



CITY OF THIEF RIVER FALLS

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Thief River Falls Minnesota 56701
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EMPLOYMENT APPLICATION

The City of Thief River Falls appreciates your interest in a position with the City. The City of Thief River Falls is committed to a policy of equal opportunity in employment without regard to race, color, creed, religion, national origin, marital status, disability, status with regard to public assistance, sexual orientation, sex, age, or any other category protected by law. **Persons with disabilities who wish to apply for employment with the City of Thief River Falls and need reasonable accommodation in the application process may contact the City Administrator's Office at the address or phone number listed above.**

WORK PREFERENCE

Position for which you are applying:	Employment interest:
	Full-Time <input type="checkbox"/>
	Part-Time <input type="checkbox"/>
	Temporary <input type="checkbox"/>

PERSONAL INFORMATION

Name		Last		First		Middle	
Present address		Street		City		State	
						Zip	
Permanent address		Street		City		State	
						Zip	
Date of application		Date available to work		Home phone number		Other phone number	
Are you at least 18 years old?		Yes <input type="checkbox"/> No <input type="checkbox"/>		May we contact you at this number?		May we contact you at this number?	
If no, please give date of birth		____/____/____		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you legally eligible to work in the United States?		In accordance with the Immigration Reform and Control Act of 1986, the City only hires U.S. citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or a legalized alien program. Failure to provide said documentation will result in dismissal.					
Yes <input type="checkbox"/> No <input type="checkbox"/>							
Do you have any relatives working for the City of Thief River Falls?				Have you previously been employed by the City of Thief River Falls?			
Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, in what position: _____				If yes, date(s) _____ Position _____			
Do you wish to claim Veteran's Preference for this application process? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, you must complete a Veteran's Preference Claim Form and return it along with this application, and any other required supporting documentation.							

EDUCATION AND TRAINING

Type of School	Name & Location	Graduate	Degree, Diploma, or Certificates
High School or GED		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade/Business/ Vocational		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or University		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or University		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (Skilled Trade)		Yes <input type="checkbox"/> No <input type="checkbox"/>	

SPECIAL SKILLS/TRAINING/LICENSES/MEMBERSHIPS

Please list your current relevant professional memberships, licenses, training certificates, or registrations:		
	CLASS	EXP.DATE
LICENSES (Driver's License, Water Operator's, etc.)		
JOB-RELATED TRAINING CERTIFICATES MEMBERSHIPS REGISTRATIONS		EXP.DATE
EQUIPMENT OPERATION EXPERIENCE (Please List)		
Please list any computer programs you are proficient in and indicate the numbers of years of experience you have with each:		

EMPLOYMENT HISTORY

Please list complete employment history with most recent first. Do not specify the dates for employment over ten years ago; however, do indicate the total number of years and months you worked at that job. Also include relevant volunteer work experience.

Employing Firm:	Length of Employment:
Address	From (mo/year)
Phone Number:	To (mo/year)
Your Title:	Hrs worked per week:
Responsibilities:	Last Salary:
	May we contact <input type="checkbox"/> Yes
	this employer? <input type="checkbox"/> No
	If no, explain:
Reason for Leaving:	
Employing Firm:	Length of Employment:
Address	From (mo/year)
Phone Number:	To (mo/year)
Your Title:	Hrs worked per week:
Responsibilities:	Last Salary:
	May we contact <input type="checkbox"/> Yes
	this employer? <input type="checkbox"/> No
	If no, explain:
Reason for Leaving:	
Employing Firm:	Length of Employment:
Address	From (mo/year)
Phone Number:	To (mo/year)
Your Title:	Hrs worked per week:
Responsibilities:	Last Salary:
	May we contact <input type="checkbox"/> Yes
	this employer? <input type="checkbox"/> No
	If no, explain:
Reason for Leaving:	

Please attach additional sheets if necessary

REFERENCES

Please provide the name, address, and telephone number of three work-related references. City staff may contact these references at any point in the selection process.

Name	Address	Phone
1		
2		
3		

DATA PRACTICES ADVISORY/TENNESSEN WARNING

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.

Information requested on your application that is defined by State Statute as public that may be released on request includes job history, education and training, rank on our eligibility list, relevant test scores, veteran's status, and work availability.

Your name is private except when you are certified as eligible for appointment to a vacancy or selected as a finalist for the position. Certain other information requested on your application is private and may be released only to you or to entities authorized access by law (MS 13.02, Subd 12.).

Private data being requested above includes:

NAME: Used to identify you in relation to other applicants. You are legally required to provide your name. Failure to provide this information may result in a delay in processing or rejection of your application.

PRESENT/PERMANENT ADDRESS/HOME TELEPHONE: Used to contact you regarding your application's status. You are not legally required to provide this information. Failure to provide this information may result in a delay in processing or notifying you of your application status.

AGE RANGE: Used to accurately certify applicants for certain types of work according to State law. You are legally required to provide this information. Failure to provide this information may result in your rejection as an applicant for this position.

WORK ELIGIBILITY: Used to certify applicants for work in the United States as determined by laws of the United States Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application.

LICENSE INFORMATION: Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in your rejection as an applicant for this position.

The information that is classified as private under State law may not be provided to members of the public except to: 1) persons authorized to have access to the information under state or federal law; 2) persons authorized by court order to have access to the information; 3) persons to whom you consent in writing to have access to the information; and 4) all individuals in the City, and its agents, who need to know the information.

I authorize investigation of all statements contained in this employment application as may be necessary to arrive at an employment decision. I certify that all answers given here are true and I understand that any false information on or omission of information from this application will be cause for rejection of this application or termination of employment without notice or benefits.

APPLICANT SIGNATURE: _____ **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 veteran's preference points you must:

- 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 disability, is unable to qualify; and,
- 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 position applied for must be included.

VETERAN'S 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 Discharge: _____ Service No.: _____

Are you receiving or eligible for a military pension? Yes No

Do you have a compensable service related disability? 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 instruction above). If the documentation is not attached, it must be received by 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.

SIGNATURE: _____

DATE: _____

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

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The City of Thief River Falls is an equal opportunity employer. It is the policy of the City of Thief River Falls to provide equality in employment to all persons. This policy expressly prohibits discrimination because of race, creed, color, religion, national origin, sex, sexual orientation, marital status, status with regard to public assistance, disability, membership, or activity in a local human rights commission, age, or any other basis protected by law, except where there is a bona fide occupational qualification. This policy applies to all phases of employment including, but not limited to: recruitment, hiring, placement, promotion, demotion, transfer, layoff, recall, discharge, rates of pay or other forms of compensation, and selection for training. This policy also applies to the use of all facilities and participation in all city-sponsored employee activities.

The information asked of you below will be used to evaluate our overall efforts in achieving diversity in the recruitment and selection of City of Thief River Falls employees. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Thief River Falls appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Please indicate the position(s) for which you are applying: _____

Please indicate how you heard about this position: _____

Please place a check in the appropriate blanks:

Gender: _____ Male _____ Female

With which racial/ethnic group do you identify?

- _____ Asian or Pacific Islander
- _____ African American (Black)
- _____ Hispanic
- _____ Native American or Alaskan Eskimo
- _____ Caucasian (White)
- _____ Other (Please indicate: _____)

Based on the definition below, do you claim Disability status?

_____ Yes _____ No

Disability status is defined as:

- (1) Has a physical, sensory or mental impairment which materially limits one or more life activities;
- (2) Has a record of such an impairment; or
- (3) Is regarded as having such an impairment