

Position applied for:

www.ci.foley.mn.as

**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:

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.

Have you ever a	applied for employment with us before:	es 🔲 No	o If yes, when?	
PERSONAL D	ATA			
Last Name	First	Middle		Home Phone Number
Street Address				Work Phone Number
City, State, Zip Co	de	E-mail Address	Cell Phone Number	
EDUCATION a	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:			

List any training, skills, experience or volunteer work acquired that is re	elevant to this position:	<del> </del>
MDI OVMENT LICTORY Link below but for your link		
MPLOYMENT HISTORY - List below last four employers, with mo ompany Name:	ost current one listed first.	
Street Address:		
	Employment Dates From	to
City, State, Zip Code:	☐ Full-time	☐ Part-time
ame and Title of Supervisor:	Your Job Title:	······································
ummary of Job Duties and Responsibilities		
leason for Leaving:		
Company Name:	T. J.	
	Telephone	
Street Address:	Employment Dates From	to
City, State, Zip Code:	☐ Full-time	☐ Part-time
Name and Title of Supervisor:	Your Job Title:	
Summary of Job Duties and Responsibilities:		
Reason for Leaving:		
Company Name:	Telephone	
Street Address:		
Street Address:	Employment Dates From	to
City, State, Zip Code:	☐ Full-time	☐ Part-time
Name and Title of Supervisor:	Your Job Title:	· · · · · · · · · · · · · · · · · · ·
Summary of Job Duties and Responsibilities:		
Reason for Leaving:	·	
Company Name:	Telephone	
Street Address:	Employment Dates From	to
City, State, Zip Code:	☐ Full-time	☐ Part-time
lame and Title of Supervisor:	Your Job Title:	
Summary of Job Duties and Responsibilities:		
Reason for Leaving:		

Branch of Service		Length of Active Duty		Rank at	Discharge
Describe your duties and any	special training:				
			***************************************		
FFICE EQUIPMENT / Co		ARE PROGRAMS	=		
List computer Software Applic	ations you can operate	:			
ICENSES - If relevant, list	other current profession	onal registrations, licens	es or certificates	you have.	
License/Certificate/Registrate	ion		Date Issued		Date of Expiration
<b>LEFERENCES</b> - Please pro	ovide the name, addre	ss and phone number o	of three references	s who are <b>n</b> e	ot related to you and are <b>n</b>
revious employers.	ovide the name, addre	ss and phone number o	of three references	s who are <b>n</b> o	ot related to you and are n  Phone Number
revious employers. Name	ovide the name, addre	ss and phone number o	of three references	s who are <b>n</b> o	
revious employers.  Name  Address, City, State and Zip	ovide the name, addre	ss and phone number o	of three references	s who are <b>n</b> o	Phone Number
revious employers.  Name  Address, City, State and Zip	ovide the name, addre	ss and phone number o	of three references	s who are <b>n</b> o	Phone Number Relationship
Name  Address, City, State and Zip  Name  Address, City, State and Zip	ovide the name, addre	ss and phone number o	of three references	s who are <b>n</b> o	Phone Number  Relationship  Phone Number
revious employers.  Name  Address, City, State and Zip  Name  Address, City, State and Zip  Name	ovide the name, addre	ss and phone number o	of three references	s who are <b>n</b> o	Phone Number  Relationship  Phone Number  Relationship
REFERENCES - Please proprevious employers.  Name  Address, City, State and Zip  Name  Address, City, State and Zip  Name  Address, City, State and Zip  Name  Address, City, State and Zip	ovide the name, addre	ss and phone number o	of three references	s who are <b>n</b>	Phone Number  Relationship  Phone Number  Relationship  Phone Number
Name  Address, City, State and Zip	evide the name, addre	ss and phone number of		s who are <b>n</b> o	Phone Number  Relationship  Phone Number  Relationship  Phone Number

ublic Works						
Parks						
ire Department						
Office / Other						
Municipal Swimming Pool	☐ Guarding	☐ Teaching	Supervisor	☐ Manager		Substitute
ENSES - If relevant, list oth attach to application		nal registrations, lice	nses or certificates y	ou have. Pl	ease prov	vide copies and
icense			Date Compl	eted	Ex	oiration Date
VSI						
R94 Certification						
First Aid Certification						
First Aid Certification  CPR for the Professional Re	escue					
CPR for the Professional Re						
Other  AILABILITY TO WORK: nings, afternoons, evenings, ng any of these times.	Please note that	ys. Therefore, as an				sked to work shi
Other  AILABILITY TO WORK: nings, afternoons, evenings, ng any of these times.  Morning	Please note that weekends and holida		employee of the City o	of Foley you		sked to work shi
Other  ALABILITY TO WORK: nings, afternoons, evenings, ng any of these times.  Morning Full Time	Please note that weekends and holida	ys. Therefore, as an	employee of the City o	of Foley you		sked to work shi
Other  AILABILITY TO WORK: nings, afternoons, evenings, ng any of these times.  Morning	Please note that weekends and holida	ys. Therefore, as an	employee of the City o	of Foley you		sked to work shi
CPR for the Professional Records  Other  ALABILITY TO WORK: Inings, afternoons, evenings, and any of these times.  Morning Full Time	Please note that weekends and holida	ys. Therefore, as an	ing W  Ending Date:	eekends	may be as	sked to work shi
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CPR for the Professional Records Other  AILABILITY TO WORK: Inings, afternoons, evenings, and any of these times.  Morning Full Time  Ilable Starting Date:  Are you at least 18 year	Please note that weekends and holida Afternoon Part Time ars of age or older?	ys. Therefore, as an	ing W  Ending Date:	eekends	may be as	sked to work shi
CPR for the Professional Records  Other  ALABILITY TO WORK:  nings, afternoons, evenings, any of these times.  Morning  Full Time  slable Starting Date:  Are you at least 18 year  Are you legally eligible	Please note that weekends and holida  Afternoon Part Time  ars of age or older? for employment in the river's license?	ys. Therefore, as an Even	employee of the City of the Ci	eekends  /es /es /es /es	may be as	sked to work shi

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City of Foley

251 4<sup>th</sup> Avenue N

PO 80x 709

Foley. MN 56329

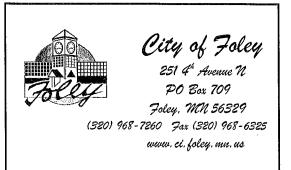
(320) 968-7260 Fax (320) 968-6532

www.ci.foley.mn.us

## 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.

	Name:			
	Position applied for:			
Eligibility: training and for veteran's	Preference points are awarde experience examination results. Po preference points, you must:	d to qualified Veterans a fints are awarded subjec	and spouses of deceased or disable of to the provisions of Minnesota Sta	ed veterans to add to their atutes 43A.11. To be eligible
	active duty for 181 consecutiv of the United States or reside spouse of a disabled veteran	re days or by reason of ont alien; or be the surviv who because of the disa	ranch of the United States armed for disability incurred while serving on a sing spouse of a deceased veteran (ability is not able to qualify; and nthly veteran's pension based exclusion.	active duty, and be a citizen (as defined above) or the
The information this	tion you provide on this form will be s information, but we cannot award	used to determine your veteran's points without	eligibility for veteran's preference p	oints. You are not required
Instructions EQUIVALENT	S: YOU MUST SUPPLY A COPY OF Y LETTER FROM A SERVICE RETIREN CERTIFICATE, AND THE VETERAN''S I	OUR DD214. DISABLED \ //ENT BOARD. SPOUSES	VETERANS MUST ALSO SUPPLY FOR	RM FL-802 OR AN ITS MUST SUPPLY THEIR
<b>*</b>			A CONTRACTOR OF THE CONTRACTOR	
Please Prin	t.			
Name:				-
If Spouse, V	eteran's Name:			
Branch of Se	ervice:		Dates of Active Duty:	to
Rank at Disc	charge:	Type of Discharge:	Date of Final Discharg	e:
Are you rece	eiving or eligible for a military pension	on? Yes	No	
Do you have	e a compensable service-related dis	ability? Yes	_ No	
Do you wish	to claim a Veteran's Preference?	Yes	No	
	Veteran (defined as a person so least 181 days, or honorably disc	eparated under honorable of harged by reason of disabi	conditions who has served on active du ility incurred while on active duty).	y for at
	Disabled Veteran (a veteran ha Veterans Administration or the re is currently existing).	aving a compensable servic tirement board of one of th	ce-connected disability as adjudicated be branches of the Armed Forces, which	y the U.S. disability
	Spouse of a disabled vetera	an, who is unable to use p	reference due to disability.	
	Spouse of deceased vetera	n.		
not	ur Preference Points application cannot attached, it must be received in our offic position in order to guarantee points are	ce no later than 7 calendar	days after the application deadline for	above). If the documentation is
	Attached		Will be submitted within 7 days	
Signature			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:			