



City of Madison, Minnesota Application for Employment

404 6th Avenue Madison, MN 56256 Phone- (320) 598-7373 Fax (320) 598-7376

www.ci.madison.mn.us

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT CLEARLY

Position(s) Applied For			Date of Application		
How Did You Learn About the Position?					
<input type="checkbox"/> Newspaper		<input type="checkbox"/> Radio		<input type="checkbox"/> Word of Mouth	
<input type="checkbox"/> Relative		<input type="checkbox"/> Internet		<input type="checkbox"/> Previous Employment	
<input type="checkbox"/> Other					

Last Name		First Name		Middle Name	
Address Number	Street	Apt.	City	State	Zip Code
Home Telephone Number		Cell Telephone Number		Email Address	Social Security Number

- Are you age 18 or older?.....Yes No
- Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status? Yes No
- Have you ever been convicted of a felony? (Conviction will not necessarily disqualify you for employment. However, conviction of a crime related to the position applied for may result in disqualification of your application.) Yes No
If yes, please explain _____

- If you are age 17 or younger, can you provide the required proof of your eligibility to work?.....Yes No
- Do you have a valid drivers license?.....Yes No
- Drivers License Number(s) (Please list if position requires operating City equipment or vehicles -
Include) _____ Expiration Date _____
Number State Class Month Date Year
- Have you ever been employed with us before?.....Yes No If yes, provide the dates of employment _____

The City of Madison, Minnesota is an equal opportunity employer and service provider

8. Have you ever filed an application with us before?..Yes No If yes, provide the approximate date_____

9. Date available to start work_____/_____/_____

10. What is your desired salary range?_____

11. Are you available to work: Full-Time_____ Part-Time_____ Temporary/Seasonal_____

12. Can you travel if the position requires it? Yes No

EDUCATION

Type of School	School Name	City/State	Course of Study	Years Completed	Did you Graduate?
High School					
Undergraduate College					
Graduate/ Professional					
Technical School					
Other					

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military

EMPLOYMENT EXPERIENCE

Provide the following information of your past four (4) employers in chronological order starting with the most recent. You may include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer	Address	Telephone Number	Job Title		
Supervisor	Reason for Leaving	Dates Employed (mo/yr to mo/yr)	Starting Wage	End/present Wage	
Work Performed/Duties					
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2.

Employer	Address	Telephone Number	Job Title		
Supervisor	Reason for Leaving	Dates Employed (mo/yr to mo/yr)	Starting Wage	Ending Wage	
Work Performed/Duties					
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3.

Employer	Address	Telephone Number	Job Title	
Supervisor	Reason for Leaving	Dates Employed (mo/yr to mo/yr)	Starting Wage	Ending Wage
Work Performed/Duties				
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4.

Employer	Address	Telephone Number	Job Title	
Supervisor	Reason for Leaving	Dates Employed (mo/yr to mo/yr)	Starting Wage	Ending Wage
Work Performed/Duties				
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If you need additional space, please continue on a separate sheet of paper

<p>List professional, trade, business or civic activities and offices held (You may exclude any memberships which may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)</p> <hr/> <hr/> <hr/>

ADDITIONAL INFORMATION

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you believe may be helpful to us in considering your application

REFERENCES

Please provide the names of three people not related to you whom have known you for at least one year

	Name	Address	Phone	Email	Yrs. known
1					
2					
3					

Application for Veterans Preference Points

Eligibility:

Preference points are awarded to qualified veterans 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.1 1, To be eligible for veteran's preference points, you must:

Be 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, 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.

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 veterans 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, 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 position for which you are applying, when you do submit the documents.

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

Veterans 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: _____

Do you have a compensable service-related disability? Yes No

Type of preference requested: Veteran Disabled Veteran
 Spouse of veteran Spouse of disabled veteran

Supporting documentation: is attached

will be submitted within 7 days of application deadline

CITY OF MADISON, MINNESOTA

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Madison, Minnesota appreciates your cooperation in our efforts to ensure Affirmative Action and equal opportunity.

Please indicate the position(s) for which you are applying:

Please indicate how you heard about this position:

Please place a check in the appropriate blanks:

Gender; Male Female

With which racial ethnic group do you identify?

- Asian or Pacific Islander
- African American (Black)
- Native American or Alaskan Eskimo
- Caucasian (White)
- Other (Please indicate: _____)

Disability status, defined as:

- (1) Has physical, sensory or mental impairment (condition) which materially (significantly) limits one or more life activities;
 - (a) Has a record of such an impairment (condition);
 - (b) Is regarded as having such impairment (condition).

Based on the above information, do you claim Disability status?

Yes No

THE CITY OF MADISON

404 6th Ave, MADISON, MINNESOTA 56256

REFERENCE CHECKS * RELEASE AUTHORIZATION

I, (please print name) _____, hereby authorize investigation of any information contained in the Application for Employment and/or supplemental materials I have submitted in consideration for the position of _____, as may be needed to arrive at an employment decision. I also authorize any or all educational institutions and prior employers listed in the Application for Employment to provide information they may have concerning me as it may relate to consideration of my application for this position. I release those parties from any and all liability or claims for damage that may result from such.

EMPLOYMENT BACKGROUND INVESTIGATION

As an applicant for employment with the City of Madison, you are being asked to provide information about yourself which will be used to evaluate your suitability for employment.

The purpose of this background investigation is to review information concerning criminal and non-criminal history which reflects upon the character of the individual. The Lac qui Parle County Sheriff's Department will be involved in this screening process. This process will include, but not be limited to, incidents of police contact in the areas of domestic abuse, child abuse, sexual misconduct, fraud, theft, abuse of controlled substances, alcohol abuse, driving record, and/or other incidents of information (conviction data, incident data, neighborhood data) which may be relevant during the hiring process for the City of Madison positions.

The purpose and intended use of this data is to conduct the background inquiries under applicable City of Madison policies before offering employment to a prospective applicant. The specific use for each category of data is described below:

1. In order to conduct a criminal history and background check, name(s) by which an applicant is known must be listed.
2. In order to access driver's license data, date of birth must be provided.
3. In order to access criminal history data, date of birth and gender must be provided.
4. Criminal history, background check and driver's license check are required minimum selection standards under applicable City policy in order to determine whether there are any job-related factors which affect the applicant's suitability for employment.

This data will be used solely for the above-mentioned purposes. The data will be forwarded to the appropriate City staff and/or consultants as determined necessary for completion of the background investigation. This data may also be used for other purposes necessary for the administration of law, rule or ordinance but will be disseminated only as required by law.

You are not legally required to provide the requested information. However, if you do not, the City of Madison will be unable to conduct the required background inquiries and will not be able to process your application and the City of Madison will not be able to consider you for employment.

YOUR FULL NAME: _____
(First) (Middle) (Last)

OTHER NAMES YOU HAVE BEEN KNOWN TO USE, INCLUDING MAIDEN NAME: _____

YOUR CURRENT ADDRESS: _____
(Street) (City) (State) (Zip)

OTHER STATES IN WHICH YOU HAVE RESIDED: _____

YOUR BIRTH DATE: _____ **DRIVER'S LICENSE #:** _____ **EXP DATE:** _____
(Month / Day / Year)

I hereby authorize the City of Madison to use this information to determine my suitability for employment.

Signature **Date**

