

Return to:
 Human Resource Director
 221 East Clark Street
 Albert Lea, MN 56007

**City of Albert Lea
 Application for Employment**

Date Received _____

It is the policy and intent of the City of Albert Lea to hire the most qualified person possible without regard to race, color, religion, national origin, marital status, sex or age. The policy of equality of opportunity in employment applies to promotions, personnel policies, programs, practices and municipal operations as well as the hiring procedure itself.

Information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment with the City of Albert Lea. In this regard, it is asked that complete information be furnished as outlined in this application. You are encouraged to attach any additional information which you believe qualifies you for this position.

PERSONAL INFORMATION

Position applying for _____ Date Available ____/____/____

Full Time Part Time Temporary Seasonal E-mail Address _____

Legal Name _____ Prior Name(s) _____
Last First MI

Address _____ Daytime Phone (____) ____-____
 _____ Evening Phone (____) ____-____
City State Zip

Are you related to any current employee within the City of Albert Lea? Yes No
 Are you legally eligible for employment in the United States? Yes No
 Are you a veteran who received an honorable discharge qualifying you for veterans' preference points? Yes No
 Are you under 18 years of age? Yes No
 As an adult, have you ever been convicted of a crime? Yes No
 If YES, please describe: (A conviction record will not necessarily disqualify you from employment.) _____

EDUCATION (Complete only if education is a job requirement.)

Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
 If you didn't complete high school, have you passed an equivalency test? Yes No
 Check the number of years of post high school education 1 2 3 4 5 6 7

Type of School	Name of School	Location (Mailing Address)	Major & Degree
High School			N/A

List any special courses, seminars, workshops, training sessions, etc. that might relate to this position. Also, list any licenses or certificates relating to this position. If you expect to complete an educational program in the near future, please indicate type of degree or program and your expected completion date.

EXPERIENCE (Please list employers beginning with your present or most recent employment.)

Employer's Name _____ Phone (____) _____ - _____
Address _____ Position Held _____
City _____ State _____ Zip _____ Dates Employed (mm/yy) ____ / ____ to ____ / ____
Immediate Supervisor _____ May we contact this employer for references? Yes No
Salary: Start _____ End _____ Full Time Part Time Hours per Week _____
Duties Performed _____
Reason for Leaving _____

Employer's Name _____ Phone (____) _____ - _____
Address _____ Position Held _____
City _____ State _____ Zip _____ Dates Employed (mm/yy) ____ / ____ to ____ / ____
Immediate Supervisor _____ May we contact this employer for references? Yes No
Salary: Start _____ End _____ Full Time Part Time Hours per Week _____
Duties Performed _____
Reason for Leaving _____

Employer's Name _____ Phone (____) _____ - _____
Address _____ Position Held _____
City _____ State _____ Zip _____ Dates Employed (mm/yy) ____ / ____ to ____ / ____
Immediate Supervisor _____ May we contact this employer for references? Yes No
Salary: Start _____ End _____ Full Time Part Time Hours per Week _____
Duties Performed _____
Reason for Leaving _____

List any other skills or experience which relate to this position. _____

I hereby certify that all answers to the above questions are true and I agree and understand that any false statements contained in this application may cause rejection of this application or termination of employment without notice or benefits.

Signature of Applicant _____ Date ____ / ____ / ____

Notice to Applicants

In accordance with the Minnesota Government Data Practices Act, the City of Albert Lea is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available only to you and to other persons in the City of Albert Lea who have a bona fide need for the data, but not to the public. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice of private data.

The following information which you might be asked to provide in the employment process is considered private data:

- Name
- Home Address
- Home Phone Number
- Social Security Number
- Date Of Birth
- Conviction Record
- Sex
- Age Group
- Racial/Ethnic Group
- Disability

We ask for this information for the following reasons:

- to distinguish you from all other applicants and identify you in our personnel files
- to enable us to verify that you are the individual who takes examinations, if any examination is given
- to enable us to contact you when additional information is required, send you notices and/or schedules for your interviews
- to determine if you meet the minimum age requirements (if any)
- to determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position you applied for
- to enable us to ensure your rights to equal opportunities
- to meet federal reporting requirements
- to make processing more efficient

The data supplied will be used only for the purpose of your employment application with the City of Albert Lea.

FURNISHING SOCIAL SECURITY NUMBER, DATE OF BIRTH (UNLESS A MINIMUM AGE IS REQUIRED), SEX, AGE GROUP, RACIAL/ETHNIC AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

If you are hired by the City of Albert Lea, you will be legally required to supply your social security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration, and will enable us to compute your salary deductions. Insurance data which you will be required to furnish in order to participate in City health and life insurance plans will be classified as private as will payroll deduction data.

VETERANS PREFERENCE POINTS APPLICATION INSTRUCTIONS

APPLICANT NAME: _____ POSITION: _____

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veterans' 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 (as defined above) 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 of 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 veterans 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.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERANS BONUS POINTS? _____ YES _____ NO

If you answered "YES", your DD214 or other documentation must be received no later than seven (7) calendar days after the application deadline for the position.

VETERANS PREFERENCE POINTS APPLICATION

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 Disabled Veteran _____ Spouse of Deceased Veteran

Your Preference Points application cannot be considered without supporting documentation (see instructions above). **If the supporting documentation is not attached, it must be received in our office no later than seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.**

Supporting documentation: _____ is attached _____ will be submitted within 7 days of application deadline.

FOR OFFICE USE ONLY 5 points _____ 10 points _____

CITY OF ALBERT LEA--AFFIRMATIVE ACTION SURVEY

The City of Albert Lea is committed to provide equal opportunity to all qualified applicants in recruitment, selection and promotion without regard to race, color, religion, age, national origin, sex, veteran status or disability. Completion of this form will assist us in complying with Federal regulations. Submission of this information is **VOLUNTARY** and is not considered in employment decisions. This form will be kept separate from the employment application form.

Applicants Name: _____ Date: _____

Position Applied For: _____

Sex: ___ Male ___ Female

Race/Ethnicity:

___ American Indian or Alaskan Native - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment

___ Asian or Pacific Islander - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands (including China, Japan, Korea and the Philippine Islands.)

___ Black or African American - A person having origins in any of the Black racial groups of Africa.

___ White, Not of Hispanic Origin - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

___ Hispanic or Latino (All races) - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.