



APPLICATION FOR EMPLOYMENT

We welcome you as an applicant for employment with the city of Columbus (the “City”). Please furnish complete information, so we may accurately and completely assess your qualifications and determine your eligibility to move forward in the selection process. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek.

The City is committed to the principle of equal employment opportunity for all employees and to providing a work environment free of discrimination and harassment. All employment decisions at the City are based on business needs, job requirements and individual qualifications, without regard to race, color, religion or belief, national, social or ethnic origin, sex, age, physical, mental or sensory disability, or any other status protected by law.

Personal Information

Name:	(Last)	(First)	(MI)
Street Address			
City, State, Zip			
Phone Number		Alternate Phone	
Email			

Title of position applying for:

Are you legally eligible to work in the United States in the position for which you are applying? <i>Proof of citizenship or work eligibility will be required as a condition of employment.</i>	___ Yes ___ No
Will your continued employment require employer sponsorship?	___ Yes ___ No

Educational Information

Please select the highest grade completed		
1 2 3 4 5 6 7 8	9 10 11 12 GED	# Years Completed
Grade School	High School	College/Technical

School Name	Address	Course of study/Major	Degree/Certificate Granted
High School:		Not Applicable	Did you Graduate? ___ Yes ___ No
College:			
Graduate School:			
Technical/Vocational:			
Other:			
Other:			

List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position:

List any current licenses, registrations, or certificates you possess which may be related to this position:

Employment Experience

List present or most recent employer first. Please note “see resume” is not an acceptable response. Resumes will only be considered in addition to, but not in lieu of, this application.

Company/Organization	Name of last supervisor	Hrs./Week
Address	Start Date	
City, State, Zip	End Date	
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Email address of supervisor		

Company/Organization	Name of last supervisor	Hrs./Week
Address	Start Date	
City, State, Zip	End Date	
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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Company/Organization	Name of last supervisor	Hrs./Week
Address	Start Date	
City, State, Zip	End Date	
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Email address of supervisor:		

Unpaid Experience

Describe any unpaid or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which would reveal race, sex, religion, age, disability, or other protected status).

Military Experience

Did you serve in the U.S. Armed Forces? Yes No

Describe your duties:

Do you wish to apply for Veterans' Preference points: Yes No

If you answered "yes," you must complete the Veteran Preference Questionnaire for Veterans' Preference points. A copy of this questionnaire is located on the last page of this application form.

Data Practices Act Compliance

The City is asking you to supply information (data) as part of your application for employment. The Minnesota Government Data Practices Act (MGDPA) classifies this as private data about you. The law does not require you to provide the data and there is no legal consequence for refusing to provide the data. *However, if you do not provide the requested data, the City may not have enough information to consider your application and you may not move forward in the selection process.*

If you do provide the data, City employees and its agents may have access to your private data if their work assignments reasonably require access. The City's human resources consultant, the Council, city attorney's office, staff, and members of an interview panel, which may include non-City employees, will have access to some of your private data during the application and selection process. State or federal law or a court order may allow others to have access to your data also.

The City will not disclose any of your private data to any member of the general public without your permission. The MGDPA classifies the following information as public data about applicants: veteran status, relevant test scores, rank on eligible list, job history, education and training, and work availability. If you are a finalist for the position, your name is also public. A "finalist" is a person the City selects for an interview.

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, may be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. I further acknowledge my understanding that employment with the City is “at will,” and that employment may be terminated by either the City or me at any time, with or without notice.

With my signature below, I am providing the City authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered “No” to the question, “May we contact your current employer?”, contact with my current employer will not be made without my specific authorization.

I further understand that criminal history checks may be conducted and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the City in writing of any changes to information reported in this application for employment.

Signature

Date

VETERAN PREFERENCE QUESTIONNAIRE

City of Columbus, Minnesota

Complete **ONLY** if you wish to apply for Veteran's Preference Points.

This questionnaire is to determine your status as a veteran under the Veteran's Preference Statute, Minnesota Statutes, 43A.11.

The City of Columbus provides a 10-point preference to those individuals who meet the minimum qualifications for a vacant position and who have received an Honorable Discharge or Separation after serving more than 180 consecutive days in the military service for purposes other than training. A surviving spouse of a deceased veteran or a spouse of a disabled veteran, who because of their disability is unable to qualify for the position, is also entitled to a 10-point preference. Disabled veterans as defined by law shall receive a 15-point preference.

Please indicate which statement describes your current Veteran's status:

- I am a Veteran
- I am a disabled Veteran
- I am the spouse of a deceased Veteran
- I am the spouse of a disabled Veteran who is unable to use the preference due to the disability

1. Name _____ 2. Applicant's S.S.# _____

2. Address _____
(City) (State) (Zip Code)

3. Position for which applying: _____

4. If you achieve the minimum qualifications, do you wish to apply your veteran's preference bonus points? Yes No

5. If a spouse of a deceased or disabled veteran, list veteran's name: _____

6. Period of active duty: From: _____ To: _____

(Do not include short training periods of active duty with a reserve unit. You must have served with a unit that was on active duty, not one on reserve status.)

7. Branch of Service: _____ Service No.: _____

8. Rank at discharge: _____ Type of separation or discharge: _____

(Honorable, General, Etc.)

You must provide the City with a copy of your form DD-214. Disabled veterans must also supply an official document from the Department of Veterans Affairs, or from a branch of the Armed Forces certifying a service-connected disability. Spouses applying for preference points must supply their marriage certificate, the Veteran's DD-214 and a letter from the Department of Veterans Affairs verifying that the Veteran's death was due to a service-connected condition or that the Veteran's disability is service-connected and renders them unable to qualify for this position.

Your veteran's preference points cannot be considered without supporting documentation. IF THE DOCUMENTATION IS NOT ATTACHED, IT MUST BE RECEIVED BY THE CITY NO LATER THAN 7 CALENDAR DAYS AFTER THE DEADLINE DATE FOR THE POSITION.

My supporting documentation:

is attached

will be submitted within 7 calendar days of the position application deadline

I swear that the above statements are true and accurate to the best of my knowledge and belief.

(Signature)

(Date)