

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans subject to the provision of MN Statute 43A.11. Under this statute “qualified” is described as: Separated under honorable conditions from any branch of the armed forces of the U. S. 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 U.S. or resident alien; or be a surviving spouse of a deceased veteran or the spouse of a disabled veteran who because of the disability is not able to qualify; or has active service as a reservist; or be a military retiree. The information provided will be used to determine your eligibility for veterans’ preference points. You are not required to supply this information; however, we cannot award veterans’ preference points without it.

- Veteran No Yes – Attach DD-214, Report of Separation
- Disabled Veteran No Yes – Attach DD-214 & letter less than 1 yr. old from veterans’ administration indicating disability
- Spouse of Disabled Veteran No Yes – Attach copy of marriage certificate, DD-214, & letter less than 1 yr. old from veterans’ administration indicating disability
- Spouse of Deceased Veteran No Yes – Attach copy of marriage certificate, DD-214, & veteran’s death certificate

Education and/or Training

Did you graduate from high school or receive a GED Certificate? Yes No

SCHOOL NAME AND LOCATION <small>(college, business, nursing, vocational, or other)</small>	Number of Credits		Field		Did you graduate?	Diploma or degree earned
	Qtr.	Sem.	Major	Minor		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Computer skills, related volunteer experience, and other education/training/skills:

License or Certification

License/Certification	State	Profession	License/Certification #	Expiration Date

Employment History: (Provide detail; do not use "see resume.")

- Start with your current or last job – include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- Complete pages 3 and 4 if you have additional employment history.

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
1.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	
2.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	
3.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

Go on to page 3 if you have additional employment history.

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed. A typed name is considered a signature.

_____ Date _____

Applicant's Signature

Equal Opportunity Employer

The City Of Glencoe does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment. Equal access to programs, services and employment is available to all people. Those applicants requiring reasonable accommodation with filling out the application and/or special needs for the interview process should notify a representative of the City of Glencoe.

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**GENERAL AUTHORIZATION AND RELEASE
PURSUANT TO MINNESOTA STATUTE 13.05, SUBD. 4
MINNESOTA DATA PRACTICES ACT**

To:

I _____, hereby authorize and grant my informed consent to permit you to release and to make available to the Glencoe Police Department and/or its agents and/or representatives data classified as private, which concerns me and which may be in your possession. The data, which I authorize to be released, consists of private data, as defined by Minnesota Statutes 13.02, subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which this release is authorized includes all data, which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the Glencoe Police Department to have access to this information is to determine my suitability for employment with the Glencoe Police Department. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the Glencoe Police Department including verification of my records and analysis by consultant to the Glencoe Police Department who may review my suitability for employment.

I hereby authorize and grant my informed consent to permit you to make photocopies for the Glencoe Police Department of data, which concerns me and is your possession.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the Department or to you of that fact.

(Signature)

(Date)

Release: Type 1

CITY OF GLENCOE
TENNESSEN WARNING

At this time you are about to be asked to supply private or confidential information about yourself. Before supplying such information, you are hereby informed of the following:

- A. You are being asked to supply this information to assist in the investigation of alleged employee misconduct. The information you supply will be used to determine if such misconduct did, in fact, occur. If it is determined that misconduct occurred, it will be used to determine what, if any, disciplinary or remedial action should be taken.
- B. You are advised that you are required to supply the requested information as part of your employment responsibilities.
- C. If you supply the requested information it may be used as a basis for taking disciplinary or remedial action. Additionally, you may be required to testify about it at later hearings. If you refuse to supply the requested information, you may be subject to disciplinary action for such refusal.
- D. You are advised that the following persons or entities may be authorized by law to receive this data:
- Involved Supervisors and Administrators
 - Labor Union Representatives
 - Arbitrators and Administrative Hearing Examiners
 - Law Enforcement Agencies
 - State and Federal Courts
 - Human Rights Agencies
 - Your Authorized Representative
 - Minnesota Department of Economic Security
 - Minnesota Department of Labor and Industry
 - Minnesota Department of Employee Relations
 - Veterans Preference Board
 - Personnel Department
 - Attorneys representing any of the above individuals or entities.

This is to certify that I have read and understand the above mentioned information. As a result, I have decided to proceed as follows:

_____ Agree to supply the requested private or confidential information.

_____ Refuse to supply the requested private or confidential information.

Date: _____ Signature of Member _____

Time: _____ Witness _____