



Employment Application

124 North Broadway, Crookston, MN 56716
 Phone: 218-281-1232 Fax: 218-281-5609
 Website: www.crookston.mn.us

We welcome your application for employment. Please provide us with complete information so that we may give you full consideration of your application. Depending on the position, you may be asked to complete an additional questionnaire or supply us with further information.

The City of Crookston is an Affirmative Action Employer. It is our policy to provide equal employment opportunities to all who apply or who are employed at the City of Crookston. The City of Crookston does not discriminate against or harass any employee or applicant for employment because of race, creed, color, religion, sex, national origin, marital status, status with regard to public assistance, disability, age, membership on a local human rights commission, or sexual orientation.

PLEASE NOTE: Please complete the application thoroughly. "See resume" is not an acceptable response for any entries on this application. Candidates will be ranked only on the information submitted in this application. Resumes and other supplemental materials will be considered in addition to, but not in lieu of this application.

PERSONAL INFORMATION				
Last Name:	First Name:	Middle:		
Present Address:	Street:	City:	State:	Zip Code:
Permanent Address (if different):	Street:	City:	State:	Zip Code:
Phone Numbers:	Home:	Work:	Cell:	
E-mail Address:				
WORK PREFERENCE				
Title of the position in which you are applying:				
Category of Position: <ul style="list-style-type: none"> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal or Temporary <input type="checkbox"/> Paid, On-Call Firefighter <input type="checkbox"/> Other _____ 			What days and hours are you available to work?	
FOR INTERNAL USE ONLY				
Date Received	Action	Notification		

EDUCATION AND TRAINING

Please circle the highest grade you have completed:

High School

College

Graduate School

9 10 11 12

1 2 3 4

1 2 MA PhD JD

Name and Location of High School (most recent):

Did you graduate or receive a GED: Yes No

SCHOOLS

TYPE	NAME & LOCATION	DEGREE RCVD?	MAJOR/MINOR
College			
College			
Graduate			
Vocational			
Other			

ADDITIONAL TRAINING RECEIVED

Please summarize any or all related course work or training you have received which may be relevant to this position (you may attach a separate page or summary):

PROFESSIONAL LICENSES OR CERTIFICATIONS

What relevant trade or professional licenses or certificates do you currently hold? (Please attach a copy of each relevant license, if required for the position).

RELATED ACTIVITIES AND PROFESSIONAL MEMBERSHIPS

Please describe any memberships in professional, civic, social organizations or trade associations (past or present) in which you have been involved, including volunteer time. Include any responsibilities or achievements/awards, along with any offices you have held or received. Exclude the name of the organization, which may indicate age, race, creed, religion, color, gender, sexual orientation, national origin, marital status, political affiliation, membership or activity in a local human rights committee, or disability in their name or character. (You may attach a separate page or summary)

**COMPLETE ENTIRE APPLICATION THOROUGHLY –
DO NOT WRITE “SEE RESUME”**

EMPLOYMENT HISTORY – List most present employer first

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Present Employer (Name):		Employer's Address:	
Your Job Title:			
Dates Employed From: To:		Full-time <input type="checkbox"/>	
		Part-time <input type="checkbox"/>	
		Other <input type="checkbox"/>	
Supervisor's Name and Title:		Supervisor's Phone Number:	
Describe the duties you perform (be as specific as possible):			
What is your reason for leaving or seeking a change:			

NEXT EMPLOYER

Employer:		Address:	
Supervisor Name and Title:		Phone Number(s):	
Your Job Title:		Full-time <input type="checkbox"/>	
Dates Employed From: To:		Part-time <input type="checkbox"/>	
		Other <input type="checkbox"/>	
Duties Performed:			
Reason for Leaving:			

NEXT EMPLOYER

Employer:		Address:	
Supervisor Name and Title:		Phone Number:	
Your Job Title:		Full-time <input type="checkbox"/>	
Dates Employed From: To:		Part-time <input type="checkbox"/>	
		Other <input type="checkbox"/>	
Duties Performed:			
Reason for Leaving:			

EMPLOYMENT HISTORY – Continued**NEXT EMPLOYER**

Employer:		Address:	
Supervisor Name and Title:		Phone Number:	
Your Job Title:	Dates Employed From: To:		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other <input type="checkbox"/>
Duties Performed:			
Reason for Leaving:			

NEXT EMPLOYER

Employer:		Address:	
Supervisor Name and Title:		Phone Number:	
Your Job Title:	Dates Employed From: To:		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other <input type="checkbox"/>
Duties Performed:			
Reason for Leaving:			

NEXT EMPLOYER

Employer:		Address:	
Supervisor Name and Title:		Phone Number:	
Your Job Title:	Dates Employed From: To:		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other <input type="checkbox"/>
Duties Performed:			
Reason for Leaving:			

ADDITIONAL RELATED EXPERIENCES

Please list any other employment experience or volunteer work you performed that you think is relevant to the position in which you are applying and will assist us in making a determination based on your qualifications.

PLEASE ANSWER ONLY IF RELEVANT TO THE POSITION IN WHICH YOU ARE APPLYING

What computers and software applications do you operate or feel you are proficient in operating?

Other than a computer, what office machines do you operate or feel you are proficient in operating?

What other kinds of equipment do you operate that would relate to the position? (Attach a separate list if necessary.)

What other information about your skills, training, or education can you provide which would be helpful for us to know when considering your application? (Please list only those items which are relevant to the position.)

GENERAL INFORMATION AND BACKGROUND CHECKS

Are you authorized to work in the U.S. on an unrestricted basis and can you produce sufficient documentation of employment?

Yes No

Are you over the age of 18?

Yes No

What day(s) and hours are you able to work?

When are you available to start?

COMPLETE IF POSITION REQUIRES A VALID DRIVER'S LICENSE

Do you possess a valid driver's license?

Yes No

If yes, In which state is your license valid?

Please check which licenses you hold?

Class: A B C D

List Endorsements: _____

CRIMINAL BACKGROUND CHECK

The City of Crookston conducts a thorough criminal history background check as well as other forms of background verifications as a condition of employment for all positions. For some positions (example: sworn police, fire and public safety positions), certain felony convictions (and other convictions mandated by the state licensing boards) will automatically disqualify the applicant from further consideration.

Candidates for positions working with children and vulnerable adults will be disqualified if they have been convicted of any crime listed in the Child Protection Worker Act (MN Statutes 299C.61 & 62). Generally, this includes child abuse crimes, murder, manslaughter, felony level assault, or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct, and prostitution-related crimes.

For all other positions, convictions may not automatically disqualify the candidate from employment. Each case is considered on its individual merits and the type of work sought, etc.

Finalists for all positions will be provided a background packet and a form to provide authorization to release information, which will include further details and instructions relevant to the position. Before any applicant is rejected based on their criminal conviction, he or she will be notified in writing and will be given any rights afforded by Minnesota Statutes Chapter 364. This includes the right to show evidence of rehabilitation.

Any applicant who makes false statements or withholds any information will cause them to be barred from employment or removed from employment.

Please provide three work-related business references not previously listed as a supervisor.

Name	Relationship to You	Occupation	Phone Number

Please provide three character references not previously listed in this application.

Name	Relationship to You	Occupation	Phone Number

DATA PRIVACY NOTICE

The information you supply on this employment application will be used to assess your qualifications for the position for which you are applying. You are not legally required to provide the information, but we will not be able to consider your application without it. The information is requested to distinguish you from other applicants; to identify you in our employment files; to determine if you meet the minimum qualifications of the position for which you are applying; and to contact you for the employment interviews.

The following information on this application will be considered private data on individuals pursuant to the Minnesota Government Data Practices Act: your name, home address, home phone number, and Social Security number. If you are certified as eligible for an employment vacancy, your name will become public data. If you are hired by the City of Crookston, all information you supply on this application will become public data, except your home street address, home phone number, and Social Security number.

The information you voluntarily provide on the separate form "Confidential Equal Employment Opportunity Information" will be at all times considered private data. It can only be accessed by you or a city official who has a bona fide need for it to comply with affirmative action and equal opportunity mandates.

SIGNATURE – PLEASE READ CAREFULLY AND SIGN

1. I certify that all the information I have provided on this application is correct and that I have not omitted any information. I understand that giving false information or omitting requested information may disqualify me from further consideration for employment or may result in dismissal, if discovered at a later date.
2. I authorize the City of Crookston to verify the information I have provided in this Employment Application.
3. I hereby authorize all current and previous employers to release job-related information to the City of Crookston.

SIGNATURE: _____ **DATE:** _____

If you have a disability or language difficulty that would prevent you from testing for a position under standard conditions, please contact City Hall at 218-281-1232 so that reasonable efforts can be made to accommodate your needs.

CONFIDENTIAL EQUAL OPPORTUNITY INFORMATION

The following information is voluntary and confidential. The purpose of collecting this information is to comply with state and federal Equal Employment Opportunity laws and other legal reporting requirements. It will not adversely affect your employment candidacy with the City or your status as an employee after appointment. This form will be filed separate from your application and it will not be used in our recruitment evaluation process. We would appreciate your cooperation in our efforts to ensure Affirmative Action and Equal Employment Opportunity.

Position for which you are applying:	Today's Date:
Name:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
Age Range: Under 18 <input type="checkbox"/> 18-39 <input type="checkbox"/> 40-65 <input type="checkbox"/> Over 65 <input type="checkbox"/>	

With which racial/ethnic group do you consider yourself? (Please check only ONE of the following.)

- Native American or Alaskan Native (Through tribal affiliation or community recognition)
- Asian
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- Black or African American (Not of Hispanic Origin)
- White (Not of Hispanic Origin)
- Two or more races

RECRUITMENT INFORMATION?

How did you hear about the position for which you are applying?

- City of Crookston Job Posting
- From another City employee
- College, technical or high school
- Newspaper (Which one?) _____
- City of Crookston Website
- League of Minnesota Cities
- Internet job board or site (Which one?) _____
- Minnesota Workforce Center?
- Telephone Inquiry
- Stopped by City Hall for other business
- Other (Please specify.) _____

**CITY OF CROOKSTON
VETERANS' PREFERENCE POINTS APPLICATION INSTRUCTIONS**

**Complete this form ONLY if you are a veteran
AND are claiming Veterans' Preference**

The Minnesota Veterans' Preference Act (MVPA) requires political subdivisions of the state to award preference points to veterans for most open and competitive positions. *It does not apply* to internal applicants, except for promotional exams.

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans subject to the provisions of Minnesota Statutes 197.447. Preference points are awarded to qualified veterans to supplement their application. Preference is a credit of points available to qualified veteran applicants to recognize the training and experience they received as a result of serving in the military. Preference is awarded by rating applicants on a 100-point scale. Veterans (as defined below) who receive a passing score (i.e. meet the minimum qualifications for a job) are awarded an extra ten (10) points. Eligible spouses of a disabled or deceased veteran must also meet the minimum qualification in order to receive preference points. Fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the Veterans Administration.

For open and competitive exams, veterans can use preference points for each position in which they apply. To qualify for preference for a **competitive or open exam or hiring process**, you must have 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 active duty OR having served the full period called or ordered for 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 an **internal promotional exam**, a veteran must have 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 (5) points preference only for the first promotion after securing City employment.

To meet the MS 197.447 eligibility requirements of "veteran," the person must:

1. Be a U.S. citizen or resident alien AND
2. Have received a DD Form 214 (Separation or Discharge from Active Duty) that is characterized as "under honorable conditions" from any branch of the U.S. Armed Forces

AND have either:

- a) Served on Active Duty (not active duty for training-ADT) for at least 181 consecutive days, OR
- b) Have been discharged by reason of service connected disability, OR
- c) Have completed the minimum active duty requirements of federal law, as defined by CFR Title 38, section 3.12a, [i.e. the full period for which a person was federally ordered to active duty]. For example: National Guard persons federally ordered to Iraq. Note on DD214 the CFR Title or designation of Federal Orders, and note the wording "completed orders." OR
- d) Persons with service certified by Secretary of Defense as Active Military Service under Public Law 95-202. (Example: certain Merchant Marines in WW II). The local CVSO does have a list of groups authorized by PL 95-202, which is limited.

CITY OF CROOKSTON VETERANS' PREFERENCE APPLICATION

The information you provide on this form will be used to determine eligibility for veterans' preference points. If you choose to apply for veterans' preference points, you are required to supply the following information along with appropriate documentation.

VETERANS' PREFERENCE APPLICATION		
Last Name	First Name	MI
Position For Which You Applied:		
Street Address	City/State/Zip Code	Daytime Phone:
Do you wish to apply for Veterans' Preference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you answered yes, complete the rest of this application. If you answered no, please sign at the bottom of the application and return it with your application materials.		
Are you a US Citizen or Resident Alien? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Non-Disabled Veteran (10 Points*) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Disabled Veteran (15 Points* or 5 Points** see below) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Percentage of disability: _____%		
Have you ever been promoted within the City of Crookston? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Spouse of Deceased Veteran (5 Points*) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Spouse of Disabled Veteran (10 Points*) Yes <input type="checkbox"/> No <input type="checkbox"/>		
* (Used for open and competitive exam or hiring process.)		
** (Used by disabled veteran for internal promotional process until first promotion is received after securing city employment.)		

- 1) You MUST attach a copy of the DD214 or DD215. This copy must state the nature of discharge (i.e. honorable, general, medical, under honorable conditions, etc.).
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision in writing that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Note: Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per MN Statute 197.455.
- 3) A spouse of a deceased veteran applying for preference points must supply their marriage certificate, the veteran's DD214 OR DD215, a death certificate, verification of their marriage at the time of the veteran's death, and that the spouse has not remarried. Note: if you have remarried or were divorced from the veteran, you are ineligible to receive points.
- 4) All required documentation is required to be submitted within seven (7) days of the application deadline. 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: <http://mnveteranservice.org/documents/cvso.html> or the local or the local County Veteran's Service Officer.

AFFADAVIT: I hereby claim Veterans' Preference for this examination 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 Crookston.

SIGNATURE: _____ **DATE:** _____

SUBMIT THIS FORM AND REQUIRED DOCUMENTATION TO THE CITY ADMINISTRATOR

124 North Broadway, Crookston, MN 56716 Phone: 218-281-1232 Fax: 218-281-5609