

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

Education	Name and Address of School	Degree Earned/Course of Study
High School		
College		
Graduate School		
Technical/Vocational		
Other		

Certification Checklist. By checking the certifications below, you confirm that your certification is current and up-to-date.

CPR (American Red Cross or American Heart Association) Expiration date _____.

First Aid (American Red Cross or State Emergency Medical Technician) Exp. date _____.

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

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: _____

Describe your job duties and responsibilities:

Why did you leave? _____

May we contact your present employer? ___ yes ___ no

List References (other than relatives) – include name and phone number.

Name	Phone No.
Name	Phone No.

Please list emergency contact information:

Name	Address	Phone
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I have completed and attached the Informed Consent/Release of Information Form.

Applicant's printed name

Applicant Signature

Date

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

**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 _____