

City of Pine River
200 Front Street
PO Box 87
Pine River, MN 56474
218-587-2440

APPLICATION FOR EMPLOYMENT

Position Applied For: _____

Department: _____ Date: _____

PERSONAL INFORMATION

Name: _____
Last *First* *Middle*

Address: _____
Street *City* *State* *Zip*

Phone: _____
Home *Work*

Are you legally eligible for employment in the U.S.A.? Yes No (if yes, verification will be required)

Are you eighteen years of age or older? Yes No Social Security Number: _____

Driver's License # _____ State Issued: _____ Type: _____

Were you in the U.S. Armed Forces? Yes No

Are you presently or have you previously been employed by us? Yes No If yes, when? _____

Do not answer this question unless you are informed about the requirements of the job for which you are applying.

Are you able, either with or without reasonable accommodations, to perform the essential functions of the job for which you are applying? Yes No

EDUCATIONAL INFORMATION

Circle the highest grade completed:

Elementary
1 2 3 4 5 6 7 8

High School
9 10 11 12 GED

College
13 14 15 16

Post Graduate
MA MS PHD JD

Did you graduate from high school? Yes No Name of High School: _____

Name and location of college, university, and/or technical schools	Dates of Attendance	Major/minor or study area	Degree received

EMPLOYMENT DESIRED

Type of employment desired: Full-time Part-time Seasonal/Temporary

Salary desired: _____ Date available: _____

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

If no, explain:

EMPLOYMENT HISTORY

Please give accurate, complete employment information. List your present or most recent experience first. Attach additional sheets if necessary.

PRESENT/PREVIOUS EMPLOYER

DATES OF EMPLOYMENT

Employer: _____ Phone number: _____ From: _____ To: _____

Address: _____ Hours per week: _____

Supervisor's Name & Title: _____ Salary/hourly rate: _____

Your Title: _____ Number & types of positions you supervised: _____

Reason for leaving: _____

Principle Responsibilities (be complete):

PRESENT/PREVIOUS EMPLOYER

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Address: _____ Hours per week: _____

Supervisor's Name & Title: _____ Salary/hourly rate: _____

Your Title: _____ Number & types of positions you supervised: _____

Reason for leaving: _____

Principle Responsibilities (be complete):

JOB RELEVANT VOLUNTEER EXPERIENCE OR UNPAID WORK EXPERIENCE

1. Organization: _____ Phone number: _____ From: _____ To: _____

Address: _____ Hours per week: _____

Supervisor's Name & Title: _____

Principle Responsibilities (be complete):

2. Organization: _____ Phone number: _____ From: _____ To: _____

Address: _____ Hours per week: _____

Supervisor's Name & Title: _____

Principle Responsibilities (be complete):

3. Organization: _____ Phone number: _____ From: _____ To: _____

Address: _____ Hours per week: _____

Supervisor's Name & Title: _____

Principle Responsibilities (be complete):

COMPUTER EXPERIENCE

Word Processing ability: Yes No

List specific COMPUTER HARDWARE AND SOFTWARE with which you have experience

List types of Hardware/Software

Number Years of Experience

Training:

Experience:

APPRENTICESHIPS – LICENSES - CERTIFICATES

Apprenticeships served or trades learned:

Licenses/Certificates held (indicate license number and expiration date):

PROFESSIONAL REFERENCES:

These should be people in a position to discuss your qualifications for the position you seek. Include managers, directors, or supervisors under whom you worked. The City reserves the right to contact all prior employers, educational institutions, or institutions where you have volunteered in addition to references listed below

List people who know you well, preferably from a work environment. Do not use acquaintances or relatives.

Name: _____ Address: _____

Phone: _____ Occupation: _____
(Cell) (Home)

Name: _____ Address: _____

Phone: _____ Occupation: _____
(Cell) (Home)

Name: _____ Address: _____

Phone: _____ Occupation: _____
(Cell) (Home)

CLAIM FOR VETERAN'S PREFERENCE

**Complete this section ONLY if you are a veteran AND are claiming Veteran's Preference.
A photocopy of your DD214 must accompany this claim sheet.**

Are you a U.S. Citizen? Yes No

Have you served on active military duty without interruption for 181 days or more? Yes No

Type of Separation: Honorable Medical Other

Did you receive an honorable release from active duty and transfer to reserves? Yes No

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

FOR DISABLED VETERANS

Percent of service-connected disability: _____%

Currently Existing? Yes No

Have you ever been promoted in City of Pine River employment? Yes No

(Note: Letter from VA in proof of disability must be submitted by the closing date to receive points).

FOR SPOUSES OF DECEASED VETERANS

Date of Death: _____ Have you remarried? Yes No

(Note: A Photocopy of spouses' death certificate must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran).

FOR SPOUSES OF DISABLED VETERANS

Spouse's Present Occupation: _____

(Note: A letter from VA in proof of disability must be submitted by the closing date to receive points).

AFFIDAVIT

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

Signature _____

Date _____

Social Security Number: _____ - _____ - _____

CRIMINAL BACKGROUND CHECK

All employment offers are conditioned upon the applicant passing a criminal background check. Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work sought. However, making false statements or withholding information will cause you to be barred from employment, or removed from employment.

IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION

In accordance with the Minnesota Government Data Practices Act, the City of Pine River is required to inform you of your rights as they relate to the private information collected from you. The following data is public information and is accessible to anyone: veteran’s status, relevant test scores, rank on eligibility list, education and training, job history and work availability. As an applicant, your name is considered private unless you are selected to be interviewed by the appointing authority prior to selection.

The information requested on the application is necessary, either to identify you or to assist in determining your suitability for the position for which you are applying. You may legally refuse, but refusal to supply the requested information will mean that your application for employment may not be considered.

If you are selected for employment with the City, the following additional information about you will be public: name; actual gross salary; salary range; contract fees; actual gross pension; the value and nature of employer paid fringe benefits; the basis for and the amount of any added remuneration, including expense reimbursement in addition to salary; job title; job description; education and training background; previous work experience; date of first and last employment; the status of any complaints or charges against the employee whether or not the complaint or charge resulted in a disciplinary action; the final disposition of any disciplinary action and supporting documentation; work location; a work telephone number; badge number; honors and awards received; payroll time sheets or other comparable data entry that are only used to account for employee’s work time for payroll purposes, except to the extent that release of time sheet data would reveal the employee’s reasons for the use of sick or other medical leave or other not public data; and city and county of residence. Anything not previously listed which is placed in your application folder or your personnel file (such as medical information, letters of recommendation, resumes, etc.) is made private information by law.

I understand that any 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 release such employers and individuals from all liability or damages whatsoever that may arise from furnishing this information.

Applicant’s Signature

Date

POLICE DEPARTMENT APPLICANTS ONLY

Inconsideration of being permitted to apply for the position herein, I voluntarily assume all risks in connection with my participating in any tests the City deems necessary to determine my fitness and eligibility and I release and forever discharge the City of Pine River, its officials, officers, and employees from any and all claims for any damage or injury that I might sustain.

Applicant’s Signature

Date

**CITY OF PINE RIVER
BACKGROUND CHECK
DATA PRACTICES ADVISORY**

Read this Advisory before providing protected information on the next page and completing the "Consent for the Release of Information".

As an applicant for employment or as a current employee with the City of Pine River, you are being asked to provide information about yourself that will be used to evaluate your suitability for the employment you are seeking or the employment you hold with the City.

The purpose and intended use of the data required is to conduct the background inquiries which this City uses to establish your suitability for the employment you are seeking and/or continued employment with the City of Pine River. A complete criminal history and driver's license check are conducted to determine whether there are any job-related factors that affect your suitability for employment.

Data We May Request	Intended Use
All names you are known by or have been known by (to include maiden name, previous married names, alien names, and nicknames).	To conduct a complete criminal history and background check
Date of Birth	To access driver's license & criminal history data
Gender	To access driver's license & criminal history data
Fingerprints	To access criminal history data
Driver license number(s)	To access driver's license data

This data will be used solely for the above-mentioned purposes. This data will be forwarded to the appropriate City staff and/or consultants as determined necessary for completion of the background check.

You are not legally required to provide the requested information. However, if you do not, the City of Pine River will be unable to conduct the required background inquiries and will not be able to consider you for employment. Current employees that fail to provide the requested information may be subject to disciplinary action.

I, _____, have read and understand the information stated above.

Applicant/Employee Signature

Date

TENNESSEN WARNING FOR EMPLOYEES

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Pine River during the application process or during employment.

Any information about yourself that you provide to the City during the application process will be used to identify you as an applicant and to assess your qualifications for employment with the City. If you wish to be considered for employment, you are required to provide the information requested in the Application for Employment. If you refuse to supply information requested by the City, it may mean that your application will not be considered.

You are hereby advised that, under Minnesota law, the following information about you must be made available to any member of the public who requests it:

- Veteran Status;
- Relevant test scores;
- Rank on eligible list;
- Job history;
- Education and training;
- Work availability.

Your name will not be made available to the public unless you are selected to be interviewed by the City.

All other information about yourself that you provide during the application process or during employment with the City is classified as private under State law. That is, the information may not be provided to members of the public except:

- Persons authorized to have access to the information under state or federal law;
- Persons authorized by court order to have access to the information; and,
- Persons to whom you consent in writing to have access to the information

All individuals in the City who need to know information will have access.

Employee: I have read and understand the above Tennessee Warning.

Print Name

Signature

Date