

EDUCATION

Have you graduated from high school or received a GED? Yes _____ No _____

Name and location of college, university, technical, professional, business or trade school or other school	Number of credits completed. Specify semester, quarter or credit hours	Field of study	Degree or Certificate	Major/Minor

Do you have any other experience, skills, training or qualifications which would be of special benefit to the job for which you are applying? Include other registrations, licenses or certificates you have, with expiration dates.

REFERENCES (do not include relatives)

Name	Occupation	Years acquainted	Day phone number
1.			()
2.			()
3.			()

Do not mark application "see resume". You may attach a resume in addition to completing this form. You may submit additional sheets in this format if necessary.

EXPERIENCE

1. Name of Organization: _____ Employment Dates: _____
 Name of Dept./Div.: _____ From: _____ To: _____
 Address: _____ Hours per week: _____
 Phone No.: () _____ Salary: \$ _____
 Your Job Title: _____ Reason for leaving: _____
 Supervisor: _____

Major duties or responsibilities	Percentage of time performing duty (total to add up to 100%)
1.	
2.	
3.	
4.	

May we contact this employer for reference? Yes _____ No _____

EXPERIENCE (continued)

2. Name of Organization: _____ Employment Dates: _____
 Name of Dept./Div.: _____ From: _____ To: _____
 Address: _____ Hours per week: _____
 Phone No.: (____) _____ Salary: \$ _____
 Your Job Title: _____ Reason for leaving: _____
 Supervisor: _____

Major duties or responsibilities	Percentage of time performing duty (total to add up to 100%)
1.	
2.	
3.	

3. Name of Organization: _____ Employment Dates: _____
 Name of Dept./Div.: _____ From: _____ To: _____
 Address: _____ Hours per week: _____
 Phone No.: (____) _____ Salary: \$ _____
 Your Job Title: _____ Reason for leaving: _____
 Supervisor: _____

Major duties or responsibilities	Percentage of time performing duty (total to add up to 100%)
1.	
2.	
3.	

4. Name of Organization: _____ Employment Dates: _____
 Name of Dept./Div.: _____ From: _____ To: _____
 Address: _____ Hours per week: _____
 Phone No.: (____) _____ Salary: \$ _____
 Your Job Title: _____ Reason for leaving: _____
 Supervisor: _____

Major duties or responsibilities	Percentage of time performing duty (total to add up to 100%)
1.	
2.	
3.	

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 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 (5 pts) _____ Disabled Vet (10 pts) _____ Spouse of Disabled Vet (5 pts) _____ or Spouse of Deceased Veteran (5 pts) _____

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

YOUR RIGHTS AS A SUBJECT OF DATA: Minnesota Statutes on data privacy require that you be informed that the following information you are asked to provide in the employment application process is considered private data: Name, Home Address, Home Phone Number, Social Security Number, Racial/Ethnic Data, and Residency application.

This means it is available only to you and city officials who have a bona fide need for it. This data will be used to identify you within the hiring process. Furnishing racial/ethnic data and social security number are voluntary. Refusal to supply other requested information may mean your application will not be considered.

Your name will become public data if you are selected to be interviewed by the City. All other information you supply on this application, with the exception of that which is private data as indicated above, will become public if you are hired by the City of Crystal.

BEFORE SIGNING THIS APPLICATION, READ THE FOLLOWING WAIVER CAREFULLY:

1. I have read and understand the job announcement for the position for which I am applying.
2. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal if I am hired.
3. I authorize the City of Crystal to verify this information to determine whether or not I am qualified for the position for which I am applying.
4. I hereby authorize all current and previous employers to release job-related information upon the written request of the City of Crystal. However, I understand that if, in the Work Experience section, I have answered "No" to the question, "May we contact your current employer for reference?", contact with my current employer will not be made without my specific authorization.
5. I understand that criminal history checks may be conducted and that conviction of a crime related to this position may result in my being rejected for this job opening.
6. I hereby authorize the City of Crystal to conduct a criminal history check and have access to such records for purposes of determining my eligibility for employment with the City.
7. I understand that it is my responsibility to notify the City of Crystal in writing of any changes to information reported on this application.

Signature

Date

Name (please print)