APPLICATION FOR EMPLOYMENT

Position Being Applied For

PLEASE READ CAREFULLY BEFORE FILLING OUT THIS APPLICATION.

In accordance with the Minnesota Government Data Practices Act, the City of Princeton 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 available to the public. This application for the City of Princeton contains private information as defined by Minnesota State Statutes 15.1692, Subd. 1-5.

The information collected from you or from other agencies or individuals authorized by you is used to determine your eligibility to become an employee of the City of Princeton. You are not required to provide the information requested on the application form; however, this information is vital to determine your eligibility to become an employee of the City of Princeton. Failure to provide this information could result in you not being considered for employment with the City of Princeton.

The dissemination and use of the private data we collect is limited to that necessary to determine your eligibility to become an employee of the City of Princeton. Persons with whom this information may be shared include:

1. The City of Princeton Police Department personnel administering to records collection and dissemination.
2. The Mille Lacs County Sheriff’s personnel administering to records collection and dissemination.
3. The Sherburne County Sheriff’s personnel administering to records collection and dissemination.
4. The Bureau of Criminal Apprehension.
5. The National Crime Information Center.
6. Any other agency, authorized by you, that may be able to provide information about your eligibility to become an employee of the City of Princeton.

Unless otherwise authorized by State Statute or Federal law, other government agencies utilizing the reported private data must also treat the information as private.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

(Date) (Signature of Applicant)
APPLICATION FOR EMPLOYMENT

We welcome you as an applicant for employment. Your application will be considered with others. It is our policy to provide equal opportunity in employment. This policy prohibits discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership, or activity in a local commission, disability, or age in all aspects of our personnel policies, programs, practices, and operations. This policy applies to full-time, part-time, temporary, and seasonal employment. While we encourage submission of a resume, applicants who submit a resume still need to fill out the official City Application completely. Failure to completely fill out this application may disqualify your application from consideration.

The information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment. Please furnish us with complete information. You are encouraged to attached any additional information which you believe qualifies you for the position.

Please use INK OR TYPEWRITER.

1. Title or kind of work applied for: __________________________________________
   _____Permanent _____Part-time _____Seasonal
   _____Temporary Date Available: ________________________
   (check all that apply)

2. Name: (Last)_________________________ (First)_________________ (Middle)_________________

3. Present Address: _____________________________________________________________
   City________________________ State_________ Zip Code_____________________
   Do you live within a 15 minutes drive of the City? Yes_______ No_______
   If not, are you willing to relocate within a 15 minute drive? Yes_______ No_______
   Prior addresses for past 10 years: _____________________________________________

4. Phone #s: (home)____________________ (Cell)____________________ (Work)____________

5. Drivers License No.________________________ Class_______ State_______

6. If you are not a citizen of the United States, do you have Bureau of Immigration approval to work in the U.S.?
   Yes_______ No_______
City of Princeton

EDUCATIONAL INFORMATION

8. Circle the highest grade completed
   - Grade School: 1 2 3 4 5 6 7 8
   - High School: 9 10 11 12 or GED
   - College: 13 14 15 16
   - Post Graduate: MA Ph D

<table>
<thead>
<tr>
<th>Type of School</th>
<th>Name and Address of School</th>
<th>Degree</th>
<th>Major</th>
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<td>High School</td>
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<td>Technical</td>
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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.

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

Typing Ability: Yes____ No____ WPM_____
Shorthand Ability: Yes____ No____ WPM_____
Business Machines and Experiences:
Bookkeeping Experience:

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

Apprenticeship(s) served or trades learned:
Capable of operating the following equipment:
**EMPLOYMENT HISTORY** - Please list **ALL** of your past employers you have had since you entered the workforce beginning with your most recent employment; if necessary, list other employers on an additional sheet if necessary.

May we contact your present employer?  Yes_____  No_____  If no, please explain:

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<th>Employer's Name</th>
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<th>Duties Performed</th>
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Full-time_____ Part-time_____  Immediate Supervisor

Employment Dates:  From__________  To__________  Last Salary__________

Were you terminated from that position? ________  If not, please explain your reason for leaving: ______________________

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Full-time_____ Part-time_____  Immediate Supervisor

Employment Dates:  From__________  To__________  Last Salary__________

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Full-time_____ Part-time_____  Immediate Supervisor

Employment Dates:  From__________  To__________  Last Salary__________

Were you terminated from that position? ________  If not, please explain your reason for leaving: ______________________
4. Employer's Name

Phone No.

Address

Zip Code

Position Held

Duties Performed

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<th>Part-time</th>
<th>Immediate Supervisor</th>
</tr>
</thead>
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Employment Dates: From To Last Salary

Were you terminated from that position? If not, please explain your reason for leaving:

As noted above, make sure that you've listed ALL of your previous employers. Use the space below to account for any gaps in your employment history. Again, use additional sheets of paper if necessary.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
City of Princeton

TO BE COMPLETED ONLY BY APPLICANTS FOR PEACE OFFICER POSITIONS

Do you possess a Minnesota Peace Officers license, full or part-time?  Yes_____  No_____  
Please specify type and number_______________________________________________________

Are you currently eligible to be a Licensed Peace Officer in the State of Minnesota?  Yes_____  No____

MILITARY SERVICE RECORD

Are you a Veteran?  *Yes_____  No_____  If yes, what Branch?____________________________________
* See attached sheet - Veterans Preference Points Application/Instructions

Are you a Disabled Veteran?  Yes____  No_____  
Are you a widow/widower of a Veteran?  Yes____  No_____  
Are you a spouse/widow/widower of a Disabled Veteran?  Yes____  No_____  
Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for?_______

PERSONAL REFERENCES

Give name, address, phone number, and occupation of 3 references who are not related to you and are not former employers.

1.  __________________________________________________________

2.  __________________________________________________________

3.  __________________________________________________________

I hereby certify that all answers to the above questions are true and I agree and understand any false statements contained in this application may cause rejection of this application or termination of employment. I authorize that a transcript or other documentation may be requested to verify any educational record.

________________________  __________________________
Date  Signature of Applicant
**Veteran’s Preference**

Complete this form only if you are a Veteran and are claiming Veteran’s Preference

**You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the form.** Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans’ Service Office at (612) 348-3300.

The City of Princeton awards preference points to qualified applicants for a competitive position in accordance with Minnesota Statutes. To be considered for veteran’s preference, claims must be made on the form below and submitted with your application by the deadline of the position for which you are applying. If your DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

<table>
<thead>
<tr>
<th>NAME</th>
<th>(LAST)</th>
<th>(FIRST)</th>
<th>M</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>POSITION FOR WHICH YOU APPLIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>(STREET)</td>
<td>(CITY)</td>
<td>(STATE)</td>
<td>(ZIP)</td>
<td>PHONE NUMBER</td>
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**ACTIVE DUTY INFORMATION**

Have you (or your disabled or deceased spouse) served on active military duty without interruption for 181 days or more or for the full period called, or ordered to active duty? ................................... □ YES □ NO

Type of Separation.................................................................................................. □ Honorable □ Medical □ Other

**FOR DISABLED VETERANS:** (Letter from VA of proof of disability must be submitted to receive points.)

Percent of Disability: _____ % □ YES □ NO

Permanent? .............................................................................................................. □ YES □ NO

Existing? .................................................................................................................. □ YES □ NO

**FOR SPOUSES OF DECEASED VETERANS:** (NOTE: A PHOTOCOPY of marriage certificate and spouse’s death certificate must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: ................................................................. □ YES □ NO

Have you remarried? ........................................................... □ YES □ NO

**FOR SPOUSES OF DISABLED VETERANS:** (NOTE: A PHOTOCOPY of marriage certificate and letter from VA of proof of disability must be submitted to receive points.)

Spouse’s Present Occupation: ..............................................

**AFFIDAVIT:** I hereby claim Veteran’s Preference for this application and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby authorize the Veterans Administration to release information necessary to process this application to the City of Princeton.

_________________________________________________  ______________________
Signature                                          Date
City of Princeton

Use this page if extra space is needed to answer any question or to provide additional information which you believe qualifies you for the position.