



## Application for Employment

### City of Inver Grove Heights

8150 Barbara Avenue  
 Inver Grove Heights, MN 55077-3412  
 (651) 450-2510 / (651) 450-2502 FAX / (651) 450-2501 TTY

The City of Inver Grove Heights is an Affirmative Action/Equal Opportunity Employer. It is our policy to provide equality of opportunity in employment and prohibit discrimination on the basis of race, color, creed, religion, national origin, political affiliation, disability, public assistance status, marital status, gender, sexual orientation, or age. Failure to provide the data required for this application may result in rejection of your application.

<b>Title of Specific Position For Which You Are Applying*</b>		<b>Today's Date*</b>		<b>Date Available For Work*</b>	
<b>First Name*</b>		<b>Middle Name</b>		<b>Last Name*</b>	
<b>Street Address*</b>			<b>City, State, and Zip Code*</b>		
<b>Are you Between the Ages of 18 and 70?*</b>		<b>Daytime Phone*</b>		<b>Alternate Phone*</b>	
<b>Email Address*</b>					
<b>Are you a United States Citizen or legally eligible to work in the US? *</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			In accordance with the Immigration Reform and Control Act of 1986, the City only hires US 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.		
<b>Do you have any relatives, other than a spouse, working for the City of Inver Grove Heights?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, relationship to you _____ In which department are they employed? _____		
<b>Employment Condition Desired:*</b> <input type="checkbox"/> Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Part-Time			<b>Have you previously been employed by the City of Inver Grove Heights?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date(s) _____ position _____		
<b>Education:</b> Did you graduate from high school or receive a GED? * <input type="checkbox"/> Yes <input type="checkbox"/> No How many years of schooling have you completed? * 7 8 9 10 11 12 13 14 15 16 17 18 19 20					
TYPE OF SCHOOL	NAME AND LOCATION	# YRS COMP- LETED	MAJOR AREA OF STUDY	DEGREE / DIPLOMA RECEIVED	
High School					
Trade/Business/Vocational					
Undergraduate Studies					
Graduate Studies					
Apprenticeship(s) Served or Trade Learned					

**Work Experience\*** (Experience and ratings are determined by this information; please be complete). List complete employment history, with most recent first. Do not specify the dates for employment over five years ago; however, do indicate the total number of years and months you worked that job. **INCLUDE PAID AND UNPAID EXPERIENCE. DO NOT USE "SEE RESUME"**

<p>Current or Last Employer _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number of Positions You Supervised _____ Principal Responsibilities (be complete) _____</p>	<p>Length of Employment From (Month/Year) _____ To (Month/Year) _____ Total (Years/Months) _____</p> <p>Hours Worked Per Week _____</p> <p>Last Salary _____</p> <p>Reason for Leaving or Seeking Other Employment _____ _____</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Employing Firm _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number of Positions You Supervised _____ Principal Responsibilities (be complete) _____</p>	<p>Length of Employment From (Month/Year) _____ To (Month/Year) _____ Total (Years/Months) _____</p> <p>Hours Worked Per Week _____</p> <p>Last Salary _____</p> <p>Reason for Leaving _____ _____</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Employing Firm _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number of Positions You Supervised _____ Principal Responsibilities (be complete) _____</p>	<p>Length of Employment From (Month/Year) _____ To (Month/Year) _____ Total (Years/Months) _____</p> <p>Hours Worked Per Week _____</p> <p>Last Salary _____</p> <p>Reason for Leaving _____ _____</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Employing Firm _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number of Positions You Supervised _____ Principal Responsibilities (be complete) _____</p>	<p>Length of Employment From (Month/Year) _____ To (Month/Year) _____ Total (Years/Months) _____</p> <p>Hours Worked Per Week _____</p> <p>Last Salary _____</p> <p>Reason for Leaving _____ _____</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

References			
Name*	Address	Phone	Relationship

**Please list all computer hardware and software that you are familiar with:**

**Please list your driver's license number, the state issued in, and the class.** (List those you hold that are required for the position for which you are applying.)

Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

**Please list all languages you are proficient in, and indicate whether you're proficient in speaking that language, writing that language, and/or reading that language.**

**Please list all certificates, registrations or licenses that are required for the job for which you are applying. Include date first issued and expiration date.**

**Veteran's Preference Points**

Preference points are awarded to qualified veteran's and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provision of Minnesota Statutes 43A.11.

*To qualify for Veteran's Preference Points, you must meet all of the following:*

- 1) Have 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 reasons of a disability incurred while serving on active duty, and be a citizen of the US 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 the disability, is not able to qualify; AND
- 2) NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

PREFERENCE REQUESTED

\_\_\_\_\_ Spouse of Disabled Veteran (check boxes)  
 \_\_\_\_\_ Disabled Veteran  
 \_\_\_\_\_ Spouse of Deceased Veteran

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 VETERANS DD214 AND FL-802 OR DEATH CERTIFICATE.

**Auxiliary Aids and Assistance**

If, due to a disability, you need assistance in completing an application or if you anticipate that you will need auxiliary aids or service in the selection process, please notify the Administration Department at (651) 450-2510 or (651) 450-2501 TTY.

**Tennesen Warning**

Information requested on your application that is defined by State Statute as public may be released on request and 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. Certain other information requested on your application is private and may be released only to you or to governmental entities authorized access by law (MS 15.165 Subd 2). Private data contained above:

**NAME/SOCIAL SECURITY NUMBER:** Used to identify you in relation to other applicants. You are legally required to provide your name, but not your social security number. Failure to provide this information may result in a delay in processing or rejection of your application.

**LOCAL/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's status.

**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 these positions.

**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 rejection of your application.

**CITIZENSHIP STATUS:** 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.

**CONVICTION RECORD:** Used to determine whether we may legally accept an application from you and to determine whether your record may be a job-related consideration. Failure to provide relevant conviction information may be grounds for dismissal.

**READ THE FOLLOWING, SIGN AND DATE\***

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

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_