



CITY OF WINDOM

PO BOX 38
444 9TH STREET
WINDOM, MN 56101- (507) 831-6129

EMPLOYMENT APPLICATION

DATE _____

All persons are welcome to apply with the City of Windom. The City of Windom is an equal opportunity employer and does not discriminate against or harass any employee or applicant because of race, color, creed, religion, national origin, sex, disability, age, marital status, or status with regard to public assistance.

Please complete this application fully. You may attach any additional information that you believe qualifies you for the position for which you are applying. The attached material must supplement the application and not be in lieu of requested data.

POSITION SOUGHT: _____

ANNUAL SALARY DESIRED	TEMPORARY	REGULAR	PART-TIME	FULL-TIME	DATE AVAILABLE
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PERSONAL INFORMATION

LAST NAME _____ FIRST _____ MIDDLE _____

PRESENT STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DAY PHONE # _____ CELL PHONE # _____ HOME PHONE # _____

EMAIL ADDRESS _____

Are you a United States citizen OR, if not, do you have permission to work in this country? Yes No

Are you under 18? Yes No If seeking seasonal positions, are you under 22? Yes No

Returning to School? Yes No Graduating? Yes No

EDUCATION AND TRAINING

HOW MANY YEARS OF SCHOOL HAVE YOU COMPLETED?	7 8 9 10 11 12	13 14 15 16	17 18 19 20+
	HIGH SCHOOL	UNDERGRADUATE	GRADUATE

NAME OF SCHOOL	ADDRESS	DID YOU GRADUATE?		DIPLOMA, DEGREE, OR CERTIFICATE	MAJOR & MINOR SUBJECTS
		Yes	No		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

List any courses, seminars, workshops, training, and skills that you have acquired that are related to this position

EMPLOYMENT HISTORY

List your work experience beginning with your present or most recent employment or occupation. Resumes and additional supporting materials may be submitted in support of but not in lieu of the following.

EMPLOYER		JOB TITLE	
ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATES EMPLOYED (MO/YR)	REASON FOR LEAVING	LAST SALARY	IF NOT, WHY? _____
SUMMARIZE YOUR RESPONSIBILITIES _____			

EMPLOYER		JOB TITLE	
ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATES EMPLOYED (MO/YR)	REASON FOR LEAVING	LAST SALARY	IF NOT, WHY? _____
SUMMARIZE YOUR RESPONSIBILITIES _____			

EMPLOYER		JOB TITLE	
ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATES EMPLOYED (MO/YR)	REASON FOR LEAVING	LAST SALARY	IF NOT, WHY? _____
SUMMARIZE YOUR RESPONSIBILITIES _____			

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

NAME	ADDRESS	PHONE#	EMAIL ADDRESS	YEARS ACQUAINTED
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MILITARY- Complete this section if you served in the U.S. Armed Forces. Also, please complete the separate Veteran's Preference Form.

BRANCH OF SERVICE: _____ LENGTH OF ACTIVE DUTY: _____

RANK AT DISCHARGE : _____ TYPE OF DISCHARGE: _____

DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING: _____

OFFICE EQUIPMENT/ COMPUTER SOFTWARE PROGRAMS

WHAT OFFICE MACHINES DO YOU OPERATE PROFICIENTLY? COMPUTER TEN KEY OTHER _____

COMPUTER SOFTWARE YOU USE PROFICIENTLY MS WORD MS EXCEL OTHER _____

LICENSES

DO YOU HAVE A VALID MINNESOTA DRIVER'S LICENSE? YES NO NUMBER _____

LICENSE CLASSIFICATION: CLASS A CLASS B CLASS C CLASS D EXPIRATION DATE _____

OTHER VALID DRIVER'S LICENSES (LIST STATE, CLASS, AND NUMBER): _____

IF RELEVANT, LIST OTHER CURRENT PROFESSIONAL REGISTRATIONS, LICENSES OR CERTIFICATIONS

REGISTRATIONS, LICENSES, CERTIFICATIONS	DATE ISSUED	EXPIRATION DATE
_____	_____	_____
_____	_____	_____

IN CASE OF EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

IMPORTANT NOTICE TO ALL APPLICANTS

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Windom during the application process or during employment.

Any information about yourself that you provide to the City of Windom during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, you are required to provide the information requested in the Employment Application, if you wish to be considered for employment. If you do not supply the information requested, your application may not be considered.

This information may be provided to:

1. Persons authorized to have access to the information under state or federal law; and
2. Persons authorized by court order to have access to the information; and
3. Persons to whom you consent in writing to have access to the information.
4. City employees who need to know the information.

AUTHORIZATIONS

I authorize and consent to having city representatives make inquiries about me if I am to be considered for employment.

Former employers are authorized to give information about me in any form, oral or written. They are hereby released from all liability issuing such information. I hereby knowingly waive any privileges, including protection under the Data Practices Act, that I have as to such information.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or dismissal if employed.

I understand that employment may be conditional upon completion of a physical examination, completion of testing related to the position and a Driver's License check. The City may require drug and alcohol testing for certain positions involved with heavy equipment operations. I agree to complete applicable tests if I receive a conditional offer of employment.

I understand that this authorization may be revoked in writing by me at any time and in no event will it be valid for more than one year from the date below.

Applicant's Signature _____ Date _____

My signature confirms that I have read and understand the authorization and notice to applicants set forth above. I recognize that my failure to sign, accurately complete or falsify information in this application will automatically disqualify me from consideration for employment.

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 Windom appreciates your cooperation in our efforts to ensure affirmative and action and equal opportunity.

Please indicate the position(s) for which you are applying:

Please indicate how you heard about this position:

Please place a check mark in the appropriate boxes:

Gender Male Female

With which racial/ethnic group do you identify?

- Asian or Pacific Islander
- African American (Black)
- Hispanic
- Native American or Alaskan Eskimo
- Caucasian (White)
- Other (Please indicate) _____

DISABILITY STATUS

Defined as:

1. Has physical, sensory, or mental impairment (condition) which materially (significantly) limits one or more life activities;
2. Has record of such impairment (condition);
3. Is regarded as having such an impairment (condition).

Based on the above information, do you claim Disability status?

Yes No

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Windom is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public. The personal information we collect about you is private. Minnesota Statutes 130.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the City of Windom. All data collected is considered private except for the following:

1. Your Veteran's status.
2. Relevant test scores.
3. Your rank on our eligibility list.
4. Your job history.
5. Your education and training.
6. Your work availability.

Your name is considered private information, however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of the City of Windom. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, appropriate City employees, and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the City of Windom in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the City of Windom to monitor protected class employment and to meet federal, state and local reporting requirements.

I declare that I have read and understand the information given above regarding the Minnesota Data Privacy Act.

Applicant's printed name

Applicant Signature

Date