



**City of
TWIN VALLEY**

Application for Employment

Position(s) Applying for	Today's Date	Date Available for Work		
PERSONAL INFORMATION				
Name (Last, First, Middle I)				
Home/Cell Phone	Work Phone			
Street Address	Mailing Address			
City	State	Zip		
Are you a United States Citizen or legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired, you will be required to provide documentation that you are eligible to work in the United States.				
Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EDUCATION				
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 (circle one) 7 8 9 10 11 12 13 14 15 16 17 18 19 20				
TYPE OF SCHOOL	NAME AND LOCATION	# YEARS COMPLETED	MAJOR AREA OF STUDY	DEGREE/DIPLOMA RECEIVED
Please list any first aid and/or CPR training and certifications you currently hold, including the date issued.				
Please list relevant professional memberships, registrations, certifications or licenses, including the date issued.				
List office machines you can efficiently operate. (Fiscal, Administrative or Clerical positions only)				
List software programs you are proficient in and indicate your number of years of experiences with each. (Fiscal, Administrative, or Clerical positions only)				

WORK EXPERIENCE

List complete employment history, beginning with most recent first. Include paid and unpaid experience. Attach additional sheets if needed.

Employer		LENGTH OF EMPLOYMENT
Address		From (MM/YY)
Phone Number	Your Title	To (MM/YY)
Supervisor	Supervisors title	Hours Worked Per Week
Number of Positions You Supervised		Last Salary/Wage
Principal Responsibilities (be complete)		Reason for Leaving
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer		LENGTH OF EMPLOYMENT
Address		From (MM/YY)
Phone Number	Your Title	To (MM/YY)
Supervisor	Supervisors title	Hours Worked Per Week
Number of Positions You Supervised		Last Salary/Wage
Principal Responsibilities (be complete)		Reason for Leaving
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer		LENGTH OF EMPLOYMENT
Address		From (MM/YY)
Phone Number	Your Title	To (MM/YY)
Supervisor	Supervisors title	Hours Worked Per Week
Number of Positions You Supervised		Last Salary/Wage
Principal Responsibilities (be complete)		Reason for Leaving
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY SERVICE

Date of Duty	Branch of Service
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Current Draft of Reserve Status		Ending Rank	
VETERAN'S PREFERENCE			
Veterans Preference Statutes provide a five-point preference (ten points if a disabled veteran with a disabled rated at 50% or more) to those individuals who attained a passing score and who have received an Honorable Discharge or separation after serving more than 180 consecutive days in the military services for purpose other than training. If this applies to your particular situation and you wish to exercise your Veterans Preference at this time, please indicate so below. Any Veteran, who is receiving or is eligible to receive, a monthly veteran's pension benefit based on length of service may not claim Veteran's Preference.			
Do you wish to claim veteran's preference at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If hired, you will be required to supply the City with a copy of you Form DD-214			
Date of Entry for Active Duty		Place of Entry (City/State)	
Do NOT include short training periods of active duty with reserve unit. You must have served with a unit that was on active duty, not on reserve status.			
Branch of Service		Date of Separation/Discharge from Active Duty	
Type of Separation or discharge (Honorable, General, etc.)			
Service Connected Disability (Type/Percent)			
REFERENCES			
List three references that you have known at least one year, who can attest to your work qualities.			
Name	Relationship to You	Address	Telephone Number

AUTHORIZATION

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

I acknowledge my understanding that employment with the City of Twin Valley is "at will," and that employment may be terminated by either the City of Twin Valley or me at any time.

With my signature below, I hereby authorize the Twin Valley Police Department and/or their designee to procure all information, oral and written that may be required in connection with my employment application. I fully understand that the information required may include, but not be limited to, data reflected on or related to my education, employment, military, financial, arrest/conviction records, and any video and audio recordings concerning me. I further authorize the City and/or their designee to conduct a background investigation into my personal history.

I hereby consent to the release of any and all data, oral or written, regarding me that may be required by the City of Twin Valley and/or their designee and hereby expressly release any party providing said data from any and all liability. I further waive my right to have certain data protected from disclosure under any and all Federal or State statutory provisions to the extent I am authorized to do so.

In giving my consent, I understand that the data gathered shall be used for the limited purpose of evaluating my application with the City of Twin Valley. Upon collection, the data shall be subject to classification under the Minnesota Data Practices Act, and if classified as public, may be subject to release by the City of Twin Valley without my consent.

I also understand it is my responsibility to notify the City of Twin Valley in writing of any changes to information reported in this application for employment.

Signature

Date

TENNESSEN WARNING NOTICE

Information requested on your application is defined by State Statute as public and may be released on request and include job history, education and training 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 only to you or to governmental entities authorized access by law (MS15.165, Subd 2.) 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 you're SSN. 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.
- 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.

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 selection process, please notify the City Clerk.

Applicant Flow Survey

All applicants for a position with the City of Twin Valley are requested to complete this form. Completion **is voluntary**. This form will remain separate from your employment application and will not be used in any way during the interviewing or hiring process. It will be used by the Human Resources Department to compile summary data for the purpose of completing necessary government reports relative to equal opportunity employment and for the City's use in monitoring its recruitment process. This form should be returned under separate cover.

Name

Date

Position Applied For

City

County

State

Race/Ethnic Category (Check One)

- White (Not of Hispanic Origin)
- Black (Not of Hispanic Origin)
- Asian or Pacific Islander
- Hispanic
- American Indian or Alaskan Native

Gender

- Male
- Female
- Decline to answer