

City of Walker

205 Minnesota Avenue West
PO Box 207
Walker MN 56484
218-547-5501

Employment application

We welcome you as an applicant to employment! The City of Walker is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, national origin, gender, age, marital status, public assistance status, veteran status, disability, or sexual orientation. Individuals are evaluated and selected solely on the basis of merit.

(Please Type or Print in Ink)

Title of Position for which you are applying:		Date of Application:	
Last Name:	First Name:	Middle Name:	
Street Address:	City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:	May We Call You at Work? Yes No
What Type of Employment are You Seeking? ____ Full-Time ____ Part-Time ____ Seasonal ____ Temporary			

Are you age 18 or older? ____ Yes ____ No

Are you authorized to work in the U.S. on an unrestricted basis? __ Yes __ No

May we contact your present employer? ____ Yes ____ No

May we contact your past employers? ____ Yes ____ No

IMPORTANT INFORMATION ABOUT COMPLETING YOUR APPLICATION

1. **Read the job announcement** carefully so you understand the duties, requirements and selection process used for the position for which you are making application.
2. **Type or print clearly** and give complete and accurate information. The information you provide on this application will be used to determine if you meet the minimum qualifications for this position. The information must be specific and complete and submitted on or before the last day for filing, or your application may be rejected. If you need more space, attach additional pages to the application.
3. Complete all applicable areas. **Do not mark your application “See Resume”**. An incomplete application may reduce your opportunity for employment with the City of Walker.
4. Applications must be received by the application deadline. **Late applications will not be considered.**
5. **Employment History: Be specific and complete.** List your present and most recent experience first. Include only job-related, paid experience. If you attach additional information sheet(s), include all the information requested on the application.
6. If you have a disability or language difficulty that would prevent you from successfully completing the application form, please contact the City of Walker Administrator’s Office, so that reasonable effort can be made to accommodate your needs.
7. **Veterans’ Preference:** Qualified veterans and spouses of disabled or deceased veterans may apply to have extra considerations related to this application. If you intend to file a claim of Veterans’ Preference with City of Walker, a copy of your Form DD214 should be filed by the job announcement closing date.

EDUCATIONAL INFORMATION				
Circle the highest grade completed:				
Elementary	High School	College	Post Graduate	
1 2 3 4 5 6 7 8	9 10 11 12 GED	13 14 15 16	MA	MS PHD JD
Name of High School: _____				
Name and location of college, university, Or technical schools	No. of years attended	Major/Minor or study area	Degree Received	

EMPLOYMENT HISTORY

Please give accurate, complete employment information. List your present or most recent experience first. Attach additional sheets if necessary.

DO NOT MARK YOUR APPLICATION 'SEE RESUME' OR YOUR APPLICATION WILL NOT BE CONSIDERED.

Present Employer:

Employer: _____ Phone No. _____

Address: _____

Supervisor: _____ Title: _____

Your Title _____

Number & Types of positions you supervised: _____

Principal Responsibilities (be complete): _____

Dates of Employment:

From: _____

To: _____

Hours Worked Per

Week: _____

Last Salary/

Wage: _____

Reason for leaving or seeking other employment:

First Previous Employer:

Employer: _____ Phone No. _____

Address: _____

Supervisor: _____ Title: _____

Your Title _____

Number & Types of positions you supervised: _____

Principal Responsibilities (be complete): _____

Dates of Employment:

From: _____

To: _____

Hours Worked Per

Week: _____

Last Salary/

Wage: _____

Reason for leaving or seeking other employment:

Second Previous Employer:

Employer: _____ Phone No. _____

Address: _____

Supervisor: _____ Title: _____

Your Title _____

Number & Types of positions you supervised: _____

Principal Responsibilities (be complete): _____

Dates of Employment:

From: _____

To: _____

Hours Worked Per

Week: _____

Last Salary/

Wage: _____

Reason for leaving or seeking other employment:

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

Typing ability: ___ Yes ___ No Words per minute: _____

List specific OTHER OFFICE EQUIPMENT and COMPUTER HARDWARE AND SOFTWARE with which you have.

Training: _____

Experience: _____

TO BE COMPLETED BY APPLICANTS FOR LABOR/MAINTENANCE AND SKILLED TRADE POSITIONS ONLY

List SPECIFIC EQUIPMENT with which you have experience:

ALL APPLICANTS PLEASE COMPLETE THIS SECTION:

Do you have a valid driver's license? ___ Yes ___ No

License Number: _____ Expiration Date: _____ Class: _____

Have you had any moving violations in the last five (5) years? ___ Yes ___ No If "Yes", please explain: _____

CERTIFICATIONS, REGISTRATION, OR OCCUPATIONAL LICENSE

Please list any current professional licenses, certificates or registration held by you (indicate number and expiration date).

1) _____

2) _____

3) _____

REFERENCES

List three (3) people who know you well, preferably from a work environment. Do not refer to an acquaintance or relative.

Name	Address	Home phone	Work phone	Occupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Important Facts About Information on Your Application (Tennessee Warning)

This application is to assist in the process of referring you to county agencies for possible employment. Certain information requested on the application is private; that is, it may be released only to you or City where you may be considered for employment. Names of applicants would become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position. All other information you supply on this application with the exception of that which is private data as indicated below will become public if the City hires you.

Private Data	Why We Ask For It	Are You Legally Obligated to Provide It?	What May Happen If You Don't Provide It?
Name/Address	To distinguish you from all other applicants; to be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Telephone	To be able to contact you to determine availability for interview.	No	We may not be able to employ in certain jobs where you may be required to come to work or be interviewed on short notice.
Gender, Racial/Ethnic, Disability Status, Veterans' Status	To make Equal Opportunity reports as required by law and provide affirmative action in City service.	No	We will be unable to determine whether our selection process results in unfair discrimination; or we will be unable to take affirmative action when hiring.
Special Accommodations	To determine whether you need special accommodations.	No	We will be unable to provide necessary accommodations in a timely manner.
Conviction Records	To determine whether we may accept an application from you if your conviction history may be job-related.	Yes	We will be unable to make the determination requested by law. Failure to provide relevant conviction information may be grounds for dismissal.

CONVICTIONS OR CRIMINAL RECORDS

The City will request information regarding criminal history in the event that you become a finalist for the position which you are applying. For certain positions, criminal background information will be requested during the application stage. Further; the City may conduct a criminal background check on individuals upon making a contingent job offer.

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to be best of my knowledge. I understand that giving false information or omitting requested information will result in rejection of my application or dismissal if I am hired.

Signature: _____ **Date:** _____

CLAIM FOR VETERAN'S PREFERENCE

(Only for those candidates wishing to claim veteran's preference)

The eligibility requirements for veteran's preference are listed below. Read them carefully to see if you qualify. Anyone eligible for, or receiving any veteran's pension benefit based exclusively on length of military service is not eligible.

VETERAN ELIGIBILITY

Must have entered the military service of the USA, and must be a United States citizen who was separated under honorable conditions: 1) after serving on active duty for 181 consecutive days, or 2) by reason of disability incurred while serving on active duty.

DISABLED VETERAN ELIGIBILITY

Must have compensable service-connected disability as adjudicated by the United States Veteran's Administration or by the retirement boards of the several branches of the Armed Forces and the disability must exist at the time preference is claimed.

SPOUSE ELIGIBILITY AS SPOUSE OF A DECEASED VETERAN OR DISABLED VETERAN

Must be a spouse of either a deceased veteran or the spouse of a disabled veteran, who because of the disability is unable to qualify for the particular position, due to his/her disability, who would have or who does meet the criteria for one of the above listed preferences.

SPOUSE APPLICANTS CLAIMING VETERAN'S PREFERENCE

If you are an eligible spouse of a deceased or disabled veteran, **If appointed**, you will also submit the following: 1) Marriage certificate; 2) Statement of disability describing disability that prevents the veteran from performing the duties of the position for which you are applying (spouse of disabled veteran only); 3) certificate of veteran's death (spouse of deceased veteran).

Do you wish to claim veteran's preference at this time? Yes No

Please attach a copy of your DD214 form to this application.

Date of entry for Active duty _____ Place of entry _____

Branch of service _____ Date of separation or discharge _____

Service connected disability (type/percent) _____

For spouses of deceased veterans; date of death _____

Have you remarried? Yes No

I hereby claim veteran's preference and (sear/Affirm) that the information given in this document is true and correct. I also authorize the release of necessary information by the Veteran's Administration to the City of Walker Administrator's Office.

Signature

Date

Social Security No.

JOB APPLICANT DATA AUTHORIZATION / RELEASE FORM

I _____, am an applicant for a position with the City of Walker.

I hereby authorize the City of Walker Police Department and / or their designee to procure all information, oral and written that may be required in connection with my employment application. I fully understand that the information required may include, but not be limited to, data reflected on or related to my education, employment, military, financial, arrest / conviction records, and any video and audio recordings concerning me. I further authorize the City and / or their designee to conduct a background investigation into my personal history.

I fully understand that the above-referenced background investigation may entail solicitation of information from, and may include contact with the Social Security Administration, all former and current employers, academic institutions, military agencies, financial institutions, law enforcement agencies, friends, relatives, and former and current neighbors.

I hereby consent to the release of any and all data, oral or written, regarding me that may be required by the City of Walker and / or their designee and hereby expressly release any party providing said data from any and all liability. I further waive my right to have certain data protected from disclosure under any and all Federal or State statutory provisions to the extent I am authorized to do so.

I hereby authorize and grant my informed consent to permit you to make photocopies for the City of Walker and / or their designee of data that concerns me and is in your possession.

In giving my consent, I understand that the data gathered shall be used for the limited purpose of evaluating my application with the City of Walker. Upon collection, the data shall be subject to classification under the Minnesota Data Practices Act, and if classified as public, may be subject to release by the City of Walker without my consent.

The City of Walker requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

The original or copy of this authorization reflecting my signature is valid for a period of one year from the date below. I reserve the right to cancel this authorization prior to expiration by providing written notice to the City of Walker, where I have applied.

Applicant's Printed Full Name _____

Applicant's Signature _____ Date _____

Date of Birth _____ Driver's License # _____