


<p>DATE RECEIVED</p> 	<p>APPLICATION FOR EMPLOYMENT CITY OF LITTLE FALLS P.O. Box 244 100 NE 7th Avenue Little Falls, MN 56345 (320) 616-5500</p>	<p>OFFICE USE ONLY</p> <p>Interview: _____</p>	
Title of specific position for which you are applying _____		Date of application _____	Date available for work _____
Last name _____	First name _____	Middle name _____	Where did you hear about this opening? _____
Are you over the age of 16? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary Phone _____	Email _____
County _____		Street address _____	City _____
State and zip code _____		Do you have any relatives working for the City? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, relationship _____		Department _____	
Employment condition desired: (check one) <input type="checkbox"/> Regular <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time	Have you previously been employed by the City? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, date _____		Position _____	
If position involves driving, please indicate driver's license number. _____ State _____ Class _____			
Education. Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
School attended _____			
How many years of education have you had? (select one)			
Names and locations of colleges, universities, technical schools	Did you graduate?	Certificate/Degree	Course of study
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Employment history. Experience and training ratings are determined by this information - please be complete. List your present or most recent experience first. Attach additional sheets if necessary. DO NOT LIST "SEE RESUME".			
Employment Firm _____		Length of Employment	
Address _____		From _____	
Phone Number _____ Supervisor _____		month _____ year _____	
Your Title _____ Supervisor's Title _____		To _____	
Number and type of positions you supervised _____		month _____ year _____	
Principal Responsibilities - Be Complete		Total _____	
		months _____ years _____	
_____		Hours per week _____ Last salary _____	
_____		Reason for leaving _____	
_____		_____	
_____		_____	
_____		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____		If no, explain _____	
_____		_____	
_____		_____	

<p>Employment Firm _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and type of positions you supervised _____</p> <p style="text-align: center;">Principal Responsibilities - Be Complete</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Length of Employment</p> <p>From _____ month year</p> <p>To _____ month year</p> <p>Total _____ months years</p> <p>Hours per week _____ Last salary _____</p> <p>Reason for leaving _____</p> <p>_____</p> <p>_____</p>
<p>Employment Firm _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and type of positions you supervised _____</p> <p style="text-align: center;">Principal Responsibilities - Be Complete</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Length of Employment</p> <p>From _____ month year</p> <p>To _____ month year</p> <p>Total _____ months years</p> <p>Hours per week _____ Last salary _____</p> <p>Reason for leaving _____</p> <p>_____</p> <p>_____</p>
<p>Employment Firm _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and type of positions you supervised _____</p> <p style="text-align: center;">Principal Responsibilities - Be Complete</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Length of Employment</p> <p>From _____ month year</p> <p>To _____ month year</p> <p>Total _____ months years</p> <p>Hours per week _____ Last salary _____</p> <p>Reason for leaving _____</p> <p>_____</p> <p>_____</p>
<p>Employment Firm _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and type of positions you supervised _____</p> <p style="text-align: center;">Principal Responsibilities - Be Complete</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Length of Employment</p> <p>From _____ month year</p> <p>To _____ month year</p> <p>Total _____ months years</p> <p>Hours per week _____ Last salary _____</p> <p>Reason for leaving _____</p> <p>_____</p> <p>_____</p>

Relevant current professional memberships, registrations, or licenses. Include date when first issued.

Job-Relevant Volunteer and Unpaid Work Experience

Kind of volunteer activity (Do not specify organization)	Major responsibilities	# Hours per month	Years	
			From	To

Describe any additional experience or training that qualifies you for this job. _____

CLERICAL APPLICANTS ONLY.

Word Processing/Computer Experience

Typing speed _____ WPM Number of years _____ List software and hardware _____

In accordance with the Immigration Reform and Control Act of 1986, the City of Little Falls hires only U.S. citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

Minn. Stat. Sec. 518A.53, Subd. 5, requires employers to obtain information from all new employees regarding court-ordered child support obligations that are required by law to be withheld from income. If hired, you will be required to provide such documentation. Failure to provide said documentation will result in dismissal.

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.

Did you serve in the military service of this country and separate 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? No Yes If 'Yes', are you a permanent resident of the State of Minnesota? No Yes

Describe your duties and any special training:

If you are hired for this position, you may be required to undergo a physical examination at this employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations are necessary for you.

Give the names of four people other than relatives who can be contacted regarding your qualifications, work habits, and character.

NAME	PRESENT ADDRESS	TELEPHONE	POSITION AND RELATION TO YOUR WORK

The City of Little Falls does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its programs or activities. It is the policy of the City of Little Falls to provide reasonable accommodations to the known physical and mental limitations of qualified handicapped applicants and employees in order for them to perform the essential functions of the job in question. (If you need assistance in completing this application form, contact City Hall, 320-616-5500).

THE CITY OF LITTLE FALLS IS AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER

SIGNATURE

The City has the right to verify information provided in the application. I may be discharged if there are any misrepresentations on this application or my resume or made by me in an interview which may be discovered now or anytime in the future. False information or misrepresentation may also subject me to the penalty provisions of M.S. § 43A.39.

In connection with this application for employment, I authorize the City of Little Falls and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts and prior employers listed in this application. I understand the City of Little Falls will be contacting both individuals suggested by me and others whom I may not have suggested. Moreover, I hereby release the City of Little Falls and any agents acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

YES
 YES, but not present employer until job is offered.
 NO (We may be unable to hire you without this information.)

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information below.

DATE _____ SIGNATURE (Do not print) _____

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd. 2). If you become employed by the City, the data will be available to individuals within the City whose work assignments reasonably require access, the Accounting Department, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the City Administrator by letter.

Private Data	Why We Ask For It	Are You Legally Obligated To Provide It?	What May Happen If You Don't Provide It
Social Security Number	To distinguish you from all other applicants and to make processing more efficient.	No	In most cases, nothing. However, it will help to ensure that your records are not confused with those others.
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Date of Birth (when requested on a separate form)	To conduct a check of criminal records for certain positions.	No	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Sex, Racial/Ethnic Group, Handicapped Status, Veteran Status (This information is requested on a separate form)	To be able to make Equal Opportunity reports as required by law.	No	We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring.
Conviction Record	To determine whether we may legally accept an application from you and to determine whether your record may be a job-related consideration.	Yes	We will not be able to make determinations required by law. Failure to provide relevant conviction information may be grounds for dismissal.

ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC; THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE

CITY OF LITTLE FALLS ADDENDUM TO APPLICATION FORM

VETERANS 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.

VETERANS PREFERENCE

GENERAL *To qualify for Veterans Preference, you must meet all of the following:*

- 1) Have separated under honorable conditions from any branch of the armed forces of the United States;
- 2) have served on active duty for 181 consecutive days or more or for the full period ordered to active duty OR have separated by reason of disability incurred while serving on active duty;
- 3) be a United States citizen or resident alien;
- 4) not be eligible for or currently receiving a monthly veteran's pension benefit based on length of military service.

If you meet all the above, check the appropriate box(es) below.

PLEASE CHECK IF APPLICABLE

- I am a non-disabled veteran (10 points)
- I am a disabled veteran with a currently existing, compensable, service-connected disability as judged by the U.S. Veteran's Administration or by the Retirement Board of the Branches of the Armed Forces (15 points)
- I am the widow/widower (not remarried) of a deceased veteran (10 points)
- I am the spouse of a disabled veteran who cannot work because of the disability (15 points)

The information you provide on this form will be used to determine your eligibility for veterans preference points. You are not required to supply this information, but we cannot award veterans 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.

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 seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.

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

Applicant's signature _____ Date _____

FOR OFFICE USE ONLY:	
10 points	<input type="checkbox"/>
15 points	<input type="checkbox"/>