



Are you legally eligible to work in the United States in the position for which you are applying?

\_\_\_ Yes \_\_\_ No (proof of citizenship or work eligibility will be required as a condition of employment)

Are you at least 18 years old? \_\_\_Yes \_\_\_ No

## Education Information

Circle the highest grade completed:

1 2 3 4 5 6 7 8  
grade school

9 10 11 12/GED  
high school

13 14 15 16  
college/technical

MA MS PHD JD  
graduate

NAME/ADDRESS OF SCHOOL	DEGREE EARNED/COURSE OF STUDY
High School:	
College:	
Graduate School:	
Technical/Vocational:	
Other:	

List any other courses, seminars, workshops, or training you have which may provide you with skills related to the position applied for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: If the position you are applying for requires a college degree or other academic credential, the City may require a certified transcript from the educational institution that granted you that credential.

# Employment Experience

List present or most recent employer first.

Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Number of Years \_\_\_\_\_

Job Title: \_\_\_\_\_ Final Salary \_\_\_\_\_

Describe your job duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why did you leave? \_\_\_\_\_

May we contact your present employer? \_\_\_ yes \_\_\_ no

\_\_\_\_\_

**Next most recent employer:**

Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Number of Years \_\_\_\_\_

Job Title: \_\_\_\_\_ Final Salary \_\_\_\_\_

Describe your job duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why did you leave? \_\_\_\_\_

May we contact your present employer? \_\_\_ yes \_\_\_ no

\_\_\_\_\_

PLEASE LIST ANY LICENSES, REGISTRATIONS, OR CERTIFICATIONS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

LICENSE/REGISTRATION/CERTIFICATE	ISSUED BY	NO.	EXPIRATION
----------------------------------	-----------	-----	------------

IF THE POSITION YOU ARE APPLYING FOR INVOLVES DRIVING:

VALID DRIVERS LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE ISSUED	LICENSE NO.	CLASS	EXPIRATION
HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO      IF YES, PLEASE EXPLAIN.				

**Unsalared Experience**

Describe any unsalaried or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which may reveal race, sex, religion, age, disability, or any other protected status).

**Military Experience**

Did you serve in the U.S. Armed Forces or are you serving in the U.S. Armed Forces?    \_\_\_ yes    \_\_\_ no

Describe your duties: \_\_\_\_\_

Do you wish to apply for Veteran’s Preference Points?    \_\_\_ yes    \_\_\_ no

If you answered “yes” to the above question, you must complete the enclosed application for Veteran’s Preference Points, and submit the application and required documentation to the City of Belle Plaine within seven days of the application deadline for the position for which you are applying.

**Authorization**

I certify that all information I have provided in this application for employment with the City of Belle Plaine is true and complete to the best of my knowledge. I agree and understand that any false statements or omission of information contained in this application or any supplemental materials I submit may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I acknowledge that I have received a copy of the job description and/or summary for the position(s) for which I am applying. I further acknowledge my understanding that employment with the City of Belle Plaine is “at will” and that employment may be terminated by either the City of Belle Plaine or myself at any time, with or without notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Application for Veteran's Preference Points

Eligibility: Preference points are awarded to qualified Veteran's and spouses of deceased or disabled veterans to add to their training and experience examination 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 United States armed forces 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.

Instructions: 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, and the Veteran's DD214 and FL-802 or death certificate.

If you do not include these documents with this application, be sure to include your name, and the name of the position for which you are applying, when you do not submit the documents.

All documentation must be received no later than seven (7) calendar days after the application deadline for the position for which you are applying.

### Veteran's Preference Application

Veteran:  self  spouse If spouse, Veteran's Name: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Dates of active duty: from \_\_\_\_\_ to \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Date of final Discharge: \_\_\_\_\_ Service Number: \_\_\_\_\_

Are you receiving or eligible for a military pension?  yes  no

Do you have a comprehensive service-related disability?  yes  no

Preference type requested:  
 veteran  disabled veteran  spouse of veteran  spouse of disabled veteran

Supporting documentation:  attached  will submit within seven days of application deadline.

**CITY OF BELLE PLAINE  
INFORMED CONSENT/RELEASE OF INFORMATION**

I hereby authorize The Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City Administrator of the City of Belle Plaine, or designee to inspect and gather information retained by local, county, state, and federal agencies.

The following named individual has made application with the City of Belle Plaine for the position of

\_\_\_\_\_.

\_\_\_\_\_  
(Name: First, Middle, Last)

\_\_\_\_\_  
(Maiden, Alias or Former Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Sex)

\_\_\_\_\_  
(Social Security Number - Optional)

\_\_\_\_\_  
(Driver's License Number)

I realize that I am not legally required to sign this form, however, if I choose not to, the City of Belle Plaine will not be able to determine whether my conviction record, if any, is a job related consideration. In the event the City of Belle Plaine determines that my conviction record is a job related consideration, I will be notified in writing and will be given any rights to processing of complaints or grievances afforded by Minnesota Statute, Chapter 364. I understand that information disclosed to the City of Belle Plaine may be released only pursuant to the statutory provisions of Minnesota Statute, Chapter 13.

I authorize references and current and/or former employers, if so noted on application, to release data, including performance evaluations and complaints against me, to the City of Belle Plaine; and authorize contacted persons to respond to any questions asked of them.

I release those persons, employers, and organizations from any liability for damage in providing this information to the City of Belle Plaine.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

Parent/Guardian must sign if applicant is under the age of 18 years of age.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

STATE OF MINNESOTA  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_.

\_\_\_\_\_  
\*\*\*\*Notary Public

\_\_\_\_\_  
\*\*\*\*Notary Stamp

My Commission Expires: \_\_\_\_\_

\*\*\*\*Must be Notarized and signed by Notary in order for a criminal history to be completed.  
The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

This Informed Consent meets the criteria set out in Minnesota Statutes 13.05, Subdivision 4, Paragraph D)

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, The City of Belle Plaine is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public. The personal information we collect about you is private. Minnesota Statutes 130.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the City of Belle Plaine. All data collected is considered private except for the following:

1. Your Veteran's status
2. Relevant test scores
3. Your rank on our eligibility list
4. Your job history
5. Your education and training
6. Your work availability

Your name is considered private information, however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of the City of Belle Plaine. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, appropriate City employees, and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the City of Belle Plaine in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the City of Belle Plaine to monitor protected class employment and to meet federal state and local reporting requirements.

I declare that I have read and understand the information given above regarding the Minnesota Data Privacy Act.

---

Applicant's Printed Name

---

Applicant's Signature

---

Date

Please return all completed applications to: City of Belle Plaine, 218 North Meridian Street, P.O.Box 129, Belle Plaine, MN 56011.

\*\*If submitting application **electronically**, please type your name in the Signature space above, and check this box in lieu of your signature .

**City of Belle Plaine  
Affirmative Action Applicant's Information**

To All Applicants:

The following information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in validation of our selection methods. The information will **not** be maintained in personnel files and it will **not** be made available to any person involved in decisions affecting an individual's appointment or promotion to a position. Although providing this information is voluntary, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the recruitment and selection of employees for public service.

Position applying for: \_\_\_\_\_ Department: \_\_\_\_\_

What sex are you?  Male  Female  Other \_\_\_\_\_

Of the following, of what racial/ethnic group do you consider yourself?

- American Indian/Alaskan Native
- African American
- Asian and Pacific Islander
- Spanish or Mexican American
- Caucasian
- Other \_\_\_\_\_

Do you have a disability?  Yes  No

How did you learn about this job opening?

- Local (City) Paper
- Minority or Female Publication/Organization
- School
- City Employee
- State Job Service
- Walk-In
- Posting in City Hall
- Other \_\_\_\_\_