

CITY OF SHOREWOOD

APPLICATION FOR EMPLOYMENT

Office Use Only:

Date Received:

PLEASE RETURN COMPLETED FORM TO:

City of Shorewood · 5755 Country Club Road · Shorewood, MN 55331
 Phone: 952.960.7900 · Fax: 952.474.0128 · E-mail: cityhall@ci.shorewood.mn.us

The City of Shorewood is an Affirmative Action/Equal Opportunity Employer. It is our policy to provide equality of opportunity in employment and prohibit discrimination on the basis of race, color, creed, religion, national origin, political affiliation, disability, public assistance status, marital status, gender, sexual orientation, or age. Failure to provide the data required for this application may result in rejection of your application.

- PLEASE PRINT CLEARLY OR TYPE-

Please read the Data Practices Advisory on page 4.

| | | | |
|--|------------------------|--|---------------------------------|
| Title of Specific Position For Which You Are Applying: | | Today's Date: | Date Available For Work: |
| Last Name: | First Name: | Middle Name: | |
| Have you been known by any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name: _____ | | | |
| Street Address: | | City, State and ZIP Code: | |
| Are You at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No | Home Telephone: | Work Telephone: May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No In accordance with the Immigration Reform and Control Act of 1986, the City only hires U.S. citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal. | | | |
| Do you have any relatives, other than a spouse, working for the City of Shorewood? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship to you: _____ By which department are they employed: _____ | | | |
| Have you been convicted of a misdemeanor, gross misdemeanor, or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No You may answer "No" if the conviction or criminal records have been annulled or expunged. If yes, explain on a separate sheet of paper and include dates. Your answer will not necessarily bar you from employment with the City. Circumstances of conviction(s) will be taken into consideration. | | | |
| Employment Condition Desired: (check one) <input type="checkbox"/> Regular F.T. <input type="checkbox"/> Seasonal/Temporary F.T. <input type="checkbox"/> Regular P. T. <input type="checkbox"/> Seasonal/Temporary P. T. | | Have you previously been employed by the City of Shorewood? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date(s) _____ Position _____ | |

Educational Information

| School | Name and address of School | Course of Study | Last year completed | Did you Graduate? | Diploma or degree obtained |
|--------------------|----------------------------|-----------------|---------------------|-------------------|----------------------------|
| High School | | | 1 2 3 4 | Yes No | |
| College | | | 1 2 3 4 | Yes No | |
| Other (Specify) | | | 1 2 3 4 | Yes No | |

Special Skills and Qualifications

List any correspondence courses, seminars, workshops, training, and skills acquired that might relate to this position and summarize special job-related skills and qualifications acquired from employment or other experience.

List any current licenses, registrations, or certificates that you possess. Include drivers license class and State of issue.

To be completed by applicants for clerical, administrative, and fiscal positions only:

Typing Ability: Yes No
WPM _____

Shorthand Ability: Yes No
WPM _____

Business Machines and Experiences: _____

Bookkeeping Experiences: _____

Employment History

Work Experience: (Experience and ratings are determined by this information; please be complete.) List complete employment history, with most recent first. Indicate the total number of years and months you worked at each job. Include paid and unpaid experience. **DO NOT USE "SEE RESUME" OR SIMILAR.** Attach additional sheets if needed.

| | |
|---|--|
| <p>Employing Firm:</p> <p>Address: _____</p> <p>Phone Number: _____ Supervisor: _____</p> <p>Your Title: _____ Supervisor's Title: _____</p> <p>Number of Positions You Supervised: _____</p> <p>Principle Responsibilities (be complete): _____ % of Your Time Spent in Each Area of Responsibility _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Length of Employment</p> <p>From (Month/Year): _____</p> <p>To (Month/Year): _____</p> <p>Total (Yrs/Mos): _____</p> <p>Hours Worked Per Week: _____</p> <p>Last Salary: _____</p> <p>Reason for Leaving or Seeking Other Employment: _____</p> <p>_____</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, explain: _____</p> <p>_____</p> <p>_____</p> |
| <p>Employing Firm:</p> <p>Address: _____</p> <p>Phone Number: _____ Supervisor: _____</p> <p>Your Title: _____ Supervisor's Title: _____</p> <p>Number of Positions You Supervised: _____</p> <p>Principle Responsibilities (be complete): _____ % of Your Time Spent in Each Area of Responsibility _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Length of Employment</p> <p>From (Month/Year): _____</p> <p>To (Month/Year): _____</p> <p>Total (Yrs/Mos): _____</p> <p>Hours Worked Per Week: _____</p> <p>Last Salary: _____</p> <p>Reason for Leaving or Seeking Other Employment: _____</p> <p>_____</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, explain: _____</p> <p>_____</p> <p>_____</p> |
| <p>Employing Firm:</p> <p>Address: _____</p> <p>Phone Number: _____ Supervisor: _____</p> <p>Your Title: _____ Supervisor's Title: _____</p> <p>Number of Positions You Supervised: _____</p> <p>Principle Responsibilities (be complete): _____ % of Your Time Spent in Each Area of Responsibility _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Length of Employment</p> <p>From (Month/Year): _____</p> <p>To (Month/Year): _____</p> <p>Total (Yrs/Mos): _____</p> <p>Hours Worked Per Week: _____</p> <p>Last Salary: _____</p> <p>Reason for Leaving or Seeking Other Employment: _____</p> <p>_____</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, explain: _____</p> <p>_____</p> <p>_____</p> |

Employment History

Work Experience: (Experience and ratings are determined by this information; please be complete.) List complete employment history, with most recent first. Indicate the total number of years and months you worked at each job. Include paid and unpaid experience. **DO NOT USE "SEE RESUME" OR SIMILAR.** Attach additional sheets if needed.

| | |
|--|---|
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Data Practices Advisory

The information requested on the application is necessary, either to identify you or to assist in determining your suitability for the position for which you are applying. You may legally refuse, but refusal to supply the requested information will mean that your application for employment may not be considered.

Information requested on your application that is defined by State Statute as public may be released on request and includes job history, education and training, rank on our eligibility list, relevant test scores, veteran's status, and work availability.

Your name is private except when you are certified as eligible for appointment to a vacancy or selected as a finalist for the position. Certain other information requested on your application is private and may be released only to you or to governmental entities authorized access by law (MS 13.02, Subd.12). Private data contained above.

NAME: Used to identify you in relation to other applicants. Failure to provide this information may result in the 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 the delay in processing or rejection of your application.

LICENSE INFORMATION: Used to certify applicants for position where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in the rejection of your application.

AGE RANGE: Used to accurately certify applicants for certain types of work according to State law. You are legally required to provide this information. Failure to provide this

information may result in the rejection of your application.

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 the rejection of your application.

CONVICTION RECORD: Used to determine whether we may legally accept an application from you and to determine whether your record may be a job-related consideration. Failure to provide relevant conviction information may be grounds for withdrawal of any conditional offer, or dismissal.

EMPLOYMENT: If you are selected for employment with the City, the following additional information about you will be public: your name; actual gross salary and salary range; contract fees; actual gross pension; the value and nature of your fringe benefits; the basis for and the amount of added remuneration, such as expenses or mileage reimbursement, in addition to your salary; your job title; job description; the dates of your first and last employment with the City; the status of any complaints or charges against you while at work; the final outcome of any disciplinary action taken against you, specific reasons for it, and all supporting documentation about your case; terms of any agreement settling administrative or judicial proceedings; your work location and work telephone number; your badge number, if any; honors/awards received; payroll time sheets; your city and county of residence. Anything not listed above which is placed in your application folder or your personnel file (such as medical information, letters of recommendation, resumes, etc.) is made private information by the law. For further information, refer to Minnesota Statute Ch. 13.43.

Physical and Psychological Examination

If you are hired for this position, you may be required to undergo a physical and/or psychological examination at the employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner and whether or not reasonable accommodations are necessary for you.

Drug and Alcohol Testing

The City of Shorewood has adopted a drug and alcohol testing policy. The purpose of this policy is to provide for a safe public and employment atmosphere, as set forth by Minnesota State Statute 181.951. As a job applicant for any City position, you are subject to testing under the policy and may be asked to provide a urine specimen after you have received a conditional offer of employment. You may legally refuse to undergo a drug or alcohol test. If you refuse, the City's conditional offer of employment may be withdrawn. If you undergo an initial screening test with a positive test result, a confirmatory test verifying that result must be performed. You have the right to explain a confirmatory test's positive result within three working days after receiving notice. You have the right to request and pay for a confirmatory retest of the original sample within five working days after receiving notice. If the confirmatory retest does not confirm the original positive test result, no adverse personnel action based on the confirmatory test may be taken against you. A job applicant who receives a positive test result and fails or refuses a confirmatory test or does not request in writing a confirmatory retest within five working days after notice, may be refused employment and will be notified of the reason for such refusal. Except as otherwise noted, the job applicant has no additional right of appeal with the City of Shorewood. The full Drug and Alcohol Testing personnel policy is available for review at City Hall, 5755 Country Club Road, Shorewood, MN during regular business hours. A job applicant receiving a conditional offer of employment will be given a full policy at least one day prior to testing.

Auxiliary Aids and Assistance

If you have a job-related disability and require a reasonable accommodation to compete in the application process, please contact City Hall, 5755 Country Club Road, telephone number: 952.474.3236.

Authorization and Release

The City has the right to verify information provided in the application. I may be discharged if there are any misrepresentations on this application, or my resume, or made by me in an interview which may be discovered now or anytime in the future. False information or misrepresentation may also subject me to the penalty provisions of M.S. 43A.39.

As an applicant for a position with the City of Shorewood, I expressly authorize the collection, use and release of any and all information concerning me, including information of a confidential or privileged nature, which relates to my employment. Moreover, I hereby release the City of Shorewood and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

- Yes
- Yes, but not present employer until job is offered
- No (We may be unable to hire you without this information.)

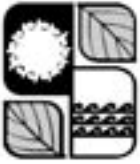
I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and I understand the information as stated in the **Data Practices Advisory** on the previous page.

Date: _____ Signed: _____

References

Please provide the name, address and phone number of three work related references. City staff may contact these references at any point in the selection process.

| Name: | Address: | Phone: | Position and relationship to your work: |
|----------|----------|--------|---|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |



CITY OF SHOREWOOD

Veteran's Preference Points Application

Office Use Only:

Date Received:

PLEASE RETURN COMPLETED FORM TO:

City of Shorewood · 5755 Country Club Road · Shorewood, MN 55331

Phone: 952.474.3236 · Fax: 952.474.0128 · E-mail: cityhall@ci.shorewood.mn.us

APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their application results. Points are awarded subject to the provisions of Minnesota Statute 43A.11. To be eligible for veteran's 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 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 or 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.

| |
|---|
| <p>FOR OFFICE USE ONLY</p> <p><input type="checkbox"/> 5 POINTS</p> <p><input type="checkbox"/> 10 POINTS</p> |
|---|

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.

***If you answered YES above, please fill out this form completely.**

Veteran Self 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? Yes No

Do you have a compensable service-related disability? Yes No

Preference Requested: Veteran Disabled Veteran Spouse of Deceased Veteran Spouse of Disabled Veteran

Your Veteran's 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

Applicant's Signature _____ Date _____

Employment Data Record

Employees are treated during employment without regard to race, color, creed, religion, national origin, sex, age, marital or veteran status, sexual orientation, medical condition or disability, status with regard to public assistance, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

PLEASE NOTE: Your cooperation is voluntary, inclusion or exclusion of this data will not affect any employment decision.

Name: _____ Social Security # _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: (check one) M _____ F _____ Birthdate: _____

Current Job: _____

Ethnic Origin: (check one)

White _____ Black _____ Hispanic _____ American Indian/Alaskan Native _____

Asian/Pacific Islander _____ Other _____

Check if any of the following are applicable:

Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped Individual _____

Consent for Release of Information

I, _____ authorize the City of Shorewood to disclose
(Applicant's Name, please print)

Federal, State and Local agencies the above information for the purpose of meeting Equal Opportunity/Affirmative Action reporting requirements.

I understand that my records are protected under State and Federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided for by law.

I also understand that I may cancel this consent at any time prior to the information being released and that in any event this consent form expires automatically 90 days after signing.

Signature of individual authorizing release

Date