



CITY OF MAPLE GROVE APPLICATION FOR EMPLOYMENT

Date Received _____

12800 Arbor Lakes Parkway
Maple Grove, MN 55369
Main: (763) 494-6000

Mailing Address:
P.O. Box 1180
Maple Grove, MN 55311-6180
Website Address: www.ci.maple-grove.mn.us

HR Fax: (763) 494-6428
Job Line: (763) 494-5995

Title of Position Applying For			Date Available for Work		Today's Date	
Employment Status Desired: _____ Full-Time _____ Part-Time _____ Seasonal/Temporary						
Last Name		First Name		Middle Name		Social Security Number (Optional)
Street Address			City		State Zip Code	
Home Phone: (____) _____ - _____			Are you a United States Citizen or legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>			
Work Phone: (____) _____ - _____						
Other: (____) _____ - _____						
Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state birthdate: ____/____/____				Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been previously interviewed by the City of Maple Grove? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date(s) and job title(s):						
Do you have any relatives working for the City of Maple Grove? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
High School Name & Location: _____						
Type of School	Name & Location	From	To	Major	Degree, Certificate or Credits Earned	G.P.A.
College/University						
College University						
Graduate School						
Technical/Vocational						
Other						
Driver's License Number		State	Expiration Date		Class: _____ D _____ CDL	
List any other Class or endorsements:						

WORK EXPERIENCE: List complete employment history, beginning with most recent first. Include paid and unpaid experience. **DO NOT USE "SEE RESUME" OR SIMILAR.** Attach additional sheets, if needed.

Employer _____ Phone (_____) _____ - _____
 Address _____
 Supervisor's Name _____ Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

 May we contact this employer? Yes No If No, please indicate reason: _____

Dates Employed (MO/YR):
 From _____ To _____
 Total (Years/Months) _____
 Hours Worked Per Week _____
 Last Salary _____
 Reason for Leaving or Seeking Other Employment: _____

Employer _____ Phone (_____) _____ - _____
 Address _____
 Supervisor's Name _____ Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

 May we contact this employer? Yes No If No, please indicate reason: _____

Dates Employed (MO/YR):
 From _____ To _____
 Total (Years/Months) _____
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 Address _____
 Supervisor's Name _____ Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

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 Address _____
 Supervisor's Name _____ Supervisor's Title _____
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 From _____ To _____
 Total (Years/Months) _____
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Employer _____ Phone (_____) _____ - _____
 Address _____
 Supervisor's Name _____ Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

 May we contact this employer? Yes No If No, please indicate reason: _____

Dates Employed (MO/YR):
 From _____ To _____
 Total (Years/Months) _____
 Hours Worked Per Week _____
 Last Salary _____
 Reason for Leaving or Seeking Other Employment: _____

KNOWLEDGE, SKILLS AND ABILITIES SECTION

Typing Ability: Yes No _____ WPM

Speedwriting Ability: Yes No _____ WPM

Dictation Experience:
 Yes No

Computer Experience: Yes No If Yes, please list computer software programs and hardware you are skilled with.

List other office equipment you can operate. _____

List any special courses, seminars, workshops and/or training you attended that relate to the job you are applying for. _____

If relevant, list other registrations, licenses or certificates you have.

Type: _____ Date Issued: _____ Date Expires: _____

Type: _____ Date Issued: _____ Date Expires: _____

For Labor & Skilled Trades Only: List the equipment you are capable of operating: _____

Have you ever been dismissed or asked to resign from any job? Yes No If yes, please explain: _____

This space can be used to add any additional information you deem relevant to better assess your suitability for the position applied for: _____

CONVICTION INFORMATION: No person shall be disqualified from public employment solely or in part because of prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly relate to the position of employment sought. In determining the effect of a conviction, the City shall consider the requirements of Minnesota Statutes, Chapter 364. Applicants who are finalists for certain positions will be subject to a criminal background investigation.

MILITARY SERVICE: Do you have military service? Yes No Branch of Service: _____

Period of Active Duty: From: _____ To: _____ Rank at Discharge: _____

Type of Discharge: _____ Date of Final Discharge: _____

Describe your duties and any special training: _____

VETERAN'S PREFERENCE POINTS: Preference points are awarded to qualified veterans and spouses of deceased veterans to add to their application results. Points are awarded subject to the provisions of MN Statute 43A.11. To be eligible for veteran's preference points you must: (1) Be separated 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 rated at 50% or more, incurred while serving on active duty, and be a citizen of the U.S. or resident alien; or be the surviving spouse of a deceased veteran or the spouse of a disabled veteran who because of the disability is not able to qualify.

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.

ARE YOU APPLYING FOR VETERAN'S PREFERENCE POINTS? YES NO If yes, your DD214 or other supporting documentation must be received no later than five (5) calendar days after the application deadline.

PREFERENCE REQUESTED: Veteran (5pts) Disabled Veteran (10pts) Spouse of Disabled or Deceased Veteran (5pts)

Are you receiving or eligible for a military pension? Yes No Do you have a service-related disability? Yes No (_____%)

REFERENCES: Please list 3 supervisory references (not relatives), who you have worked for and who can attest to your work qualities.

Name	Relationship to You	Employer Name	Telephone Number
			()
			()
			()

NOTICE TO APPLICANT: 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, relevant test scores, rank on our eligibility list, Veteran's status, and work availability. Your name is private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment. Certain other information is private and may be released only to you or to governmental entities authorized access by law. Private data contained above:

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

CITIZENSHIP STATUS: Used to certify applicants for work in the U.S. as determined by laws of the U.S. Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application.

FAIR CREDIT REPORTING ACT DISCLOSURE: In connection with your application for employment, an investigation may be made in which "consumer reports" are obtained from a consumer reporting agency. Such reports may include information concerning your credit worthiness, credit capacity, character, general reputation, personal characteristics, or mode of living. Examples of such reports include, but are not limited to: your credit history and a criminal background check. Upon written request, you will be provided with a disclosure of the nature and scope of the consumer report.

The City of Maple Grove will not use the information contained in the consumer report and/or investigative consumer report in violation of any applicable federal or state law or regulation.

If any consumer reports and/or investigative consumer reports indicate that any adverse action should be taken, including the denial of your application for employment, you will be provided with a copy of the report(s) and the "Summary of Your Rights Under the Fair Credit Reporting Act" per the Fair Credit Reporting Act.

The information contained herein is considered private data and will be used only to determine your suitability for employment. Providing this information is strictly voluntary and you are not required by law to furnish any of the information requested herein. However, if you do not furnish it we may have difficulty determining your suitability for employment. The information provided herein will be accessible only to you, appropriate staff of the City of Maple Grove, or as provided for by Minnesota Statutes. By law, I understand that I have the right to receive a free copy of my consumer report and/or investigative consumer report from the consumer reporting agency if one is obtained, upon my written request for this information.

I hereby authorize the City of Maple Grove to obtain "consumer reports" and/or "investigative consumer reports" in connection with processing my application for employment. I further authorize the appropriate individuals, companies, institutions or agencies, including consumer reporting agencies, to release this information.

Applicant Name (printed): _____

Applicant Signature: _____ **Date:** _____

APPLICANT'S STATEMENT	
<p>I certify that I have read the "Notice to Applicant" regarding the MN Data Practices Act, and understand my rights as a subject of data. I authorize that a transcript may be requested where necessary to verify any education record. I hereby expressly authorize the collection, use and release of any and all information concerning me, which relates to my employment. I hereby release the City of Maple Grove, with which I am seeking employment, from any liability which may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless my present and past employers from any liability whatsoever arising out of its release of information pursuant to this release.</p> <p>I understand that if offered a position, I must submit to and pass a drug screen and depending on the position, may be required to submit to and pass a psychological examination, a physical examination and/or a physical agility test.</p> <p>I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in this application will be grounds for disqualification for employment or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.</p> <p>By signing this form I hereby acknowledge I have read and understood the above statements. <i>Failure to sign this form may result in rejection of your application.</i></p>	
Signature of Applicant	Date

EQUAL EMPLOYMENT/AFFIRMATIVE ACTION DATA

The purpose of collecting the data requested below is to comply with State and Federal Equal Opportunity Employment reporting and other legal requirements. Periodic reports are made to the government using the following information. ***This form will be filed separate from your application and it will not be used in our recruitment evaluation process.*** The following information is requested for reporting purposes only. Please note that your cooperation in providing the following data is ***voluntary*** and inclusion or exclusion of data will not affect any recruitment selection decisions.

Name

Social Security Number

Address

City

State

Zip Code

Title of Position Applying For:

Today's Date

Date of Birth (mo/day/yr): _____/_____/_____

Age: _____

Sex: _____ Female _____ Male

Please check one of the following:

____ White (non-Hispanic) ____ Black (non-Hispanic) ____ Hispanic

____ American Indian or Alaskan Native ____ Asian or Pacific Islander ____ Other

Please check if any of the following are applicable:

____ Disabled Individual ____ Non-Veteran ____ Veteran ____ Vietnam Era Veteran ____ Disabled Veteran

REFERRAL SOURCE

How were you made aware of this employment opportunity?

____ Internet (specify site): _____

____ Newspaper (Specify paper): _____

____ Employment Agency (List name): _____

____ Employee Referral (Provide name): _____

____ Community Agency Referral (specify name): _____

____ Walk-In

____ City of Maple Grove Job Line

____ Other Source: _____

THIS FORM WILL BE SEPARATED FROM YOUR APPLICATION FORM.