



Employment Application CITY OF AFTON

An Equal Opportunity/
Affirmative Action
Employer

Read Instructions on last page before proceeding.

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.

Title of Position for Which You Are Applying:			Date of Application:		
Last Name		First Name		Middle Name	
Street Address		City		State	Zip Code
Home Phone		Work Phone		May We Call You at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What Type of Employment are You Seeking?					
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary, Full-Time		<input type="checkbox"/> Temporary, Part-Time	
<input type="checkbox"/> Seasonal, Full-Time	<input type="checkbox"/> Seasonal, Part-Time	<input type="checkbox"/> Intermittent (On Call as Needed)			

Are you age 18 or older? Yes No
 Did you graduate from High School/receive a GED? Yes No
 Are you authorized to work in the U.S. on an unrestricted basis? Yes No
 May we contact your present employer? Yes No
 May we contact your past employers? Yes No
 Are you applying for Veteran Preference Points? If yes, please contact the City of Afton for a claim form.

Please send your completed application to:

City Administrator
 City of Afton
 3033 St.Croix Trail South
 P.O. Box 219
 Afton, MN 55001
 Telephone: (651) 436-5090

If faxing, please send original in the mail, indicating on the original application the day it was faxed.

COPIES WILL NOT BE PROVIDED BY THE CITY OF AFTON. IF YOU WISH A COPY FOR YOUR INFORMATION, PLEASE PHOTOCOPY THE FORM(S) PRIOR TO SUBMISSION.

Note: The information you provide on this application will be used to determine if you meet the minimum qualifications for this position. The information must be specific and complete on or before the last day for filing, or your application may be rejected. If you need more space, attach additional pages to the application.

Education

College - Name and Location	No. of Years Completed	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned	Major and Minor Subjects
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Business, Trade, Technical or Vocational School Indicate Name & Location	Program Length in Weeks	% Course Completed	Have You Received a Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Program Title
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If Position **Requires** Certificate, Registration or Occupational License, Please Provide that Information.

Type	Number	Expiration Date

Experience

Experience and training background is determined by the information you provide on your application. Please list all of your qualifying paid experience, including percentages of time. Start with your present or most recent employer. Do not mark application "See Resume" – you may submit additional sheets in this format if necessary.

Current or Most Recent Employer:

Office Use	1. Name of Organization _____	Employment Dates:
	Name of Dept/Div _____	From _____ To _____
	Address _____	Total Time Yrs _____ Months _____
	Phone Number _____	Hours/Week _____ Salary \$ _____
	Your Job Title _____	Reason for Leaving _____
	Supervisor _____	

Major Duties or Responsibilities	% of Time Performing Duty
1. _____	
2. _____	
3. _____	
4. _____	

Office Use	2. Name of Organization _____	Employment Dates:
	Name of Dept/Div _____	From _____ To _____
	Address _____	Total Time Yrs _____ Months _____
	Phone Number _____	Hours/Week _____ Salary \$ _____
	Your Job Title _____	Reason for Leaving _____
	Supervisor _____	

Major Duties or Responsibilities	% of Time Performing Duty
1. _____	

2.	
3.	
4.	
5.	

Office Use

3. Name of Organization _____ Employment Dates: _____
 Name of Dept/Div _____ From _____ To _____
 Address _____ Total Time Yrs _____ Months _____
 Phone Number _____ Hours/Week _____ Salary \$ _____
 Your Job Title _____ Reason for Leaving _____
 Supervisor _____

Major Duties or Responsibilities	% of Time Performing Duty
1.	
2.	
3.	
4.	
5.	

Office Use

4. Name of Organization _____ Employment Dates: _____
 Name of Dept/Div _____ From _____ To _____
 Address _____ Total Time Yrs _____ Months _____
 Phone Number _____ Hours/Week _____ Salary \$ _____
 Your Job Title _____ Reason for Leaving _____
 Supervisor _____

Major Duties or Responsibilities	% of Time Performing Duty
1.	
2.	
3.	
4.	
5.	

If position **Requires** Driving:

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	License Number	Expiration Date	Class
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Have you had any moving violations in the last five (5) years?
 Yes No If "Yes", please explain:

Do You Have Keyboarding Ability Yes No Words per minute

What office machines or occupational equipment do you operate?

Computer Skills

(Include specific information and length of time regarding computer operation experience and specific hardware and software programs utilized.)

Important Facts About Information on Your Application

This application is designed to assist in the process of evaluating you qualifications for possible employment. Certain information requested on the application is private; that is, it may be released only to you or the responsible city officials. Names of applicants would become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position. All other information you supply on this application with the exception of that which is private data as indicated below will become public if you are hired by the County.

Private Data	Why We Ask For It	Are You Legally Obligated to Provide It?	What May Happen If You Don't Provide It?
Name/Address	To distinguish you from all other applicants; to be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview.	No	We may not be able to employ in certain jobs where you may be required to come to work or be interviewed on short notice.
Special Accommodations	To determine whether you need special accommodations.	No	We will be unable to provide necessary accommodations in a timely manner.

If you have a disability or language difficulty that would prevent you from testing for a position under standard conditions, please contact the City of Afton so that reasonable effort can be made to accommodate your needs.

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information will result in rejection of my application or dismissal if I am hired.

Signature

Date

Tennessee Warning

Information requested on your application is defined by State Statute as public and may be released on request and include job history, education and training and work availability. Your name is private except when you are certified as eligible for appointment to a vacancy. Certain other information requested on your application is private and only to you or to governmental entities authorized access by law (MS15.165, Subd 2.) Private data contained above:

- NAME/SOCIAL SECURITY NUMBER (SSN): Used to identify you in relation to other applicants. You are legally required to provide your name but not your SSN. Failure to provide this information may result in a delay in processing or rejection of your application.
- LOCAL/PERMANENT ADDRESS/HOME TELEPHONE: Used to contact you regarding your application's status. You are not legally required to provide this information. Failure to provide this information may result in a delay in processing or notifying you of your application's status.
- LICENSE INFORMATION: Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in your rejection as an applicant for these positions.
- CITIZENSHIP STATUS: Used to certify applicants for work in the United States as determined by laws of the United States Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application

Important Information About Completing Your Application

1. Read the job announcement thoroughly so you understand the duties, requirements and selection process used for the position.
2. Fill out the City of Afton Employment Application form in its entirety.
3. **Type or print clearly** and give complete and accurate information. If you do not, you may: A.) not meet the position's screening criteria and/or B.) be removed from further consideration because of an incomplete application.
4. **EXPERIENCE SECTION. Be specific and complete.** For jobs with experience and training ratings, this part of the application will determine your score. Incomplete or inaccurate information could cause your application to be disqualified or delay its processing.
 - ✓ List your present or most recent experience first. Include only job-related **PAID** experience. Unpaid experience or volunteer experience should not be listed unless specified in the job announcement.
 - ✓ List each promotion separately, even though it was within the same organization.
 - ✓ If the hours per week on a job vary, indicate the average number of hours per week. Part-time experience is prorated according to the number of hours worked, using a 40-hour work week as the standard for full-time work. For example - one-year work experience at 20 hours per week would be prorated to six months of full-time work experience.
 - ✓ If you attach additional information sheet(s), include all of the information requested on the application, i.e. dates of experience, hours per week, etc.
 - ✓ To receive proper credit, list the five most important and/or time-consuming responsibilities and duties and the percent of time spent on each duty. Percentages should add up to 100%. Do not include duties that are performed only occasionally.

Sign the application.

5. Your completed application must be physically received (faxed or original) by the City of Afton by the published closing date. We do not accept applications received after the closing date, even if they are postmarked by that date. If faxing, please send original in the mail, indicating on the original application the day it was faxed. The City of Afton is not responsible for the failure of others, including the U.S. Post Office, to forward applications to us before the deadline.
6. The only adjustments you may make on your application form after the closing date is your name, address, or telephone number.
7. If you have a disability or language difficulty that would prevent you from testing under standard conditions or successfully completing the application form, please contact the City of Afton so that reasonable effort can be made to accommodate your needs.
8. Veteran Preference: Qualified veterans and spouses of disabled or deceased veterans may apply to have extra points credited to their examination score. However, you must pass the examination for this preference to be applied.
9. All materials submitted in support of your application become the property of the City of Afton and cannot be returned. Resumes, work samples, letters of recommendations, etc. should not be submitted at the time of application unless it is required per the job announcement. Request for copies of an applicant's employment application form will not be provided by the City of Afton.
10. **DRUG TESTING.** In accordance with City of Afton Drug Testing policy, all individuals entering regular safety-sensitive or management positions shall be required to take a drug test. Such offers of employment will be conditionally offered based on passing the drug test.

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 veterans 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: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Veteran</td> <td style="width: 50%;"><input type="checkbox"/> Disabled Veteran</td> </tr> <tr> <td><input type="checkbox"/> Spouse of Disabled Veteran</td> <td><input type="checkbox"/> Spouse of Deceased Veteran</td> </tr> </table>				<input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Spouse of Disabled Veteran	<input type="checkbox"/> Spouse of Deceased Veteran
<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 within 7 days
of application deadline

CHART #1	FOR OFFICE USE ONLY <input type="text"/> 5 points
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