



RETURN TO:  
 HR DIRECTOR/ASSISTANT TO THE CITY MANAGER  
 CITY OF COLUMBIA HEIGHTS  
 590 40TH AVENUE NE  
 COLUMBIA HEIGHTS, MN 55421

DATE RECEIVED BY CITY:
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## CITY OF COLUMBIA HEIGHTS – EMPLOYMENT APPLICATION

We welcome you as an applicant for employment. Your application will be considered in competition with others for the position in which you are interested. Please furnish complete information as outlined in this application. Submission of an incomplete application may disqualify you from consideration for employment. All information contained in or connected with this application will be considered for use only in conjunction with your possible employment with the City of Columbia Heights. You are encouraged to attach any additional information which you believe qualifies you for the position for which you are applying. It is the policy of the City of Columbia Heights to provide equality of opportunity in employment to all persons. The City of Columbia Heights is committed to a policy of nondiscrimination in relation to race, color, creed, religion, age, national origin, sex, sexual orientation, marital status, public assistance status, disability, handicap or political affiliation in all aspects of its personnel policies, programs, practices, operations, and provisions of service. Columbia Heights is an Equal Opportunity / Affirmative Action employer. **Please print in ink or type.**

Position Applied For		
Annual Salary Desired \$	Are You Interested In: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Seasonal	Date Available

### PERSONAL INFORMATION

Last Name	First	Middle	Preferred Phone Number
Present Permanent Address			County
City	State	Zip	Preferred Email

Are you under 18?    Yes    No                      If yes, date of birth: \_\_\_\_\_

Are you willing to work overtime if necessary?    Yes    No

Are you a United States citizen or if not, do you have permission to work in this country?    Yes    No

### EDUCATION AND TRAINING

How many years of school have you completed? If completing on computer, enter number:	1 2 3 4 5 6 Elementary	7 8 9 10 11 12 High School	13 14 15 16 Undergraduate	17 18 19 20+ Graduate
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Type of School	Name and Address of School	Diploma, Degree or Certificate Earned	Qtr./Sem. Credit Total	Major & Minor Subjects
High School/GED				
College/University				
College/University				
Graduate School				
Technical/Vocational				
Technical/Vocational				

**EDUCATION AND TRAINING continued**

List any correspondence courses, special courses, seminars, workshops, and training programs you attended that might relate to this position. Please review the job posting before responding.

Course Title	Offered By	Length Of Program	Total Classroom Hours

**EMPLOYMENT HISTORY**

Instructions: Beginning with your most recent employment or occupation, list all your employers for at least the last five years. It is important to provide complete information. **Do not use "see resume" or similar.** Resumes and additional materials may be submitted in support of, but not in lieu of, the following.

Present Or Last Employer	Address	City	State	Zip Code
Supervisor's Name and Title		Phone Number	May we contact? [ ] Yes [ ] No If not, why?	
Dates Employed (Mo/Yr) From _____ To _____	Hours Worked Per Week	Job Title		
Reason for leaving or seeking other employment:			Last salary \$	
Principal Duties and Responsibilities / Percentage of Time Spent in Each Area of Responsibility				
1.			%	
2.			%	
3.			%	
4.			%	
5.			%	

Second Last Employer	Address	City	State	Zip Code
Supervisor's Name and Title		Phone Number	May we contact? [ ] Yes [ ] No If not, why?	
Dates Employed (Mo/Yr) From _____ To _____	Hours Worked Per Week	Job Title		
Reason for leaving or seeking other employment:			Last salary \$	
Principal Duties and Responsibilities / Percentage of Time Spent in Each Area of Responsibility				
1.			%	
2.			%	
3.			%	
4.			%	
5.			%	

**EMPLOYMENT HISTORY continued**

Third Last Employer	Address	City	State	Zip Code
Supervisor's Name and Title		Phone Number	May we contact? [ ] Yes [ ] No If not, why?	
Dates Employed (Mo/Yr) From _____ To _____	Hours Worked Per Week	Job Title		
Reason for leaving or seeking other employment:			Last salary \$ _____	
Principal Duties and Responsibilities / Percentage of Time Spent in Each Area of Responsibility				
1.			%	
2.			%	
3.			%	
4.			%	
5.			%	

Fourth Last Employer	Address	City	State	Zip Code
Supervisor's Name and Title		Phone Number	May we contact? [ ] Yes [ ] No If not, why?	
Dates Employed (Mo/Yr) From _____ To _____	Hours Worked Per Week	Job Title		
Reason for leaving or seeking other employment:			Last salary \$ _____	
Principal Duties and Responsibilities / Percentage of Time Spent in Each Area of Responsibility				
1.			%	
2.			%	
3.			%	
4.			%	
5.			%	

**OFFICE EQUIPMENT/COMPUTER SOFTWARE PROGRAMS**

What office machines do you operate proficiently?	Typing speed  wpm
Do you have experience with word processing/data entry? [ ] Yes [ ] No	
List computer software you use proficiently:	

**DRIVER'S LICENSE INFORMATION**—Complete only if position requires a driver's license

Do you currently have a Minnesota driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a Minnesota commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No

**OTHER LICENSES**

If relevant, list other current registrations, licenses or certificates you have. Include date first issued and expiration of current issuance.

Registrations, Licenses, Certificates	Date Issued	Expiration Date

**SUPERVISION**

Have you ever supervised people? <input type="checkbox"/> Yes <input type="checkbox"/> No	For whom?
Check the functions which you have performed as a supervisor.	
<input type="checkbox"/> Interview candidate <input type="checkbox"/> Recommend for hire <input type="checkbox"/> Conduct evaluation of performance <input type="checkbox"/> Recommend salary increase <input type="checkbox"/> Discipline employee <input type="checkbox"/> Fire employee <input type="checkbox"/> Counsel employee <input type="checkbox"/> Establish objectives	

**MILITARY**—Complete this section if you served in the U.S. armed forces

Describe your duties and any special training	Branch of service
	Length of active duty
	Rank at discharge

**UNSALARIED EXPERIENCE** (Use additional sheet if necessary)

Volunteer Organization	Address	City	State	Zip Code
Position Held		Duties Performed		
Immediate Supervisor		Phone Number		
Dates of Participation:	Hours Per Week:	Skills Learned		

**REFERENCES**—Please give the names of two persons (not related to you) who can testify to your character and qualifications.

Name and Occupation	Address	Phone Number

## VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. 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 fined 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 veteran's preference points without it.

APPLICANTS CLAIMING PREFERENCE MUST SUPPLY A COPY OF THEIR DD214 SHOWING YEARS OF SERVICE AND TYPE OF DISCHARGE. DISABLED VETERANS MUST ALSO SUPPLY OFFICIAL DOCUMENTATION SUCH AS A LETTER FROM THE USDVA VERIFYING ACTIVE DUTY DISABILITY RELATED TO THE POSITION REQUIREMENTS.

SPOUSES OF A DISABLED VETERAN MUST PROVIDE THE VETERAN'S DD214 AND LETTER FROM USDVA VERIFYING ACTIVE-DUTY DISABILITY. WIDOWS OF DECEASED VETERANS APPLYING FOR PREFERENCE POINTS MUST SUPPLY THE VETERAN'S DD214 SHOWING YEARS OF SERVICE AND TYPE OF DISCHARGE AND FL21-802 OR DEATH CERTIFICATE.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S PREFERENCE POINTS?     YES         NO

If you answered "yes," your DD214 or other documentation must be received no later than the application deadline for the position.

VETERANS PREFERENCE POINTS APPLICATION			
Veteran <input type="checkbox"/> Self <input type="checkbox"/> Spouse		If spouse, veteran's name:	
Branch of Service:		Period of Active Duty From: _____ To: _____	
Rank at Discharge:	Type of Discharge:	Date of Final Discharge:	Service No.:
Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Preference Requested:		Preference Requested:	
<input type="checkbox"/> Veteran		<input type="checkbox"/> Spouse of Disabled Veteran	
<input type="checkbox"/> Disabled Veteran		<input type="checkbox"/> Spouse of Deceased Veteran	

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation:     Is attached  
    Will be submitted no later than the application deadline.

**IMPORTANT NOTICE TO ALL APPLICANTS**

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Columbia Heights during the application process or during employment.

Any information about yourself that you provide to the City of Columbia Heights during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, you are required to provide the information requested in the Employment Application, if you wish to be considered for employment. If you do not supply the information requested, it may mean that your application will not be considered.

The information may be provided to:

- 1) Persons authorized under state or federal law; and
- 2) Persons authorized by court order; and
- 3) Persons to whom you consent in writing; and
- 4) All individuals in the City who are authorized.

I authorize and consent to having City representatives make inquiries about the content of this application if I am to be considered for employment.

Former employers are authorized to give information about me in any form, oral or written. They are hereby released from all liability for issuing such information. I hereby knowingly waive any privileges, including protection under the Data Practices Act, that I have as to such information.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or dismissal if employed.

I understand that appointment to a full-time or part-time position is, at a minimum, conditional upon a satisfactory check of references, satisfactory background check, and satisfactory completion of a drug and alcohol test.

My signature confirms that I have read and understand the authorization and notice to applicants set forth above. I recognize that my failure to sign, accurately complete or falsify information in this application will automatically disqualify me from consideration for employment.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CITY OF COLUMBIA HEIGHTS**

The following requested confidential information will not affect you as an applicant. The voluntary information that you provide 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 and placement 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. We would appreciate your cooperation in our efforts to ensure Affirmative Action and Equal Employment Opportunity.

- 1. Date:
  
- 2. Position for which you are applying:
  
- 3. Name:
  
- 4. Sex:    \_\_\_ Male       \_\_\_ Female
  
- 5. With which racial/ethnic group do you identify yourself? Please check only one of the following:
  - \_\_\_ Black
  - \_\_\_ Hispanic
  - \_\_\_ American Indian or Alaskan Native
  - \_\_\_ Asian or Pacific Islander
  - \_\_\_ White
  
- 6. Do you have a disability?    \_\_\_ Yes       \_\_\_ No  
If yes, please explain:
  
  
- 7. The following information will assist us in surveying our recruitment program. Please cooperate by checking the appropriate line. How did you hear about the job opening?
  - \_\_\_ City of Columbia Heights Administrative Offices
  - \_\_\_ Current City of Columbia Heights Employee
  - \_\_\_ Cable Television – Government Access Channel
  - \_\_\_ College, Technical or High School
  - \_\_\_ Newspaper; specify: \_\_\_\_\_
  - \_\_\_ City of Columbia Heights Website
  - \_\_\_ League of Minnesota Cities Website
  - \_\_\_ Other Internet Site; specify: \_\_\_\_\_
  - \_\_\_ Minority Group Referral Source; specify: \_\_\_\_\_
  - \_\_\_ Women's Referral Source; specify: \_\_\_\_\_
  - \_\_\_ Disabled Referral Source; specify: \_\_\_\_\_
  - \_\_\_ Bulletin Board postings; specify: \_\_\_\_\_
  - \_\_\_ City of Columbia Heights Personnel Hotline
  - \_\_\_ Minnesota State Employment Agency
  - \_\_\_ Other; specify: \_\_\_\_\_

## NOTICE TO APPLICANT

The Minnesota Government Data Practices Act (Minnesota Statutes 13.01-13.88) has two sections that affect applicants seeking employment with the City of Columbia Heights.

First, when you are asked to provide personal data, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.

Second, the following information you provide for employment is automatically public:

- Your veteran's status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability

As an applicant, your name is considered private until you are certified as eligible for appointment to apposition or are considered by the appointing authority to be a finalist for a position in public employment.

If you are hired, the following additional data about you will be public:

- Your name;
- Your actual gross salary, salary range, and actual gross pension;
- The value and nature of employer paid benefits, including the basis for and the amount of any added remuneration to your salary;
- Your job title and job description;
- The dates of your first and last employment with us;
- The existence and status of any written complaints or charges against you while you work for the City of Columbia Heights, whether or not they resulted in disciplinary actions;
- The final disposition of any disciplinary action together with the specific reasons for action;
- Your work location and work telephone number;
- Your education and training background;
- Honors and awards you have received;
- Time sheets or other comparable data that are only used to account for your work time for payroll purposes; and
- Your previous work experience.

All data concerning you which is placed in your personnel files and which is not listed above is private data. This private data will be available to you and to those members of City staff needing it to process City records. In addition, the following persons or organizations are authorized by State and Federal Law to receive this data if they so request:

- The Bureau of Census
- Federal, State and County Auditors
- The State Department of Public Welfare
- The Department of Human Rights
- Federal officials investigating compliance with Affirmative Action and Equal Employment Opportunity
- Labor Organizations and the Bureau of Mediation Services
- Data may also be made available through court order.

With the exception of demographic data, the data you provide is needed to identify you and to assist in determining your suitability for the position for which you are applying. Racial and ethnic data are used in summary form to monitor protected class employment and meet federal, state, and local reporting requirements. Furnishing racial and ethnic data about yourself is voluntary.