

CITY OF ECHO
342 2ND Ave West, PO Box 215
Echo, MN 56237

APPLICATION FOR EMPLOYMENT

Position Being Applied For _____

PLEASE READ CAREFULLY BEFORE FILLING OUT THIS APPLICATION.

In accordance with the Minnesota Government Data Practices Act, the City of Echo is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you but not available to the public. This application for the City of ECHO contains private information as defined by Minnesota State Statutes 15.1692, Subd. 1-5.

The information collected from you or from other agencies or individuals authorized by you is used to determine your eligibility to become an employee of the City of Echo. You are not required to provide the information requested on the application form; however, this information is vital to determine your eligibility to become an employee of the City of Echo. Failure to provide this information could result in you not being considered for employment with the City of Echo.

The dissemination and use of the private data we collect is limited to that necessary to determine your eligibility to become an employee of the City of Echo. Persons with whom this information may be shared include:

1. The Yellow Medicine County Sheriff's personnel administering to records collection and dissemination.
2. The Bureau of Criminal Apprehension.
3. The National Crime Information Center.
4. Any other agency, authorized by you, that may be able to provide information about your eligibility to become an employee of the City of Echo.

Unless otherwise authorized by State Statute or Federal law, other government agencies utilizing the reported private data must also treat the information as private.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

(Date)

(Signature of Applicant)

Please return to: Po Box 215, Echo, MN 56237

Date Received: _____

CITY OF ECHO

No. _____

APPLICATION FOR EMPLOYMENT

We welcome you as an applicant for employment. Your application will be considered with others. It is our policy to provide equal opportunity in employment. This policy prohibits discrimination on the basis of race, color, creed, religion, national origin, sex, and marital status, status with regard to public assistance, membership, or activity in a local commission, disability, or age in all aspects of our personnel policies, programs, practices, and operations. This policy applies to full-time, part-time, temporary, and seasonal employment. While we encourage submission of a resume, applicants who submit a resume still need to fill out the official City Application completely. Failure to completely fill out this application may disqualify your application from consideration.

The information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment. Please furnish us with complete information. You are encouraged to attach any additional information which you believe qualifies you for the position.

Please use **INK OR TYPEWRITER**.

1. Title or kind of work applied for: _____
- _____ Permanent _____ Part-time _____ Seasonal
- _____ Temporary Date Available: _____
- (check all that apply)

PERSONAL INFORMATION

2. Name: (Last) _____ (First) _____ (Middle) _____

3. Present Address: _____

City _____ State _____ Zip Code _____

Do you live within a 15 minutes drive of the City? Yes _____ No _____

If not, are you willing to relocate within a 15 minute drive? Yes _____ No _____

Prior addresses for past 10 years: _____

4. Phone #s: (home) _____ (Cell) _____ (Work) _____

5. Drivers License No. _____ Class _____ State _____

6. If you are not a citizen of the United States, do you have Bureau of Immigration approval to work in the U.S.?

Yes _____ No _____

EDUCATIONAL INFORMATION

8. 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 Ph D

Table with 4 columns: Type of School, Name and Address of School, Degree, Major. Rows include High School, College or University, Graduate School, and Technical.

List any correspondence courses, special courses, seminars, workshops, training, and skills acquired that might relate to this position. Please review the job description before answering this question.

List any current licenses, registrations, or certificates that you possess.

TO BE COMPLETED BY APPLICANTS FOR CLERICAL, AND FISCAL POSITIONS ONLY

Typing Ability: Yes ___ No ___ WPM ___ Shorthand Ability: Yes ___ No ___ WPM ___

Business Machines and Experiences: _____

Bookkeeping Experience: _____

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

Apprenticeship(s) served or trades learned: _____

Capable of operating the following equipment: _____

City of ECHO

No. _____

EMPLOYMENT HISTORY - Please list **ALL** of your past employers you have had since you entered the workforce beginning with your most recent employment; if necessary, list other employers on an additional sheet if necessary.

May we contact your present employer? Yes____ No____ If no, please explain: _____

1. Employer's Name _____ Phone No. _____

Address _____ Zip Code _____

Position Held _____ Duties Performed _____

Full-time____ Part-time____ Immediate Supervisor _____

Employment Dates: From _____ To _____ Last Salary _____

Were you terminated from that position? _____ If not, please explain your reason for leaving: _____

2. Employer's Name _____ Phone No. _____

Address _____ Zip Code _____

Position Held _____ Duties Performed _____

Full-time____ Part-time____ Immediate Supervisor _____

Employment Dates: From _____ To _____ Last Salary _____

Were you terminated from that position? _____ If not, please explain your reason for leaving: _____

3. Employer's Name _____ Phone No. _____

Address _____ Zip Code _____

Position Held _____ Duties Performed _____

Full-time____ Part-time____ Immediate Supervisor _____

Employment Dates: From _____ To _____ Last Salary _____

Were you terminated from that position? _____ If not, please explain your reason for leaving: _____

City of ECHO

No. _____

4. Employer's Name _____ Phone No. _____

Address _____ Zip Code _____

Position Held _____ Duties Performed _____

Full-time _____ Part-time _____ Immediate Supervisor _____

Employment Dates: From _____ To _____ Last Salary _____

Were you terminated from that position? _____ If not, please explain your reason for leaving: _____

5. Employer's Name _____ Phone No. _____

Address _____ Zip Code _____

Position Held _____ Duties Performed _____

Full-time _____ Part-time _____ Immediate Supervisor _____

Employment Dates: From _____ To _____ Last Salary _____

Were you terminated from that position? _____ If not, please explain your reason for leaving: _____

6. Employer's Name _____ Phone No. _____

Address _____ Zip Code _____

Position Held _____ Duties Performed _____

Full-time _____ Part-time _____ Immediate Supervisor _____

Employment Dates: From _____ To _____ Last Salary _____

Were you terminated from that position? _____ If not, please explain your reason for leaving: _____

As noted above, make sure that you've listed ALL of your previous employers. Use the space below to account for any gaps in your employment history. Again, use additional sheets of paper if necessary.

City of ECHO

No. _____

TO BE COMPLETED ONLY BY APPLICANTS FOR PEACE OFFICER POSITIONS

Do you possess a Minnesota Peace Officers license, full or part-time? Yes _____ No _____

Please specify type and number _____

Are you currently eligible to be a Licensed Peace Officer in the State of Minnesota? Yes _____ No _____

MILITARY SERVICE RECORD

Are you a Veteran? *Yes _____ No _____ If yes, what Branch? _____

* See attached sheet - Veterans Preference Points Application/Instructions

Are you a Disabled Veteran? Yes _____ No _____

Are you a widow/widower of a Veteran? Yes _____ No _____

Are you a spouse/widow/widower of a Disabled Veteran? Yes _____ No _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? _____

PERSONAL REFERENCES

Give name, address, phone number, and occupation of 3 references that are not related to you and are not former employers.

1. _____

2. _____

3. _____

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. I authorize that a transcript or other documentation may be requested to verify any educational record.

Date

Signature of Applicant

Veteran's Preference

Complete this form only if you are a Veteran and are claiming Veteran's Preference

You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at (612) 348-3300.

The City of ECHO awards preference points to qualified applicants for a competitive position in accordance with Minnesota Statutes. To be considered for veteran's preference, claims must be made on the form below and submitted with your application by the deadline of the position for which you are applying. If your DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

NAME (LAST)	(FIRST)	M	SOCIAL SECURITY NUMBER	POSITION FOR WHICH YOU APPLIED
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	PHONE NUMBER
				ARE YOU A US CITIZEN OR RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

ACTIVE DUTY INFORMATION

Have you (or your disabled or deceased spouse) served on active military duty without interruption for 181 days or more or for the full period called, or ordered to active duty? YES NO

Type of Separation Honorable Medical Other

FOR DISABLED VETERANS: (Letter from VA of proof of disability must be submitted to receive points.)

Percent of Disability: ____ %
 Permanent? YES NO
 Existing? YES NO

FOR SPOUSES OF DECEASED VETERANS: (NOTE: A PHOTOCOPY of marriage certificate and spouse's death certificate must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: _____ Have you remarried? YES NO

FOR SPOUSES OF DISABLED VETERANS: (NOTE: A PHOTOCOPY of marriage certificate and letter from VA of proof of disability must be submitted to receive points.)

Spouse's Present Occupation: _____

AFFIDAVIT: *I hereby claim Veteran's Preference for this application and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby authorize the Veterans Administration to release information necessary to process this application to the City of ECHO.*

_____ Signature

_____ Date

ESSENTIAL JOB FUNCTIONS WORKSHEET

The following are physical requirements pertaining to the job(s) for which you are applying. These bona fide physical requirements are essential functions of the job and are in addition to the skill, certification, years of experience and other qualifications required to perform the job(s) for which you have applied.

Please be aware that all persons may be required to furnish health condition information and if necessary, submit to an examination by a company-designated physician. This information will be used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person who may have a mental or physical disability.

These statements/questions pertain only to the essential functions of the job for which you are applying.

- 1. Can you sit and drive as is required for an 11-hour shift?
 YES NO
- 2. Can you perform repetitive motion tasks with your hands and wrists?
 YES NO
- 3. Can you push and pull levers or objects that require 100 lbs. of force or more?
 YES NO
- 4. Do you have free and continual movement of your legs and feet as required to safely operate a clutch, brake and gas pedal or foot controls of a truck?
 YES NO
- 5. If required, are you able to reach and lift 60 lbs. above your head?
 YES NO
- 6. Can you climb stairs to safely get in and out of a truck or with a load regularly?
 YES NO
- 7. Can you grip, grasp, and twist using your hands and wrists constantly as is required to safely operate the steering, shifting, or other mechanical or hydraulic controls of a truck?
 YES NO
- 8. If required, are you able to lift and move 100 lbs. or more?
 YES NO

For any No answers to the above questions, please explain:

I understand that any misstatement, omission, falsification, or misrepresentation of fact on this form is ground for withdrawal of the conditional job offer or termination of employment if already employed.

Signature of Employee

Date

Printed Name

Social Security Number

City of ECHO

No. _____

DATE _____

I, _____, THE UNDERSIGNED, DO
HEREBY AUTHORIZE INSURANCE SERVICES TO OBTAIN
MOTOR VEHICLE DRIVER DATA TO BE USED FOR ANY OF THE
PERMISSIBLE USES AS PROVIDED IN THE UNITED STATES
CODE, TITLE 18. SECTION 2721.

SIGNATURE _____

DATE OF BIRTH _____

DRIVERS LICENSE NUMBER _____