



City of Pine Island
 250 S Main Street
 PO Box 280
 Pine Island, MN 55963
 Phone: (507)356-4591
 Fax: (507)356-8230

"A community of the future working to preserve the past"

APPLICATION FOR EMPLOYMENT

The City of Pine Island considers applicants for all positions without regard to race, color, creed, religion, sex, national origin, age, marital status, disability, sexual orientation or status with regard to public assistance.

APPLICANT NAME: _____

POSITION APPLYING FOR: _____ DATE: _____

DEPARTMENT: PUBLIC WORKS POOL LIBRARY CROSSING GUARD DMV CITY HALL FIRE

EMPLOYMENT PREFERENCE: FULL TIME PART TIME SEASONAL (CHECK ALL THAT APPLY)

APPLICANT INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
STREET ADDRESS:			CITY:		STATE: ZIP:
HOME PHONE:		CELL PHONE:		WORK PHONE:	
EMAIL ADDRESS:					
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE AND POSITION HELD: _____ REASON FOR LEAVING: _____					
IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU A CITIZEN OF THE UNITED STATES OR IN THE COUNTRY LEGALLY WITH A WORK VISA? <input type="checkbox"/> YES (IF HIRED YOU WILL BE REQUIRED TO PROVIDE PROOF OF CITIZENSHIP OR EMPLOYABILITY) <input type="checkbox"/> NO					

DRIVERS LICENSE INFORMATION (TO BE COMPLETED ONLY IF APPLYING FOR PUBLIC WORKS OR FIRE)

DO YOU HAVE A VALID MINNESOTA CLASS A OR B DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU POSSESS ANY ENDORSEMENTS FOR YOUR CDL ? (i.e., TANKER AND AIR BRAKE ENDORSEMENTS?) <input type="checkbox"/> YES <input type="checkbox"/> NO LIST ENDORSEMENTS: _____

EDUCATIONAL BACKGROUND

HOW MANY YEARS OF EDUCATION HAVE YOU HAD? (CIRCLE ONE)														
8	9	10	11	12	13	14	15	16	17	18	19	20	21	OTHER _____
INSTITUTION					CONCENTRATION/MAJOR					DEGREE/YEARS COMPLETED				

LIFEGUARD EDUCATION (TO BE COMPLETED ONLY IF APPLYING FOR A POOL POSITION)

DO YOU HAVE YOUR LIFEGUARD CERTIFICATION? (YOU MUST HAVE THIS CERTIFICATION TO BE EMPLOYED)
<input type="checkbox"/> YES (IF HIRED YOU WILL BE REQUIRED TO PROVIDE PROOF OF CERTIFICATION) <input type="checkbox"/> NO
DO YOU HAVE YOUR WSI CERTIFICATION?
<input type="checkbox"/> YES (IF HIRED YOU WILL BE REQUIRED TO PROVIDE PROOF OF CERTIFICATION) <input type="checkbox"/> NO

FIREFIGHTER EDUCATION (TO BE COMPLETED ONLY IF APPLYING FOR A FIREFIGHTER POSITION)

ARE YOU CERTIFIED IN ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)
<input type="checkbox"/> FF1 <input type="checkbox"/> FF2 <input type="checkbox"/> EMR <input type="checkbox"/> EMT
<input type="checkbox"/> NO (CHECKING NO DOES NOT REDUCE YOUR CHANCES OF BEING CONSIDERED ELIGIBLE FOR HIRE)
OTHER: _____

PUBLIC WORKS/MAINTENANCE APPLICANTS (TO BE COMPLETED ONLY IF APPLYING FOR A PUBLIC WORKS POSITION)

1. DO YOU HAVE EXPERIENCE WITH ANY OF THE FOLLOWING EQUIPMENT? (CHECK ALL THAT APPLY)
<input type="checkbox"/> LOADER <input type="checkbox"/> STREET SWEEPER <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> TRACTOR <input type="checkbox"/> JETTER VAC <input type="checkbox"/> SNOW PLOW
<input type="checkbox"/> NO (CHECKING NO DOES NOT REDUCE YOUR CHANCES OF BEING CONSIDERED ELIGIBLE FOR HIRE)
OTHER: _____

2. DO YOU HAVE EXPERIENCE IN ANY OF THE FOLLOWING AREAS? (CHECK ALL THAT APPLY)
<input type="checkbox"/> WELDING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> LINE PAINTING <input type="checkbox"/> STREET REPAIR
<input type="checkbox"/> NO (CHECKING NO DOES NOT REDUCE YOUR CHANCES OF BEING CONSIDERED ELIGIBLE FOR HIRE)
OTHER: _____

CLERICAL

DO YOU HAVE EXPERIENCE IN ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)
<input type="checkbox"/> SECRETARIAL <input type="checkbox"/> COMPUTER <input type="checkbox"/> RECEPTIONIST <input type="checkbox"/> ACCOUNTING <input type="checkbox"/> TELEPHONE <input type="checkbox"/> CUSTOMER SERVICE
<input type="checkbox"/> POINT OF SALE
TYPING SPEED OF _____ WPM
LIST SOFTWARE EXPERIENCE: _____
OTHER: _____

EMPLOYMENT HISTORY (LIST PRESENT OR MOST RECENT EXPERIENCE FIRST. ATTACH ADDITIONAL SHEETS IF NECESSARY)

EMPLOYER		TITLE	
STREET ADDRESS		CITY	STATE ZIP
PHONE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, EXPLAIN _____)		
LENGTH OF EMPLOYMENT FROM: _____ TO: _____		LAST SALARY OR HOURLY RATE \$ _____	
REASON FOR LEAVING			
SUPERVISOR NAME			
RESPONSIBILITIES			

EMPLOYER		TITLE	
STREET ADDRESS		CITY	STATE ZIP
PHONE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, EXPLAIN _____)		
LENGTH OF EMPLOYMENT FROM: _____ TO: _____		LAST SALARY OR HOURLY RATE \$ _____	
REASON FOR LEAVING			
SUPERVISOR NAME			
RESPONSIBILITIES			

OTHER RELATED EXPERIENCE

REFERENCES

GIVE THE NAMES OF FOUR PEOPLE OTHER THAN RELATIVES WHO CAN BE CONTACTED REGARDING YOUR QUALIFICATIONS, WORK HABITS, AND CHARACTER.

<u>NAME</u>	<u>TELEPHONE</u>	<u>ADDRESS</u>

VETERAN'S PREFERENCE

ARE YOU APPLYING FOR VETERAN'S PREFERENCE?

YES (IF YES, PLEASE ATTACH A COPY OF FORM DD214, DD215 AND/OR USDVA) NO

IF YOU ARE A VETERAN OR A SPOUSE OF A DECEASED OR DISABLED VETERAN AND WISH TO CLAIM VETERANS' PREFERENCE, YOU MUST PRESENT A LEGIBLE PHOTO COPY OF YOUR DD214, DD215 AND/OR USDVA WITH YOUR APPLICATION. CLAIMS NOT ACCOMPANIED BY PROPER DOCUMENTATION WILL NOT BE PROCESSED. FOR ASSISTANCE IN OBTAINING A COPY OF YOUR DD214, DD215 AND/OR USDVA, CONTACT THE VETERAN' SERVICE OFFICE AT (651)430-6895

SIGNATURE

I CERTIFY THAT ALL ANSWERS TO THE ABOVE QUESTIONS ARE TRUE. I UNDERSTAND THAT ANY FALSE OR MISSING INFORMATION FROM THE SUPPLEMENTAL APPLICATION MAY BE CAUSE FOR REJECTION OF THIS APPLICATION OR TEMINATION OF EMPLOYMENT.

I FURTHER UNDERSTAND THAT ALL EMPLOYMENT OFFERS ARE CONDITIONED UPON THE APPLICANT PASSING A CRIMINAL BACKGROUND CHECK. CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED ON ITS INDIVIDUAL MERITS AND THE TYPLE OF WORK SOUGHT.

IF YOU ARE HIRED BY THE CITY OF PINE ISLAND, YOU WILL LEGALLY BE REQUIRED TO SUPPLY YOUR SOCIAL SECURITY NUMBER AND APPLICABLE TAX INFORMATION. THIS INFORMATION WILL BE SENT TO FEDERAL AND STATE TAX AUTHORITIES AND TO THE SOCIAL SECURITY ADMINISTRATION, AND WILL ENABLE US TO COMPLETE YOUR SALARY DEDUCTIONS. INSURANCE DATA, WHICH YOU WILL BE REQUIRED TO FURNISH IN ORDER TO PARTICIPATE IN CITY HEALTH AND LIFE INSURANCE PLANS, WILL BE CLASSIFIED AS PRIVATE AS WILL PAYROLL DEDUCTION DATA.

MINNESOTA STATUTES SECTION 13.04 ON DATA PRIVACY REQUIRES THAT YOU BE INFORMED THAT THE FOLLOWING INFORMATION WHICH YOU WILL BE ASKED TO PROVIDE IN THE EMPLOYMENT PROCESS, IS CONSIDERED PRIVATE DATA:

- HOME ADDRESS
- HOME PHONE NUMBER
- SOCIAL SECURITY NUMBER
- DATE OF BIRTH
- CONVICTION RECORD
- SEX
- AGE GROUP
- RACIAL/ETHNIC GROUP
- DISABILITY TYPE

PRIVATE DATA IS AVAILABLE ONLY TO YOU AND TO OTHER PERSONS IN THE CITY OR CITY RELATED PROGRAMS WHO HAVE A BONA FIDE NEED FOR THE DATA.

BY MY SIGNATURE ON THIS FORM, I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS. **FAILURE TO SIGN MAY RESULT IN REJECTION OF YOUR APPLICATION.**

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE