

Have you ever applied for employment with us before:

Position applied for:

Employment Application

All persons are welcome to apply with the City of Foley. No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, national origin, age, marital status, sexual preference, religion, or status with regard to public assistance, disability, handicap, or conviction of a crime, unless, the crime relates directly to the position sought.

Date of application:

■ No If yes, when?

Thank you for your interest in employment with the City of Foley.

Please complete this application fully. You may attach any additional information that you believe qualifies you for the position for which you are applying. The attached material must supplement the application and not be in lieu of requested data. Please print in ink or use typewriter.

☐ Yes

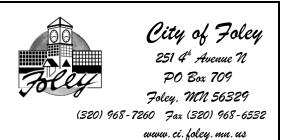
PERSONAL D	PATA			
Last Name	First	Middle		Home Phone Number
Street Address				Work Phone Number
City, State, Zip Code		E-mail Address	Cell Phone Number	
EDUCATION	and TRAINING			
	Educational Institutions	Years Completed	Diploma, Degree or Credits Earned	Course of Study
High School	Name:			
	City/State:			
College or University	Name:			
,	City/State:			
Technical / or Other School	Name:			
	City/State:			
Other School	Name:			
	City/State:			
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List any training, skills, experience or volunteer work acquired that is rel	evant to this position:	
EMPLOYMENT HISTORY - List below last four employers, with mos		
Company Name:	Telephone	
Street Address:	Employment Dates From to	
City, State, Zip Code:	☐ Full-time ☐ I	Part-time
lame and Title of Supervisor:	Your Job Title:	
Summary of Job Duties and Responsibilities	Salary	
Reason for Leaving:		
Company Name:	Telephone	
Street Address:	Employment Dates From to	
City, State, Zip Code:	☐ Full-time ☐ I	Part-time
lame and Title of Supervisor:	Your Job Title:	
Summary of Job Duties and Responsibilities:	Salary	
Reason for Leaving:		
Company Name:	Telephone	
Street Address:	Employment Dates From to	
City, State, Zip Code:	☐ Full-time ☐ I	Part-time
Name and Title of Supervisor:	Your Job Title:	
Summary of Job Duties and Responsibilities:	Salary	
Reason for Leaving:		
Name of the State	I Talanhara	
Company Name:	Telephone	
Street Address:	Employment Dates From to	
City, State, Zip Code:	☐ Full-time ☐ I	Part-time
lame and Title of Supervisor:	Your Job Title:	
Summary of Job Duties and Responsibilities:	Salary	
Reason for Leaving:		

Branch of Service	e Length of Active Duty			Rank at Dis	scharge
Describe your duties and any s	pecial training:				
OFFICE EQUIPMENT / CO	MPUTER SOFTWA	RE PROGRAMS			
What office machines do you o	perate proficiently?				
List computer Software Applica	tions you can operate:				
LICENSES - If relevant, list o	ther current profession	al registrations, licenses or	certificates you	u have.	
License/Certificate/Registration	on	Dat	e Issued	D	ate of Expiration
	ride the name, address	and phone number of thre	e references w	ho are not re	elated to you and are not
	ride the name, address	and phone number of thre	e references w	ho are not re	elated to you and are not Phone Number
previous employers.	vide the name, address	and phone number of thre	e references w	rho are not ro	
orevious employers.	ride the name, address	and phone number of thre	e references w	rho are not ro	Phone Number
Name Address, City, State and Zip	vide the name, address	and phone number of thre	e references w	rho are not r	Phone Number Relationship
Name Address, City, State and Zip Name	ride the name, address	and phone number of thre	e references w	rho are not re	Phone Number Relationship Phone Number
Name Address, City, State and Zip Name Address, City, State and Zip	vide the name, address	and phone number of thre	e references w	rho are not re	Phone Number Relationship Phone Number Relationship
Name Address, City, State and Zip Name Address, City, State and Zip Name Address, City, State and Zip Name Address, City, State and Zip	ride the name, address	and phone number of thre	e references w	rho are not re	Phone Number Relationship Phone Number Relationship Phone Number
Address, City, State and Zip Name Address, City, State and Zip Name	vide the name, address	and phone number of three		rho are not re	Phone Number Relationship Phone Number Relationship Phone Number

Employment Position POSITION APPLYING FOR: Public Works **Parks** Fire Department Office / Other Municipal Swimming Pool ☐ Guarding ☐ Teaching Supervisor ☐ Manager Substitute LICENSES - If relevant, list other current professional registrations, licenses or certificates you have. Please provide copies and attach to application. **Date Completed** License **Expiration Date** WSI **R94 Certification** First Aid Certification CPR for the Professional Rescue Other **AVAILABILITY TO WORK:** Please note that the City of Foley Municipal Swimming Pool and the City Parks are open 7 days a week; mornings, afternoons, evenings, weekends and holidays. Therefore, as an employee of the City of Foley you may be asked to work shifts during any of these times. □ Evening ☐ Weekends ☐ Morning Afternoon ☐ Holidays ☐ Full Time ☐ Part Time Available Starting Date: **Ending Date:** Are you at least 18 years of age or older? Yes No __ No ____ Yes Are you legally eligible for employment in the U.S. Do you have a valid driver's license? Yes No Has any of your education or experience been under another name? Yes No How did you hear about the position? Please complete this application fully. You may attach any additional information that you believe qualifies you for the position for which you are applying. The attached material must supplement the application and not be in lieu of requested data. Signature Date

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Signature

Veteran's Preference

The Minnesota Veteran's Preference Act grants veterans a limited preference over non-veterans in hiring and promotion of public employment. Please complete this form if you wish to apply for veteran's preference bonus points.

	N	lame:				
		osition applied for:				
	expe	Preference points are awarded to qualification results. Points are averence points, you must:	ed Veterans	and spous	es of deceased or disa	abled veterans to add to their
	1)	Be separated under honorable condition active duty for 181 consecutive days or to of the United States or resident alien; or spouse of a disabled veteran who becau NOT be currently receiving or eligible to service.	by reason of be the survivise of the dis	disability ir ving spous ability is no	ncurred while serving one of a deceased vetera of a deceased vetera of able to qualify; and	on active duty, and be a citizen an (as defined above) or the
		rou provide on this form will be used to de ormation, but we cannot award veteran's p			or veteran's preferenc	e points. You are not required
EQUIVALENT	LET	DU MUST SUPPLY A COPY OF YOUR DD214 TER FROM A SERVICE RETIREMENT BOAR FICATE, AND THE VETERAN"S DD214 AND	D. SPOUSES	S APPLYING	FOR PREFERENCE PO	
Please Print						•
Name:						
If Spouse, Ve	tera	n's Name:				
Branch of Se	rvice	e:		Dates of	Active Duty:	to
Rank at Disch	narg	e: Type of Dis	scharge:		Date of Final Discha	arge:
Are you recei	ving	or eligible for a military pension?	Yes	_ No _		
Do you have	a co	ompensable service-related disability?	Yes	_ No _		
Do you wish t	to cl	aim a Veteran's Preference?	Yes	_ No _		
	_	Veteran (defined as a person separated uncleast 181 days, or honorably discharged by re				duty for at
	_	Disabled Veteran (a veteran having a comp Veterans Administration or the retirement boa is currently existing).				
	_	Spouse of a disabled veteran, who is un	nable to use p	reference d	ue to disability.	
	_	Spouse of deceased veteran.				
not a	ıttacl	ference Points application cannot be considerened, it must be received in our office no later the on in order to guarantee points are awarded in	nan 7 calendar	days after t	mentation (see instructio he application deadline fo	ns above). If the documentation is or
·		Attached	<u>-</u>		submitted within 7 days	

Date



Terms of Application and Employment (Tennesen Warning)

The Minnesota Government Data Practices Act requires that you be informed of the purposes and intended uses of the information you provided to the City of Foley during the application process or during employment. Any information about yourself that you provide to the City of Foley during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, you are required to provide the information requested in the Employment Application, if you wish to be considered for employment. If you do not supply the information requested, your application may not be considered. All materials submitted in support of an application are normally retained with the applications and are not returned. You should not submit an original document if it is your only copy.

You are hereby advised that, under Minnesota law, the following information given by an applicant is considered to be <u>public</u>: veteran status, relevant test scores, rank on our eligible list, job history, education and training, and work availability.

As an applicant, your name is considered <u>private</u> until you are certified as eligible for appointment to a position or when applicants are considered by the appointing authority to be finalists for a position with the City of Foley. "Finalist" means an individual who is selected to be interviewed by the appointing authority prior to selection.

The data concerning you, which is placed in your application folder or in your personnel file and which is not listed as public, is private. This private data will be shared with you and those members of the City Staff who need it to process the application, update your personnel record, evaluate your work performance, and if you are disabled, provide the necessary accommodations. It may also be shared with the following: persons authorized to have access to the information under State or Federal law, persons authorized by Court Order to have access to the information, and person to whom you consent in writing to have access to the information.

I certify that answers herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained herein and the references and employers listed in this Application for Employment as may be necessary in arriving at an employment decision. Moreover, I hereby release the City of Foley and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person. I understand that this application is not, and is not intended, to be a contract for employment and all employment at the City is on an "at-will basis" and that employment may be terminated by either the City of Foley or myself at anytime, with or without notice.

In the event of employment, I understand that false or misleading information given in my application, or interview(s), may result in discharge. I understand also, that I am required to abide by all rules and regulations of the City of Foley.

I certify that I have read and understand the information given above regarding the Minnesota Data Practices Act (MN Statues 13.01-13.90), and I understand my rights.

Signature	Date
Office Use Only	
Date Received:	
Interview Date:	
Interview Time:	