

RETURN TO:

HUMAN RESOURCES
 CITY OF FARIBAULT
 208 1ST AVE. NW
 FARIBAULT, MN 55021



DATE RECEIVED BY CITY:
RECEIVED BY:

CITY OF FARIBAULT EMPLOYMENT APPLICATION

All persons are welcome to apply with the City of Faribault. Your application will be considered in competition with others for the position in which you are interested. Please furnish complete information as outlined in this application. Submission of an incomplete application disqualifies you from consideration for employment.

All information contained in or connected with this application will be considered for use only in conjunction with your possible employment with the City of Faribault. You are encouraged to attach any additional information which you believe qualifies you for the position for which you are applying.

The City of Faribault fully endorses recruitment and selection based upon merit criteria. To this end, all candidates regardless of race, color, creed, religion, national origin, marital status, status with regard to public assistance, sexual orientation, sex, age or disability, are invited to apply.

Please type or print in ink.

POSITION APPLIED FOR					
ANNUAL SALARY DESIRED	TEMPORARY <input type="checkbox"/>	REGULAR <input type="checkbox"/>	PART-TIME <input type="checkbox"/>	FULL-TIME <input type="checkbox"/>	DATE AVAILABLE

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE
PRESENT PERMANENT ADDRESS	CITY	COUNTY STATE ZIP CODE
DAY TELEPHONE NO. ()	HOME TELEPHONE NO. ()	

Are you under 18? Yes No Are you willing to work overtime if necessary? Yes No

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

EDUCATION TRAINING

HOW MANY YEARS OF SCHOOL HAVE YOU COMPLETED?	1 2 3 4 5 6	7 8 9 10 11 12	13 14 15 16	17 18 19 20+
	Elementary	High School	Undergraduate	Graduate

Type of School	Name and Address of School	Diploma, Degree or Certificate		Major & Minor Subjects
		Earned	Qtr./Sem. Credit Total	
High School				
College or University				
College or University				
Graduate School				
Technical				
Technical				

If, due to a disability, you need assistance in completing an application or if you anticipate that you will need assistance in the selection process, please notify Human Resources at (507) 333-0354 or TDD (507) 333-0398

EMPLOYMENT HISTORY

Instructions: Beginning with your present or most recent employment or occupation, list all your employers for at least the last five years. It is important to provide complete information. Resumes and additional supporting materials may be submitted in support of but not in lieu of the following:

PRESENT OR LAST EMPLOYER	ADDRESS	CITY	STATE
SUPERVISOR'S NAME AND TITLE		PHONE NO. ()	MAY WE CONTACT YES <input type="checkbox"/> NO <input type="checkbox"/>
DATES EMPLOYED (MO/YR)	HOURS WORKED	JOB TITLE	IF NOT, WHY?
FROM TO	PER WEEK		
REASON FOR LEAVING			LAST SALARY
SPECIFIC DUTIES			

SECOND LAST EMPLOYER	ADDRESS	CITY	STATE
SUPERVISOR'S NAME AND TITLE		PHONE NO. ()	MAY WE CONTACT YES <input type="checkbox"/> NO <input type="checkbox"/>
DATES EMPLOYED (MO/YR)	HOURS WORKED	JOB TITLE	IF NOT, WHY?
FROM TO	PER WEEK		
REASON FOR LEAVING			LAST SALARY
SPECIFIC DUTIES			

THIRD LAST EMPLOYER	ADDRESS	CITY	STATE
SUPERVISOR'S NAME AND TITLE		PHONE NO. ()	MAY WE CONTACT YES <input type="checkbox"/> NO <input type="checkbox"/>
DATES EMPLOYED (MO/YR)	HOURS WORKED	JOB TITLE	IF NOT, WHY?
FROM TO	PER WEEK		
REASON FOR LEAVING			LAST SALARY
SPECIFIC DUTIES			

FOURTH LAST EMPLOYER	ADDRESS	CITY	STATE
SUPERVISOR'S NAME AND TITLE		PHONE NO. ()	MAY WE CONTACT YES <input type="checkbox"/> NO <input type="checkbox"/>
DATES EMPLOYED (MO/YR)	HOURS WORKED	JOB TITLE	IF NOT, WHY?
FROM TO	PER WEEK		
REASON FOR LEAVING			LAST SALARY
SPECIFIC DUTIES			

REFERENCES Please give the names of three persons (not related to you) who can testify to your character and qualifications.

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

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 Faribault during the application process or during employment.

Any information about yourself that you provide to the City of Faribault during the application and interview process will be used to identify you as an applicant and to assess your qualification 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, it may mean that your application is not considered.

The 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.

All individuals in the City who need to know the information will have access.

I authorize and consent to have 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 for 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 is, at minimum, conditioned upon physical exam, criminal background check, credit check and driver's license check. The City requires drug and alcohol testing for all position finalists. A copy of the City's Drug and Alcohol Policy is available upon request from Human Resources. I agree to complete these tests if I receive a conditional offer of employment.

If the position for which I am hired is not part of a union, I recognize that employment at the City of Faribault is "at will" and not contractual wherein the employer or employee may terminate the relationship at any time for any reason. I further acknowledge that the City may unilaterally revise salaries, wages, fringe benefits, and conditions 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.



**EMPLOYMENT ELIGIBILITY AND IDENTIFICATION STATEMENT OF
UNDERSTANDING**

Federal law requires that employees verify eligibility for U.S. employment and identity. An employer must decline to hire an individual if a new employee fails to present adequate proof of eligibility and identify within three (3) days of the commencement of employment.

Should you be hired by the City of Faribault, you will be asked to submit an ORIGINAL of one of the following documents:

- 1) If you are a U.S. citizen:
 - a) A U.S. passport;
 - b) A driver's license, school identification card with photograph, or voter's registration.
- 2) If you are not a U.S. citizen:
 - a) A document to show eligibility to work by showing a resident alien card (I-551 or I-151) that contains your photograph or an unexpired foreign passport with an unexpired I-551 stamp.
 - b) Non-resident aliens must show a I-94 form attached to their passport which indicates they are authorized to work, or show proper identification and other documentation from the INS proving work authorization.

If you are hired for the position for which you are applying, you must provide the required documentation within three (3) business days of your first date of employment. Since the City cannot employ you without the required documents, it is essential that you have the documents available; if you do not have them, apply for them now.

I have read the above and understand that I will be asked to submit the required proof of my identity and eligibility for U.S. employment and that I will be required to attest, under penalty of perjury, the documents presented are genuine and related to me.

Date _____ Signature _____

ABSENCE OF CONTRACT

I realize that this application is in no way a contract.

Date _____ Signature _____

**CITY OF FARIBAULT
ADDENDUM TO APPLICATION FORM**

Position applied for: _____

Name (Print): _____
Last First Middle

Signature: _____

Date: _____

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

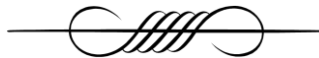
Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points, you must:

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 (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 VETERANS 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 PREFERENCE POINTS?

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

No If you answered no, please sign below:

Signature

**EQUAL OPPORTUNITY EMPLOYMENT
AFFIRMATIVE ACTION FORM**

Position applied for: _____

Date: _____

This document will be separated from you application before employment consideration by the City of Faribault. Furnishing the information below is voluntary. The information will in no way affect you as an individual applicant. The information will not be kept in Personnel files and will not be made available to any persons involved in decisions affecting any individual's employment or promotion to a position. The information will be used only for test validation research and reporting on Equal Employment Opportunity and Affirmative Action.

What Race/Ethnic Group Do You Consider Yourself?

- White, not of Hispanic origin - persons having origins in any of the original peoples of Europe, North Africa or the Middle East
- Hispanic, Mexican or Chicano
- African American, not of Hispanic origin - persons having origins in any of the Black racial groups of Africa
- American Indian or Alaskan Native - persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal or community affiliation
- Asian or Pacific Islander - persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-Continent or the Pacific Islands (For example: China, Japan, Korea, the Philippine Islands and Samoa)