**CITY OF BROWNS VALLEY**

**19 3rd Street South, PO Box 334,**

**Browns Valley, MN 56219**

**320-695-2110**

**APPLICATION FOR EMPLOYMENT**

**NOTICE TO APPLICANTS – WELCOME**

The City of Browns Valley appreciates your interest in a position with the City. Your application will be considered in competition with others for the position you have listed on this form. The City is committed to the policy that all persons shall have equal access to its programs, facilities and employment without regard to race, color, creed, religion, national origin, marital status, disability, sexual orientation, status with regard to public assistance, political affiliation, sex or age.

**NOTICE TO APPLICANTS - INSTRUCTIONS FOR COMPLETING APPLICATION**

1. Fill out a separate application for each job applying for if applying for more than one.
2. Read the Job Announcement carefully to be Sure you meet all minimum requirements.
3. Applications are accepted only for the job posted and must be received (not postmarked) by the City by the stated deadline. The City is not responsible for failure of other agencies to forward application by the deadline.
4. All material submitted in support of your application becomes the property of the City of Browns Valley and cannot be returned. Work samples, letters of recommendation, etc., should not be submitted at the time of application.

**NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

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Street City/State/Zip

**PHONE / E-MAIL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home) (Work) **(E-Mail Address)**

**Are you 18 years old or over?** \_\_\_\_\_Yes \_\_\_\_\_No If NO, please provide your date of birth:\_\_\_\_\_\_\_\_\_\_\_\_

**What position are you applying for:**

**Date Available for Work: Desired Salary:**

**Have you ever worked for the City of Browns Valley? Yes No**

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**Do you have any relatives working for the City of Browns Valley? Yes No**

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**STATEMENT OF INTEREST:**

Give a brief statement of why you are interested and feel qualified for the position:

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**EDUCATION:**

High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle: GED or Diploma

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College/Vocation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**WORK HISTORY**

CURRENT/MOST RECENT EMPLOYER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Supervisor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this person?\_\_\_\_\_\_ Your Position/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Duties\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PRIOR EMPLOYER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Supervisor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this person?\_\_\_\_\_\_ Your PositionTitle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Duties\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Your Supervisor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this person?\_\_\_\_\_\_ Your PositionTitle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Duties\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Primary Duties\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Attach additional sheets as necessary**

**EXPERIENCE**

Describe any past training or experience; paid or unpaid, that has prepared you for this job:\_\_\_\_\_\_\_\_\_\_\_

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Please list any certifications that would be applicable to this position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list experience with equipment or machines that would be applicable to this position:\_\_\_\_\_\_\_\_\_\_\_

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Do you have a valid driver’s license? \_\_\_ Yes \_\_\_ No Do you have a Class B license? \_\_\_Yes \_\_\_No

**PROFESSIONAL REFERENCES**

Please give the name and contact info of 3 people who can be contacted regarding your qualifications and work habits.

**NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

**ADDRESS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City/State/Zip

**PHONE / E-MAIL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home) (Work) **(E-Mail Address)**

**NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Street City/State/Zip

**PHONE / E-MAIL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home) (Work) **(E-Mail Address)**

**NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Street City/State/Zip

**PHONE / E-MAIL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home) (Work) **(E-Mail Address)**

I understand that nothing in this employment application is intended to lead to or create an employment contract between the City of Browns Valley and myself. I further understand and agree that the City or myself may terminate the employment relationship that may result from my application at any time.

***\*\*Please sign and date your application. You must also fill out the attached Addendum to Application of Employment, Veteran’s Preference form and Background Investigation form \*\****

**Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*The City of Browns Valley is an equal opportunity provider and employer.*

ADDENDUM TO **For Office Use**:

**APPLICATION OF EMPLOYMENT** Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY OF BROWNS VALLEY Date Rec’d:\_\_\_\_\_\_\_\_\_\_

Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIVATE ADMINISTRATION DATA FOR EQUAL EMPLOYMENT OPPORTUNITY**

**INSTRUCTIONS**

The policy and intent of the City of Browns Valley is to provide equal employment opportunity for all persons regardless of race, color, creed, religion, national origin, marital status, disability, sex, age, or status with regard to public assistance.

**INDIVIDUALS WILL SEPARATE THIS SHEET FROM YOUR APPLICATION OTHER THAN THOSE WHO MAKE EMPLOYMENT DECISIONS AND THE REQUESTED INFORMATION WILL IN NO WAY AFFECT YOU AS AN INDIVIDUAL APPLICANT**. This information will be used to determine the effectiveness of our recruiting efforts in reaching all segments of the population and in validation of our selection methods.

Although **providing this information is voluntary**, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the selection of employees for the City of Browns Valley.

Which sex are you? Male\_\_\_\_\_ Female\_\_\_\_\_

Of the following, what racial/ethnic group do you consider yourself?

\_\_\_\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_\_\_\_ Black (Non-Hispanic Origin)

\_\_\_\_\_\_\_\_ Hispanic

\_\_\_\_\_\_\_\_ White (Non-Hispanic Origin)

\_\_\_\_\_\_\_\_ Asian or Pacific Islander

Do you consider yourself to be disabled: Yes\_\_\_\_\_ No\_\_\_\_\_

(Disabled means any person who has a physical or mental impairment that materially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.)

How did you learn about this job?

\_\_\_\_\_\_\_\_ Newspaper Want Ad

\_\_\_\_\_\_\_\_ City Website

\_\_\_\_\_\_\_\_ Other Source (please list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your assistance

**PLEASE INSERT THIS PAGE INTO THE COMPLETED APPLICATION FORM AND RETURN.**

**VETERAN’S PREFERENCE**

The following summarizes the major points of M.S. 43A.11 as amended, which now governs the granting of veteran’s preference at both the state and local levels. This chapter may be ordered from the Documents Section, Department of Administration, 117 University Avenue, St. Paul, Minnesota 55155.

A. General Requirements: Applicants must meet all of the following to qualify for any preference points:

1) Meets qualifications of position and/or received final passing score in the exam process without addition of preference points.

2) Separated under honorable conditions from any branch of the armed forces of the United States.

3) Served on active duty for 181 consecutive days or more or was separated by reason of disability incurred while serving on active duty.

4) Is a United States citizen.

5) Is not eligible for or currently receiving a monthly veteran’s pension benefit based on length of military service.

B. Points Granted:

1) Five (5) points granted to a non-disabled veteran who meets all of the General Requirements.

2) Five (5) points granted to a spouse (if not remarried) of a deceased veteran who meets all of the General Requirements.

3) Ten (10) points granted to a disabled veteran who meets all of the General Requirements if:

a) the veteran has a compensable service-connected disability as judged by the United States Veterans Administration or by the Retirement Board of the Branches of the Armed Forces.

b) the disability exists at the time preference is claimed.

4) 10 points granted to the spouse of a disabled veteran who meets all of the General Requirements and the requirements listed in 3 above, but who is unable to qualify because of the disability.

**VETERAN’S PREFERENCE DECLARATION**

**DIRECTIONS**: Complete *either* item number 1 or item number 2 below; *sign*, and insert this form into the completed application form.

1. I am eligible to receive \_\_\_\_\_ preference points. I certify that I am eligible to receive the preference so declared based on my understanding of the provisions of Minnesota Statutes 43A.11. I further certify that I served in the following branch of the armed forces of the United States: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on active duty for 181 or more consecutive day’s from:\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ and was separated under:

(MM/DD/YY) (MM/DD/YY)

\_\_\_\_\_\_\_\_\_\_ honorable conditions

\_\_\_\_\_\_\_\_\_\_ disability incurred while serving on active duty. (Please include a copy of your DD #214)

I am not eligible for or currently receiving a monthly veteran’s pension benefit based exclusively on length of

military service.

If I have declared ten (10) preference points, I hereby certify that I am a disabled veteran with a compensable service connected disability as judged by the U.S. Veteran’s Administration or by the retirement boards of the branches of the armed forces, that the disability exists at this time, and that the disability would not, to the best of my knowledge, prevent me from completely performing essential functions of the position I have applied for.

DATE:

NAME:

SIGNATURE:

2. I do not claim veteran’s preference points.

DATE:

NAME:

SIGNATURE:

**Please return completed form with application**

**BACKGROUND INVESTIGATION**

As an applicant for employment with the City of Browns Valley, you are being asked to provide information about yourself, which will be used to evaluate your suitability for this type of employment.

The purpose of this background investigation is to review information concerning criminal and non-criminal history, which reflects upon the character of you as an individual. The Police Department will be involved in this screening process. This process will include, but not be limited to, all incidents of police contact in the areas of domestic abuse, child abuse, sexual misconduct, fraud, theft, abuse of controlled substances, alcohol abuse, driving record and/or other incidents or information (conviction data, incident data, neighborhood data) which may be relevant during the hiring process for City of Browns Valley positions.

The purpose and intended use of this data is to conduct the background inquiries under applicable City of Browns Valley policies before offering employment to a perspective applicant. The specific use for each category of data is described below:

1. To conduct a criminal history and background check name(s) by which an applicant is known must be listed.

2. In order to access driver’s license data, date of birth must be supplied.

3. In order to access criminal history data, date of birth and gender must be supplied.

4. A criminal history, background check and driver’s license check are required minimum selection standards under applicable City policy in order to determine whether there are any job-related factors which affect the applicant’s suitability for employment.

**This data will be used solely for the above-mentioned purposes. The data will be forwarded to the appropriate City staff and/or consultants as determined necessary for completion of the background investigation. This data may also be used for other purposes necessary for the administration of law, rule or ordinance but will be disseminated only as required by law.**

***I agree that the decision to continue employment with The City of Browns Valley is contingent upon the results of my background check and certify that all statements and answers on my application, resume, interview and this document are true and complete to the best of my knowledge. I understand that if any statements are found to be false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment.***

***I understand the above stated information and confirm that I have provided The City of Browns Valley with all necessary information. I also agree that as a condition of employment with the City of Browns Valley, that I will promptly inform my supervisor or the Director of Human Resources, at the City, verbally and in writing, of any criminal convictions, other than minor traffic violations that occur after this date.***

You are not legally required to provide the requested information. However, if you do not, the City of Browns Valley will be unable to conduct the required background inquiries and will not be able to process your application and the City of Browns Valley will not be able to consider you for employment.

**\*PLEASE DO NOT FILL OUT THIS FORM IF YOU ARE UNDER THE OF AGE 18\***

YOUR FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

OTHER NAMES YOU HAVE BEEN KNOWN TO USE:

YOUR CURRENT ADDRESS:

City State Zip Code

OTHER STATES IN, WHICH YOU HAVE RESIDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Day Year

I hereby authorize the City of Browns Valley to use this information to determine my suitability for employment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date