

Position Applied For

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:	

# 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.

Annual Salary Desired \$	Are You Interest		me [ ] Tempora	rv/Season	al	C	Date Av	vailable
7	[ ] Tull Tille [	j rait ii	ine [ ] rempora	1 4/ 3 C U 3 O 1 1				
PERSONAL INFORMATIO	N							
Last Name	First		Middle		Preferred F	hone Number	•	
Present Permanent Add	ress				County			
City		State	Zip		Preferred E	mail		
City		State	Ζίρ		Freienea	ınan		
Are you under 18? [ ]	Yes [ ] No		If yes, date of birth	1:				
Are you willing to work or			•					•
Are you a United States c	itizen <u>or</u> if not, do	you have	permission to work	c in this co	untry? [	] Yes [ ] No	)	
EDUCATION AND TRAINI	NG							
How many years of scho		leted?	1 2 3 4 5 6	7 8 9	10 11 12	13 14 15	16	17 18 19 20+
If completing on compu	ter, enter number	!	Elementary	High	School	Undergradu	uate	Graduate
				Diploma	a, Degree or	Qtr./Sem.		
Type of School	Name an	d Address	of School		ate Earned	Credit Total	Maj	or & Minor Subjects
High School/GED								
Callaga / Link consists								
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	[ ] Yes	
Dates Employed (Mo/Yr) From To	Hours Worked Per Week	Job Title	If not, v	vhy?
Reason for leaving or seeking other employme	l ent:	I	Last sala	ary
Principal Duties and Responsibilities / Percent	age 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	L	Phone Number	[ ] Yes	
Dates Employed (Mo/Yr)	Hours Worked Per Week	Job Title	If not, v	vhy?
From To				
Reason for leaving or seeking other employme	ent:		Last sal	ary
Principal Duties and Responsibilities / Percent	age 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	[ ] Yes	
Dates Employed (Mo/Yr) From To	Hours Worked Per Week	Job Title	If not, v	vhy?
Reason for leaving or seeking other employm	ent:		Last sal	ary
Principal Duties and Responsibilities / Percent	age of Time Spent in Each Area of Res	oonsibility		
1.				%
2.				%
3.				%
4.				%
5.				%
Fourth Last Employer	Address	City	Ctata	7in Codo
Fourth Last Employer	Address	City	State	Zip Code
Supervisor's Name and Title		Phone Number	[ ] Yes	
Dates Employed (Mo/Yr)	Hours Worked Per Week	Job Title	If not, v	vhy?
From To  Reason for leaving or seeking other employm	ent:		Last sal	ary
Principal Duties and Responsibilities / Percent	age of Time Spent in Each Area of Res	oonsibility	<u>'</u>	
1.				%
2.				%
3.				%
4.				%
5.				%
OFFICE EQUIPMENT/COMPUTER SOFTWARE F	PROGRAMS			
What office machines do you operate proficie	ently?		Тур	oing speed
				wpm
Do you have experience with word processing	g/data entry? [ ] Yes [ ] No			
List computer software you use proficiently:				

DRIVER'S LICENSE INFORMATION—Complete	only if position r	equir	es a driver's licen	se			
Do you currently have a Minnesota driver's lic Do you currently have a Minnesota commerci			[ ] No [ ] Yes	0			
OTHER LICENSES If relevant, list other current registrations, licer	nses or certificat	es yo	u have. Include da	ate first issued and	d expirati	on of cui	rrent issuance.
Registrations, Licenses, Certific	cates		Date	Issued		Expiratio	n Date
SUPERVISION							
Have you ever supervised people? [ ] Yes	5 []No	For w	hom?				
Check the functions which you have performe	ed as a superviso	or.					
[ ] Interview candidate [ ] Recommend			uct evaluation of p	·	-		lary increase
[ ] Discipline employee [ ] Fire employee	e [](	Couns	sel employee	[	] Establi	ish object	tives
MILITARY—Complete this section if you served	I in the U.S. arm	ed fo	rces				
Describe your duties and any special training				Branch of servi	ce		
				Length of activ	e duty		
				Rank at dischar	ge		
UNSALARIED EXPERIENCE (Use additional shee	et if necessary)						
Volunteer Organization	Address			City		State	Zip Code
Position Held				Duties Perform	ed		
Immediate Supervisor				Phone Number			
Dates of Participation:		Но	urs Per Week:	Skills Learned			
REFERENCES—Please give the names of two pe	ersons (not relat	ed to	you) who can tes	tify to your chara	cter and o	qualificat	ions.
Name and Occupation			Ado	dress		Phone N	umber

# **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 VETERA	AN'S PREFERENCE POINTS? [ ]	YES [ ] NO	
If you answered "yes," your DD:	214 or other documentation must I	pe received no later than the application	on deadline for the position.
VETERANS PREFERENCE POINTS	APPLICATION		
Veteran [ ] Self [ ] Spouse		If spouse, veteran's name:	
Branch of Service:		Period of Active Duty	
		From:	То:
Rank at Discharge:	Type of Discharge:	Date of Final Discharge:	Service No.:
Do you have a compensable ser	vice-related disability? [ ] Yes	[ ] No	
Preference Requested:	[ ] Veteran	[ ] Spouse of Disabled Veteran	
	[ ] Disabled Veteran	[ ] Spouse of Deceased Veteran	
	it must be received in our office no	supporting documentation (see instruction later than the application deadline fo	•
Supporting documentation:	[ ] Is attached		
	[ ] Will be submitted no later tha	an 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.

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:  American Indian or Alaskan Native  Asian  Black or African American  Hispanic or Latino  Native Hawaiian or other Pacific Islander  White  Two or more races
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:

### **NOTICE TO APPLICANT**

The Minnesota Government Data Practices Act (Minnesota Statues 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.