



Application for Employment (Page 1 of 5)

We welcome you as an applicant for employment. Your application will be considered for the position you specify. Qualified applicants are considered for positions without regard to race, color, creed, religion, national origin, affectional or sexual preference, marital status, disability, political affiliations, sex, age, or status with regard to public assistance.

Title or Kind of Work Applied For _____

Full Time Part Time Temporary Seasonal Date Available _____

1. Personal Information

Name Last _____ First _____ Middle _____

Present Permanent Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Best Time to Call _____

Email Address _____

Important Notice to All Applicants

Minnesota law requires that you be informed of the purpose and intended uses of the information you provide to the City of Hopkins during the application process or during employment. Any information about yourself that you provide during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, it is necessary for you 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 City may provide the information 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.

Applicant's Statement

I authorize and consent to having 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, which I have to such information.

I understand that misrepresentation or omission of facts will mean that I will no longer be considered for employment or, if am hired by the City, may be cause for dismissal.

I understand that employment is, at minimum, conditioned upon successfully completing a physical exam and criminal background 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 Personnel. I agree to these tests if I receive a conditional offer 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 two years from the date below.

X Signature _____ Date _____



2. Veteran 's Preference

Are you a veteran? Yes No

Are you claiming veteran 's preference for this position? Yes No

(Veteran 's preference does not apply to Department Head positions)

If you are claiming veteran 's preference, please **check the preference you are claiming:**

- Veteran—defined as a person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty.
- Disabled veteran—a veteran having a compensable service connected disability.
- Spouse of a deceased veteran.
- Spouse of a disabled veteran who is unable to use the preference.

It is necessary for you to provide a copy of your form DD-214. Disabled veterans must also supply form FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply a copy of their marriage certificate, the veteran 's DD-214 and FL-802 or death certificate.

Your veteran 's preference points cannot be considered without supporting documentation. If the documentation is not attached, it must be received by the Personnel Department no later than 7 calendar days after the deadline date for the position.

Please list any skills acquired in the service which may apply to this position.

3. Educational Information

Mark highest grade completed:
Grade School
High School
College
Post Graduate

1 2 3 4 5 6 7 8
9 10 11 12
13 14 15 16
1 2 MA PhD

Did you graduate from high school or receive a GED? _____

Name and address of high school _____

Type of School	Name & Mailing Address of School	Major	Degree?
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No



List any correspondence courses, special courses, seminars, workshops, training sessions, licenses or certificates that might relate to the position applied for.

Are you bilingual? Yes No

If yes, what language(s): _____

Rate your skills. (1 = low proficiency, 5 = completely fluent) Oral _____ Written _____

4. Employment Information

List a complete account of your work experience. Give your present or most recent employment first.

Present/Most Recent Employment

Employing Firm _____

Address _____

Your Title _____

Supervisor _____ Phone # _____

Specific Duties:

Reason for seeking other employment:

Length of Employment:

From _____
Month Year

To _____
Month Year

Total _____ Years, _____ Months

Hours Per Week _____

Salary _____

May we contact this employer?

Yes No

Additional Work Experience

Employing Firm _____

Address _____

Your Title _____

Supervisor _____ Phone # _____

Specific Duties:

Reason for seeking other employment:

Length of Employment:

From _____
Month Year

To _____
Month Year

Total _____ Years, _____ Months

Hours Per Week _____

Salary _____

May we contact this employer?

Yes No



Additional Work Experience

Employing Firm _____

Address _____

Your Title _____

Supervisor _____ Phone # _____

Specific Duties:

Reason for seeking other employment:

Length of Employment:

From _____
Month Year

To _____
Month Year

Total _____ Years, _____ Months

Hours Per Week _____

Salary _____

May we contact this employer?

Yes No

Additional Work Experience

Employing Firm _____

Address _____

Your Title _____

Supervisor _____ Phone # _____

Specific Duties:

Reason for seeking other employment:

Length of Employment:

From _____
Month Year

To _____
Month Year

Total _____ Years, _____ Months

Hours Per Week _____

Salary _____

May we contact this employer?

Yes No

5. Unsalaries or Volunteer Experience

List any other skills or experience which, in your opinion, qualifies you for this position.



Equal Employment/Affirmative Action Data

The purpose of collecting the data requested below is to comply with State and Federal Equal Opportunity Employment reporting and other legal requirements. This form will be filed separate from your application and it will not be used in our recruitment evaluation process. The following information is requested for reporting purposes only. Please note that your cooperation in providing the following data is voluntary and including or excluding any data will not affect any recruitment selection decisions.

Job applied for _____ Date _____

Gender

- Female
- Male

Race/Ethnic Group

- American Indian/Alaskan Native
- African American/Black
- Asian or Pacific Islander
- Hispanic
- White
- Other: _____

Where did you learn about this job opening?

Newspaper

- Star Tribune
- Sun Sailor
- Women's Press
- Spokesman
- Insight News
- Other newspaper

- City Employee
- Posted notice at a City Building

Internet

- City of Hopkins
- League of MN Cities
- POST Board
- Craig's List
- MN Works
- Other: _____
- League of MN Cities Bulletin
- Professional Publication: _____
- Other (Please list): _____

