

City of Finlayson
P.O. BOX 244
FINLAYSON, MN 55735
320-233-6472

DATE _____

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

HOME PHONE (____) _____ CELL PHONE (____) _____

IF APPLYING FOR **BARTENDER POSITION**

ARE YOU AT LEAST 18 YEARS OF AGE? YES _____ NO _____

ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT IN THE UNITED STATES? YES _____ NO _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

DO YOU WISH TO WORK: FULL TIME PART TIME TEMPORARY

IF PART TIME, SPECIFY HOURS OR DAYS _____

EVER APPLIED TO THIS CITY BEFORE? YES _____ NO _____ IF YES, WHEN? _____

EVER WORKED FOR THE CITY BEFORE? YES _____ NO _____ IF YES, WHEN? _____

REASON FOR LEAVING _____

WHO REFERRED YOU TO THE CITY? AGENCY _____ CURRENT EMPLOYEE _____ NEWSPAPER AD _____ OTHER _____

EDUCATION

ARE YOU A HIGH SCHOOL GRADUATE? YES _____ NO _____
OR A GED? YES _____ NO _____

ANY TRAINING/SCHOOL YOU HAVE RELATED TO THIS POSITION?
(COLLEGE/TRADE/BUSINESS) YES _____ NO _____

FORMER EMPLOYERS

(LIST BELOW MOST RECENT EMPLOYER FIRST. LIST COMPLETE HISTORY, BUT DO NOT PROVIDE DATES OF EMPLOYMENT FOR JOBS HELD MORE THAN FIVE YEARS AGO.)

1. NAME AND ADDRESS OF EMPLOYER _____

TELEPHONE _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

JOB TITLE _____ NAME AND TITLE OF SUPERVISOR _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

2. NAME AND ADDRESS OF EMPLOYER _____

TELEPHONE _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

JOB TITLE _____ NAME AND TITLE OF SUPERVISOR _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

3. NAME AND ADDRESS OF EMPLOYER _____

TELEPHONE _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

JOB TITLE _____ NAME AND TITLE OF SUPERVISOR _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	OCCUPATION	PHONE NUMBER
1.			
2.			
3.			

GENERAL INFORMATION

SPECIAL TRAINING? _____

SPECIAL SKILLS (typing wpm, steno speed, etc) _____

WERE YOU IN THE U.S ARMED FORCES? YES___ WHAT BRANCH_____ NO___
RANK AT SEPARATION_____

DO YOU HAVE A VALID MINNESOTA DRIVERS LICENSE? YES___ NO___

ANY ENDORSEMENTS? YES___ NO___

IF SO WHICH? _____

AUTHORIZATION (PLEASE READ THE FOLLOWING STATEMENT CAREFULLY)

I certify that the information contained in this application (and accompanying resume, if any) is correct and that I have not omitted any information. I understand that falsification or omission of information may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I understand that if I am hired, my employment may be terminated at any time for any lawful reason by the City.

I authorize the schools, references, and my prior employers listed above to provide my record, reason for leaving, and all other information they may have concerning me and I release all parties from any and all liability or claims for damage whatsoever that may result there from.

I authorize the City of Finlayson to do a criminal background check with BCA.

I understand that only the City Council has authority to make agreements of employment for a specified period of time for specific conditions. I further understand that any agreement for employment for a specified period of time or under specified conditions must be reduced to writing and signed by _____ and me to be enforceable.

Signature _____

Date _____

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Finlayson appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) for which you are applying:

Gender: Male Female

With which racial/ethnic group do you identify?

- Black or African American
- Hispanic or Latino
- American Indian or Alaskan Native through Tribal affiliation or community recognition
- Caucasian/White
- Asian
- Native Hawaiian or other Pacific Islander
- Two or more races

Disability status, defined as:

- 1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);
- 2) Has a history of a disability (such as cancer that is in remission);
- 3) Is regarded as having such impairment.

Do you claim disability status? Yes No

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: VETERANS' PREFERENCE POINTS CANNOT BE CONSIDERED WITHOUT SUPPORTING DOCUMENTATION. ATTACH COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE. DOCUMENTATION MUST BE RECEIVED BY THE APPLICATION DEADLINE OF THE POSTING IN ORDER TO BE CONSIDERED. (VETERAN IS DEFINED BY MINN. STAT. § 197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other documentation verifying service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "member Copy 4" of your DD214, or other documentation verifying service, contact your County Veterans' Service Office.

The City of Finlayson operates under a point preference system, which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; Fifteen (15) points are awarded if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score and been 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, or after having served

the full period called or ordered for federal, active duty and be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five points preference only once when applying for the first promotion after securing public employment.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" DD214, or other documentation verifying service, 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)	(MI)	Position For Which You Applied	
Address (Street)	(City)	(State)	(Zip)	Closing Date:
				Phone Number
				Are you a US Citizen or Resident Alien?
				<input type="checkbox"/> YES <input type="checkbox"/> NO

VETERAN (10 points):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, must be submitted to receive points)

Honorably discharged veteran: Yes No

DISABLED VETERAN (15 points):

("Member Copy 4" of DD214, or other documentation verifying service, and USDVA Summary of Benefits Letter of disability rating decision of 10% or more must be submitted to receive points)

Percent of Disability: _____%

Have you ever applied for promotion in public employment? Yes No

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, photocopy of marriage certificate, spouse's death certificate and proof veteran is deceased 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

SPOUSE OF DISABLED VETERAN (15 points):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, and US VA Summary of Benefits Letter of disability rating decision of 10% or more must be submitted to receive points).

How does Veteran's disability prevent performance of a stated job "requirement?" Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

AFFIDAVIT: I hereby claim Veterans' Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to the City of Finlayson by the required application deadline.

Signature

Date

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.447, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the "Member Copy 4" of your DD214 or DD215, or other documentation verifying service. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, or other documentation verifying service, USDVA verification that veteran died, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of Finlayson. Please contact our office at 320-233-6472 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.