



218 North Meridian Street
P.O. Box 129
Belle Plaine, MN 56011

Phone: 952-873-5553
Fax: 952-873-5509

Web site: *belleplainemn.com*

APPLICATION FOR EMPLOYMENT

We welcome you as an applicant for employment with the City of Belle Plaine. It is the City of Belle Plaine's Policy to provide equal opportunity in employment. The City of Belle Plaine will not discriminate on the basis of race, age, religion, national origin, or any other basis protected by law.

The information contained in this application is considered private data under the Minnesota Data Practices Act, and will be used only in conjunction with your possible employment. Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Your application will be evaluated in comparison to the requirements for that position. As an applicant for employment, your name is considered private until you become a finalist for employment with the City of Belle Plaine. You are considered a finalist if and when you are selected for a final interview.

Please use INK or a TYPEWRITER in completing this application.

Title of position applied for: _____

Desired work schedule: full time
 part time hours available: _____
 volunteer

Personal Information

Name: _____

Last

First

Middle

Street address: _____

City, State, Zip: _____

Home telephone: _____

Work telephone: _____

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 9 10 11 12/GED 13 14 15 16 MA MS PHD JD
grade school high school college/technical graduate

NAME/ADDRESS OF SCHOOL	DEGREE EARNED/COURSE OF STUDY
High School:	
College:	
Graduate School:	
Technical/Vocational:	
Other:	
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, YOU MUST INCLUDE 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 this 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 this 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 this 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
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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.				

Unsalaries 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.

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 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

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

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 _____