

City of Trimont

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

Personal Information

Full Name _____
(Last) (First) (Middle) (Social Security #)

Present Address _____
(Street) (City) (State) (Zip)

Telephone #: _____
(Business) (Home) (Cell)

E-mail Address: _____

Employment Desired

Position _____ Date Available _____ Salary Desired _____

Have you applied to this City before? _____ Full-time _____ Part-time _____

How did you learn of this position? _____

Education

School Level	Name & Location	Degree(s) Received	# Years Attended	Did you Graduate
High School				
College				
Graduate School				
Trade/Business or Correspondence School				

Subjects of special study or research work: _____

Former Employers

List most recent employer first. List complete employment history, attach extra sheets if necessary.

1. Name & Address of Employer _____
_____ Telephone _____

Starting Date _____ Ending Date _____
month year month year

Weekly Starting Salary _____ Weekly Final Salary _____

Job Title _____ Name/Title
of Supervisor _____

Description of work _____

Reason for leaving _____

2. Name & Address of Employer _____
_____ Telephone _____

Starting Date _____ Ending Date _____
month year month year

Weekly Starting Salary _____ Weekly Final Salary _____

Job Title _____ Name/Title
of Supervisor _____

Description of work _____

Reason for leaving _____

3. Name & Address of Employer _____
_____ Telephone _____

Starting Date _____ Ending Date _____
month year month year

Weekly Starting Salary _____ Weekly Final Salary _____

Job Title _____ Name/Title
of Supervisor _____

Description of work _____

Reason for leaving _____

4. Name & Address of Employer _____

_____ Telephone _____

Starting Date _____ Ending Date _____
month year month year

Weekly Starting Salary _____ Weekly Final Salary _____

Job Title _____ Name/Title
of Supervisor _____

Description of work _____

Reason for leaving _____

5. Name & Address of Employer _____

_____ Telephone _____

Starting Date _____ Ending Date _____
month year month year

Weekly Starting Salary _____ Weekly Final Salary _____

Job Title _____ Name/Title
of Supervisor _____

Description of work _____

Reason for leaving _____

6. Name & Address of Employer _____

_____ Telephone _____

Starting Date _____ Ending Date _____
month year month year

Weekly Starting Salary _____ Weekly Final Salary _____

Job Title _____ Name/Title
of Supervisor _____

Description of work _____

Reason for leaving _____

References

List **three** persons not related to you whom you have known at least one year, including at least one co-worker.

Name	Address/City/State/Zip	Telephone Number	Relationship
1.			
2.			
3.			

Military Experience (see attached Vets Preference Form)

Authorization

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS CORRECT AND THAT I HAVE NOT OMITTED ANY INFORMATION. I UNDERSTAND THAT FALSIFICATION OR OMISSION OF INFORMATION MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT OR RESULT IN IMMEDIATE DISMISSAL IF DISCOVERED AT A LATER DATE.

I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME AND FOR ANY LAWFUL REASON BY THE CITY.

I AUTHORIZE THE SCHOOLS, REFERENCES AND MY PRIOR EMPLOYERS LISTED ABOVE TO PROVIDE MY RECORDS TO THE CITY OF TRIMONT, INCLUDING REASON FOR LEAVING AND ALL OTHER INFORMATION THEY MAY HAVE CONCERNING ME. I RELEASE ALL PARTIES FROM ANY AND ALL LIABILITY OR CLAIMS FOR DAMAGE WHATSOEVER THAT MAY RESULT THEREFROM.

_____ Date

_____ Signature of Applicant

(PLEASE READ AND COMPLETE THE TENNESSEN WARNING / WAIVER OF CLAIMS ATTACHED TO THIS APPLICATION)

City of Trimont

Tennessee Warning / Waiver of Claims

As an applicant for employment with the City of Trimont, I have voluntarily supplied data about myself which may be public and/or private in nature.

I understand that, as part of the selection process, I am requested to supply this information. I understand that failure to provide accurate and adequate data may disqualify me from further consideration.

I understand this data will be kept in file for a period of one year, even if I am not hired for this position. I understand, if I am hired, this information will remain on file with the City of Trimont.

I understand the City of Trimont may conduct a criminal history check with the Minnesota Bureau of Criminal Apprehensions and Department of Public Safety. I understand, if I have a criminal record, it will not constitute an automatic bar to my employment, but will be considered only as it's related to the functions or responsibilities of the position for which I am applying.

I further understand this information will be used by the City of Trimont to aid in the determinations of my relative and/or specific suitability for employment.

Finally, I understand the data which I have provided may be shared in whole, or in part, by other agencies, by other private and public entities, and by other persons, for the purpose of conducting a background investigation.

I, therefore, waive my right to any claim or cause of action and hereby agree to hold harmless the City of Trimont and any of its agents or employees for any injury or damage which I may experience as a direct or indirect result of the intended use of this information.

Signature: _____	_____
Full name of applicant	Date
Printed name: _____	
Full name of applicant	
Driver's License Number: _____	
Witness: _____	_____
	Date

City of Trimont

Authorization for Release of Information

Name _____
(last) (first) (middle)

Maiden Name, Alias, or Former Name(s) _____

Social Security Number _____ Gender _____ Male _____ Female

Driver's License Number _____ State Where Issued _____

Date of Birth _____

Home Address _____

City/State/Zip Code _____ County _____

I authorize and grant, by informed consent, to permit the City of Trimont and its agents and/or representatives the right and authority to collect data classified as private which concerns me. The data which I authorize to be released includes private data as defined by Minnesota Statute 13.02, Subd. 12. I fully understand this data is to be used in conjunction with any background investigation by the City of Trimont pursuant to my application for employment. I further authorize the City of Trimont to perform an investigation of my driving records and my criminal background with local, state and federal law enforcement agencies, including the Minnesota Bureau of Criminal Apprehension and the Trimont Police Department.

This authorization is valid for one (1) year. However, I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice of my intent to the City of Trimont.

Signature - full name Date

Expiration Date of Release

Please forward information to:
City of Trimont
41 2nd Ave. NW, PO Box 405
Trimont, MN 56176

Subscribed and sworn before me this
_____ day of _____, _____.

Public Notary

CITY OF TRIMONT
41 Second Ave. NW, P.O. Box 405
Trimont, Minnesota 56176

Veteran's Preference

Complete this form only if you are claiming Veterans' 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 (507) 238-3220.

The City of Trimont operates under a point preference system which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the US Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score and been 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, **or** after having served the full period called or ordered for federal active duty **and** be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more; or be the spouse of a veteran who is rated as 50% or more disabled and who, because of such disability, is unable to qualify.

Claims must be made on the form below and submitted with your application by the application 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.

NAME (LAST) (FIRST) M	SOCIAL SECURITY NUMBER	POSITION FOR WHICH YOU APPLIED
ADDRESS (STREET) (CITY) (STATE) (ZIP)	PHONE NUMBER	ARE YOU A US CITIZEN OR RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

VETERAN (10 points):

(DD214 or DD215 must be submitted to receive points.)

Honorably discharged veteran..... YES NO

DISABLED VETERANS (15 points):

(DD214 and USDVA letter of disability must be submitted to receive points.)

Percent of Disability: _____ %

SPOUSE OF DECEASED VETERANS (10 points or 15 if the veteran was disabled at time of death):

(DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty 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: _____ Have you remarried? YES NO

FOR SPOUSES OF DISABLED VETERANS (15 points):

(DD214 or DD215 and USDVA letter of disability rating decision of 10% or more, and photocopy of marriage certificate must be submitted to receive points.)

AFFIDAVIT: I hereby claim Veteran's Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' preference verification documents and submit them to the City of Trimont by the required application deadline date.

Signature

Date