



CITY OF ISLE
285 2nd Ave S. Suite #2
PO Box 427
Isle MN 56342
320-676-3641(City Hall)
320-676-1084 (Fax)

EMPLOYMENT APPLICATION

Title of job applied for: _____
(Type or print)

Last Name	First Name	MI	Home Phone	Work Phone
Street Address	Apt. No.	City	State	Zip

If you should move after applying for this position, please notify the City in writing immediately of your change of address and phone number.

* Are you legally eligible for employment in the U.S.? _____ Yes _____ No

* Do you have a valid Minnesota driver's license? _____ Yes _____ No Class Type: _____

* How did you hear about the position? _____

* Has any of your education or experience been under another name? _____ Yes _____ No

If yes, list other name: _____

OTHER APPLICANT INFORMATION

AN EQUAL OPPORTUNITY EMPLOYER, the City of Isle will hire and promote without regard to such non-job related distinctions as race, creed, color, age, religion, sex, marital status, status with regard to public assistance, national origin, physical or mental disability or sexual orientation.

DATA PRIVACY: The information on this application is necessary to identify you and to determine your suitability for this position. You must supply this information in order to be considered for employment. Background investigations may be conducted on the top candidates if needed to determine suitability for the position. If a background check is required, you will be notified and asked to sign a release.

EMPLOYMENT EXPERIENCE

List your work history for the last eight years. Start with your PRESENT or MOST RECENT position. Additional experience may be listed beyond five years. If included, do not list dates. Give length of employment only.

Employer	Telephone ()	<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Job Title		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Supervisor				
Reason for Leaving				

Employer	Telephone ()	<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Job Title		<u>Hourly Rate/Salary</u>		
		Starting	Final	
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		From	To	
Address				
Job Title		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

If you are currently working, may we contact your PRESENT employer about your work?
 _____ Yes _____ No

MEMBERSHIP IN CIVIC AND PROFESSIONAL ORGANIZATIONS

Please describe:

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

*If you need more space, use the last page of the application or attach additional sheets. Although you must fully complete this application, you may **also include a job resume** or other description of your work and volunteer and personal experiences that are relevant to this position. If a questionnaire is included as an application supplement for the position, it must be completed for you to be considered.*

EDUCATION

	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills & Extra-Curricular Activities				

Honors received (school and community):

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

Give name, address and telephone number of three (3) references who are not related to you.

List any correspondence courses, special courses, seminars, workshops, training and skills acquired that might relate to this position. Please review the job description before answering this question.

List any current licenses, registrations or certificates that you possess. Include driver's license number, class and State of Issue.

TO BE COMPLETED BY APPLICANTS FOR CLERICAL, ADMINISTRATIVE AND FISCAL POSITIONS ONLY

Business machines and experiences: _____

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? _____NO _____YES

YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 13.01 through 13.87 (1983) on data privacy require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address and Home Phone Number.

This means it is available only to you, the City of Isle officials and their representatives who have a bona fide need for it. This data will be used to identify you within the hiring process. Refusal to supply requested information may mean your application will not be considered.

Your name is considered private until you become a finalist for employment with the City of Isle. You are considered a finalist when and if you are selected to come to the final selection interview prior to selection.

EMPLOYEE CERTIFICATION

Please be sure to sign this application and read the following statements carefully:

1. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in rejection of my application or dismissal if I am hired.
2. I authorize the City of Isle and its agents and/or representatives to verify this information to determine whether or not I am qualified for the position for which I am applying.
3. I understand that only the City Council has the authority to make employment agreements.
4. I hereby authorize all current and previous employers and schools to release to the City of Isle data classified as private. The data which I authorize to be released consists of private data as defined by M.S. 13.02, Subd. 12 and has been or will be collected by the City of Isle and/or its agents and/or representatives. This information includes all data which has been collected, created, received, retained or disseminated in whatever form which is in any way related to employment. I fully understand that the purpose of permitting the City of Isle to have access to this information is to determine my suitability for employment for the position for which I

have applied. I release all parties from any and all liability and claims for damage whatsoever that may result therefrom.

5. I have read and understand the Job Description given to me by the City of Isle for the position covered by this application and feel that I am fully qualified with the knowledge, skills, and ability to perform the duties required.

This authorization shall be valid for one year, but I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the City Council of the City of Isle. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that a photocopy shall be considered as valid as the original.

Name: _____

Signature: _____

Date: _____

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

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 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.

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

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.

VETERAN'S PREFERENCE POINTS APPLICATION

Veteran <input type="checkbox"/> Self <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preference Requested: <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Deceased Veteran			

Your 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

5 points
 10 points

TENNESSEN WARNING

City of Isle
285 2nd Ave S Suite #2
PO Box 427
Isle, MN 56342

In accordance with the Minnesota Government Data Practices Act, the City of Isle 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 to you, but not to the public. The personal information we collect about you is private.

The information collected from you or from other agencies or individuals authorized by you is used to determine your qualifications for the City of Isle.

You are not legally required to provide this information; however, providing it may be necessary to determine if you qualify for employment. Disclosure of your social security number is voluntary, unless you are employed by the City of Isle. If employed by the City, you must disclose it in order to be in compliance with state and federal tax withholding laws. If you do not supply the required information, the City of Isle may not be able to consider you for employment. The use of the provided data we collect is limited to individuals whose jobs reasonably require access to this information. Persons or agencies with whom this information may be shared include:

1. City Administration Staff
2. City Council
3. Managers and Supervisors of Departments Where Job Openings Occur
4. Police Department
5. Bureau of Criminal Apprehension

Unless otherwise authorized by state statutes or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained on you.
2. The right to be told the contents and meaning of the data.
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the City Clerk with the City of Isle.

_____ I have read and understand the above information regarding my rights under the Minnesota Government Data Practices Act.

Signature

Date

Print Name

Address



For office use only

Application Date _____ / _____ / _____ Date to Police Dept. _____ / _____ / _____
Processed by _____ Approved Denied No Record

Your background check may include (but not limited to):

- Criminal History
- Drivers License Check
- Outstanding warrants
- Fingerprinting
- Photograph
- Civil & Criminal Record Check
- IRS Document Check
- Credit Check
- Interview

ATTACH A COLOR COPY OF YOUR DRIVER'S LICENSE (FRONT AND BACK)

Section 1: License

Please print legibly or your request will be returned

1. License being applied for _____

If this is for a Liquor License please answer the following, otherwise skip to Section 2

2. Name _____ Phone () _____

Last First Middle

3. Type of liquor license _____

4. Responsible party _____

***Note: For all liquor licenses, this form must be completed by and background checks will occur on both applicant and responsible party.**

Section 2: Business

5. Business name _____ Phone () _____

6. Business address _____
Street City State Zip

Section 3: Applicant

7. Name _____ Maiden name _____
Last First Middle

8. Address _____
Street City State Zip

9. Drivers license, state identification or military ID _____ 10. Sex M F

11. Height _____ ft _____ Weight _____ lbs. Hair color _____ Eye color _____ DOB _____ / _____ / _____

12. Any other addresses _____
Street City State Zip

RELEASE INFORMATION TO: CITY CLERK'S OFFICE

I, the undersigned do hereby authorize the ISLE POLICE DEPARTMENT to release any background information on me as permitted by law.

X _____ Date _____
Applicant's Signature

The above information will be used for business license processing only

Bureau of Criminal Apprehension
 CHA Unit
 1430 Maryland Ave. E.
 St. Paul, MN 55106
 651-793-2400

City of Isle
 PO Box 427
 285 2nd Ave South
 Isle, MN 56342

INFORMED CONSENT

APPLICANT NOTE: The information contained herein is considered private date, and will be used only to determine your suitability for employment/for a volunteer position. Providing this information is strictly voluntary and you are not required by law to furnish any of the information requested herein. However, if you do not furnish it we may have trouble determining your suitability for employment. The information provided herein will be accessible only to you, pertinent staff and the City of Isle, or as provided for by Minnesota Statutes.

BCA Note: The following named individual has made application with this agency for employment or a volunteered position with the City of Isle. The City of Isle practices and procedures (and in some cases State Law) requires that criminal history inquiries be made on applicants for employment in certain positions within the city.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full)(please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ Sex (M or F): _____
Month/Day/Year

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information pursuant to Minnesota State Statutes §299F.035 to the City of Isle for the purpose of employment with this agency.

The expiration of this authorization shall be one year from the date of my signature.

 Signature of Applicant (Must be Notarized) Date

 City Representative Date

STATE OF MINNESOTA)
 COUNTY OF _____)S.S.
 Subscribed and sworn before me this ____ day of _____, 20__

BY: _____, Notary Public