

Application for Employment City of Cannon Falls 918 River Road Cannon Falls, MN 55009 (507) 263-9300 (507) 263-5843 (FAX)	DATE & TIME RECEIVED:
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The City of Cannon Falls is an equal opportunity/affirmative action employer and welcomes your application. It is the policy of the City of Cannon Falls to avoid discrimination in the employment process on the basis of sex, age, race, color, creed, religion, national origin, sexual orientation, or any other non-relevant personal characteristic. The information you are being asked to provide is defined to be Personnel Data under the Minnesota Government Data Practices Act. Pursuant to the Data Practices Act, some of this information is classified as "public data" and the remaining information is classified as "private data". Data classified as "public" can be released to any requestor. Data classified as "private" may only be released with your consent. The purpose for gathering this information is to determine if you meet the minimum qualifications for the position selection process. You are not required by law to provide the information being requested. Failure to provide any information requested in this application form may cause you to be removed from consideration during the selection process.

Complete all blanks on this application, sign, and return to the City of Cannon Falls, Attn: Personnel, 918 River Road, Cannon Falls, MN 55009. Attach additional sheets if necessary to fully answer the questions.

Position(s) applying for:			Date of application		
			Best number to contact you between 8am and 4pm		
			Home	Work	Mobile
Last name	First name	Middle name	Home Phone		
Street Address			Work Phone		
City, State, Zip Code			Mobile Phone		
Driver's License Number		State of Issue	Email Address		

You would be interested in: Full-time Part-time Seasonal

Instructions: Check the "yes" box to the right if each statement below is true about you. Check the "no" box if the statement is not true about you.	Answer	
Have you ever filed an application with us before? If yes, when: _____	Yes	No
Have you ever been employed by us before? If yes, when: _____	Yes	No
Do you have any friends or relatives, other than spouse working here?	Yes	No
Are you currently employed?	Yes	No
May we contact your current employer?	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	Yes	No <input type="checkbox"/>
Are you currently in a layoff status and subject to recall?	Yes	No
Can you travel if a job requires it?	Yes	No

MILITARY SERVICE

We follow the Veteran's Preference law. This law provides a ten point preference to those applicants who have received an Honorable Discharge or separation after serving 181 or more consecutive days in the military services for purposes other than training. Disabled veterans receive fifteen points if supporting documentation is provided to validate their eligibility. If you meet the requirements, and you wish to exercise your Veteran's Preference at this time, please indicate so below. Veteran's Preference may not be claimed by any veteran who is receiving, or is eligible to receive, a monthly veteran's pension benefit based exclusively on length of service. This law does provide preference points may be used by the surviving spouse of a deceased veteran and by the spouse of a disabled veteran who because of the disability is unable to qualify.

DATE OF ENTRY FOR ACTIVE MILITARY DUTY (Do NOT include short training periods of active duty with a reserve unit. You must have served with a unit that was on active duty, not one on reserve status.) _MO DAY YEAR	PLACE OF ENTRY (City/State)	DATE OF SEPARATION OR DISCHARGE FROM ACTIVE DUTY MO DAY YEAR	TYPE OF SEPARATION OR DISCHARGE (Honorable, General, etc.)
	BRANCH OF SERVICE	TOTAL TIME OF ACTIVE DUTY YEARS _____ MONTHS _____	SERVICE CONNECTED DISABILITY, IF ANY (State type and percent.)
PRESENT RESERVE STATUS		MILITARY OCCUPATION	

► I hereby elect to claim Veteran's Preference in accordance with Minnesota State law for the current City of Cannon hiring process for which I am applying: ***(If Requesting Veteran's Preference, attach a copy of the DD-214 form that shows your eligibility.)***

Signature _____ Date _____

Describe any job related training received in the United States military.

SCHOOLING

Instructions: List your high school or GED and all post-secondary schools you have attended, along with credits obtained, and any degrees, certificates, or diplomas received, and the dates attended.

School Location (City & State) and Phone Number	Credits Obtained	Degree, Certificate, or Diploma Received	Dates Attended
High School or GED			
College or Other Post-Secondary School			
College or Other Post-Secondary School			
College or Other Post-Secondary School			

Specialized training, apprenticeship, skills and extra-curricular activities.

EMPLOYMENT HISTORY

Important Instructions: List all jobs you have held, paid or volunteer, for the last ten (10) years. List chronologically, beginning with your current or most recent position first. If you had any periods of no employment lasting longer than 30 days, add a separate listing for that time period and explain.

List your employment by position. For example, if you spent three years as a receptionist and one year as an accounts receivable clerk, all working for the same security company, you would have at least two position listings for that employer.

We evaluate your entire work history when scoring your application. Each position may be worth points, so please be complete. Please do not leave this section blank or refer to a resume. **Only work experience listed on this form and in this exact format will be counted.** You may add extra sheets, if necessary, but please make sure to include all the requested information.

Employer _____	Length of Position From (month/year) _____
Address _____	To (month/year) _____
Phone Number _____ Your Title _____	Total (years/months) _____
Supervisor _____ Supervisor's Title _____	_____ Full Time _____ Part Time
Principle Duties or Responsibilities:	May We Contact This Employer?
	_____ Yes _____ No
Reason for seeking new employment:	

Employer _____	Length of Position From (month/year) _____ To (month/year) _____ Total (years/months) _____ _____ Full Time _____ Part Time May We Contact This Employer? _____ Yes _____ No
Address _____	
Phone Number _____ Your Title _____	
Supervisor _____ Supervisor's Title _____	
Principle Duties or Responsibilities:	
Reason for seeking new employment:	
Employer _____	Length of Position From (month/year) _____ To (month/year) _____ Total (years/months) _____ _____ Full Time _____ Part Time May We Contact This Employer? _____ Yes _____ No
Address _____	
Phone Number _____ Your Title _____	
Supervisor _____ Supervisor's Title _____	
Principle Duties or Responsibilities:	
Reason for seeking new employment:	

Employer _____	Length of Position From (month/year) _____ To (month/year) _____ Total (years/months) _____ _____ Full Time _____ Part Time May We Contact This Employer? _____ Yes _____ No
Address _____	
Phone Number _____ Your Title _____	
Supervisor _____ Supervisor's Title _____	
Principle Duties or Responsibilities:	
Reason for seeking new employment:	

List professional, trade, business or civic activities and offices held.

You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Other qualifications.

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information that you feel may be helpful to us in considering your application.

SIGNATURE

I certify that all of the statements and information provided by me in this application and in any attachments are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection, disqualification, or dismissal if employed.

(Signature of Applicant)

(Date)

AUXILIARY AIDS AND ASSISTANCE

If, due to a disability, you need assistance in completing an application or if you anticipate that you will need auxiliary aids or service in the selection process, please notify Human Resources at (507) 263-9300.

Please submit this application and all requested attachments to:

**City of Cannon Falls
Human Resources Department
918 River Road
Cannon Falls, MN 55009
Phone: (507) 263-9300
Fax: (507) 263-5843**

Tennesen Warning

In accordance with the Minnesota Governmental Data Practices Act, the City of Cannon Falls 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, not the public. The personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the City of Cannon Falls. 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 test
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 purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of the City of Cannon Falls. Refusal to supply requested information will mean that your application for employment may not be considered.

Private data is available only to you, to appropriate City employees, elected officials and others as provided by state and federal laws, 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.

I declare that I have read and understand the information given above, regarding the Minnesota Data Practices Law.

Applicant's Signature

Date

Equal Opportunity/Affirmative Action Data

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

The purpose of collecting the data requested below is to comply with state and federal Equal Opportunity Employment reporting and other legal requirements. It is for periodic government reporting purposes only. This form will be filed separately from your application and will not be used in our recruitment evaluation process. Inclusion or exclusion of data will not affect any recruitment selection decisions.

Your cooperation in providing the data is **voluntary**.

Name: (Last, First, Middle)		
Address:		
City:	State:	Zip:

Position Applying For:	Today's Date:	
Birth Date: (Month/Day/Year)		
Check One:	Male	Female
Check One of the Following: (Ethnic Origin)		
White African/American	Hispanic Asian/Pacific Islander	American Indian/Alaskan Native Other
Check if any of the following are applicable:		
<input type="checkbox"/> Disabled Individual	<input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled Veteran
How were you made aware of this employment opportunity? Check all that apply.		
Newspaper (provide name): _____		
City of Cannon Falls Web Site: _____		
League of Minnesota Cities Web Site: _____		
City Employee (provide name): _____		
Other (provide source): _____		