

Please return to:
Human Resources
4100 Lakeview Avenue North
Robbinsdale, MN 55422-2280

Date Received _____
(City use)

City of Robbinsdale

APPLICATION FOR EMPLOYMENT

Dear Applicant:

We welcome you as an applicant for employment. Your application will be considered with others for the position you specify. Qualified applicants are considered for positions without regard to race, color, creed, religion, national origin, political affiliation, disability, marital status, sex, age or public assistance status. This policy applies to full, part-time, temporary and seasonal employment.

Minnesota law requires that you be informed that certain information, which you will be asked to provide in the employment process, is considered private data. Information regarding veteran status, relevant test scores, rank on eligible list, education and training, and work availability is public information. Public information is accessible to anyone. All other personally identifiable information is considered private that is, not accessible to the public; including but not limited to your name, home address and phone number. The information requested on the application is necessary either to identify you or to assist in determining your suitability for the positions for which you are applying. Refusal to supply the requested information will mean that your application for employment may not be considered. If you are selected as a finalist for a position, your name will become public information. You become a finalist if you are selected to be interviewed by the City of Robbinsdale.

Title & Kind of Work Applied For:

Job Title _____ Full-time Part-time

Date Available _____ Temporary Seasonal

PERSONAL INFORMATION

Last Name First Name Middle Name Email:

Present Address City State Zip Code

Home Phone No. Work Phone No. Cell Phone No.

May we call at work? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon offer of employment.) Yes No

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? (Please review the job description before answering this question.) Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

If you are under 18 years of age, state birthdate: ____/____/____

EDUCATIONAL INFORMATION					
Circle the highest grade completed	Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12 or GED	College 13 14 15 16	Post Graduate MA PhD Lib	
School	Name and Address of School		Degree Received	Major	Minor
High School or GED					
Vocational/ Technical					
College/ University					
Graduate/ Post Graduate					
Other					

SUPPLEMENTAL INFORMATION

Describe any additional experience, training or skills that qualify you for this job. Include any computer or word processing experience, if applicable. (Please review the job description before answering this question.)

PROFESSIONAL DESIGNATIONS & LICENSES

List relevant current professional memberships, registrations, or licenses. Include dates first issued.

TO BE COMPLETED BY APPLICANTS FOR CLERICAL, ADMINISTRATIVE & FISCAL POSITIONS ONLY

Typing _____ WPM; 10 key ability _____ WPM; Computer Software _____

Computer Classes/Training: _____

Office Equipment: _____

TO BE COMPLETED BY APPLICANTS FOR LABOR & SKILLED TRADE POSITIONS ONLY

Apprenticeship(s) served or trades learned: _____

Capable of operating the following equipment: _____

EMPLOYMENT HISTORY - Please list past employers beginning with your most recent employment. If necessary, list other employers on additional sheet; and/or, provide a resume. Experience and training are used to determine eligibility, so please be complete.

Employing Firm _____ Address _____ Phone No. _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and Type of Positions You Supervised _____ _____ % of time spent in each area of responsibility Principal Responsibilities – Be Complete _____ _____ _____ _____ _____ _____ _____	Length of Employment From _____ Month Year To _____ Month Year Hours Per Week _____ Last Salary _____ Reason for Leaving _____ _____ May we contact your present employer? ___Yes ___No If no, explain _____ _____ _____
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Employing Firm _____ Address _____ Phone No. _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and Type of Positions You Supervised _____ _____ % of time spent in each area of responsibility Principal Responsibilities – Be Complete _____ _____ _____ _____ _____ _____ _____	Length of Employment From _____ Month Year To _____ Month Year Hours Per Week _____ Last Salary _____ Reason for Leaving _____ _____ May we contact this employer? ___Yes ___No If no, explain _____ _____ _____
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Attach Resume for Additional Relevant Work Experience

Job Relevant Volunteer and Unpaid Work Experience

Name of Organization	% of time per responsibility	Major Responsibilities	No. Hrs. Per Month

REFERENCES: List the name, address and phone number of four non-relatives who can be contacted regarding your qualifications for this position. These should be people familiar with your work experience.

Name	Address/Phone

I hereby certify that all answers to the above questions are true, and I agree and understand any false statements contained in this application may cause rejection of this application or termination of employment without notice or benefits. I authorize that educational records, military records, or employment data may be requested, as necessary.

Further, I agree that my employment is in accordance with any applicable written agreement and applicable personnel practices published to employees; and subject to such agreements or practices may be terminated by me or the City of Robbinsdale at any time.

Signature

Date

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 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 United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above), or the spouse of a disabled veteran who because of the disability is not able to qualify; and,
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

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.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? Yes No

If you answered "yes", your DD214, or other documentation, must be received no later than 7 calendar days after the application deadline for the position.

VETERAN'S PREFERENCE POINTS APPLICATION

Veteran: <input type="checkbox"/> Self <input type="checkbox"/> Spouse	If spouse, veteran's name:
Branch of Service:	Period of Active Duty: From _____ To _____
Rank at Discharge: Type of Discharge:	Date of Final Discharge: Service No:
Are you receiving or eligible for a military pension? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preference Requested: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Spouse of Deceased Veteran	

Your preference points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation: is attached. will be submitted with 7 days of application deadline.

FOR OFFICE USE ONLY

_____ 10 points

_____ 15 points

APPLICANT FLOW SURVEY

The information requested in the following questions will not affect you as an applicant. It will not be used to illegally discriminate. It will be used to determine if our recruitment efforts are reaching all segments of the community and to meet Federal reporting requirements. The information may be used for affirmative action purposes.

We would appreciate your assistance in our efforts to ensure Equal Employment Opportunity. Providing this information is strictly voluntary.

NOTE: UPON RECEIPT BY THE CITY, THIS FORM WILL BE IMMEDIATELY SEPARATED FROM THE REST OF THE JOB APPLICATION AND KEPT IN A CONFIDENTIAL FILE SEPARATE FROM YOUR APPLICATION.

City and State in which you reside:

City: _____ **State:** _____

Title of position for which you are applying: _____

Age Group	
_____ 16-25	_____ Over 40
_____ 26-39	

Gender
_____ Male
_____ Female

What Race/Ethnic Group Do You Consider Yourself?		
_____ White	_____ Asian American	_____ American Indian
_____ Black	_____ Spanish Surname	_____ Other

Do You Have a Disability?	How Did You Learn About This Job?
_____ No _____ Yes – Amputee _____ Yes – Blind _____ Yes – Cardiac _____ Yes – Deaf _____ Yes – Diabetes _____ Yes – Epilepsy _____ Yes – Paralysis _____ Yes – Alcoholism _____ Yes – Mental Health _____ Yes – Other (describe below) _____ _____ _____	_____ Private Employment Agency Name: _____ _____ Public Employment Agency Name: _____ _____ Minneapolis Star Tribune _____ Other Local Newspaper Name: _____ _____ College/Technical School/High School Name: _____ _____ Walk-in _____ Robbinsdale, City of, Employee _____ Minority Group Referral Source Name: _____ _____ Other (be specific) _____ _____ _____