

EMPLOYMENT APPLICATION

(TYPING PREFERRED, HANDWRITING IS ACCEPTABLE IF CLEARLY LEGIBLE)

Position Applied For <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Part-Time Park Employee</p>	Date Application is Submitted
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The City would like to know which of its advertising practices are working and which ones are not. Please tell us how you learned about this position?

- Posted Notice Relative Inquiry
 Cold Spring Record Friend Other _____

Last name	First Name	Middle Name	
Address	City	State	Zip Code
Home Telephone () —	Mobile Telephone () —	E-mail Address Please	

How best may we contact you: home only, work is okay, times, numbers, etc. _____

Have you ever filed an application with us before? If yes, give date _____ Yes No

Have you ever been employed with us before? If yes, give date _____ Yes No

Do any of your friends or relatives, other than spouse, work here? If yes, who _____ Yes No

Are you currently employed? Yes No
 If yes, how much notice would you give upon separation. _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Were you ever discharged or forced to resign from employment?
 If so, be sure to fully explain on a separate sheet of paper. Yes No

Are you currently on "lay off" status and subject to recall? Yes No

Do you have a high school diploma or equivalent? Yes No

Do you have a valid driving license? (Note the state if **not** issued by the State of Minnesota). Yes No

Do you have a clean driving record for past four years (if no, explain on separate sheet)? Yes No

Do you have a clean criminal record (if no, explain on separate sheet)? Yes No

The City considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, status with regard to public assistance or any other legally protected status.

EMPLOYMENT EXPERIENCE

List at least your three most recent employers, beginning with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may provide a summary of your employment history on a separate document; however, be sure to indicate below if you've elected to do so. You may exclude employers which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Most Recent Current Employer		Dates Employed		Work Performed
		From Month/Year	To Month/Year	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		<u>Hours/Week</u>	<u>Hours/Week</u>	

Prior Employer		Dates Employed		Work Performed
		From Month/Year	To Month/Year	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		<u>Hours/Week</u>	<u>Hours/Week</u>	

Prior Employer		Dates Employed		Work Performed
		From Month/Year	To Month/Year	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		<u>Hours/Week</u>	<u>Hours/Week</u>	

State any additional information that you feel may be helpful to us in considering your application.

CRIMINAL HISTORY BACKGROUND CHECK AUTHORIZATION

Please provide the following information and PRINT CLEARLY:

Name (Last, First, Complete Middle Name) Social Security Number Sex

Address City State Zip Code

Maiden or Previous Names Ever Used Telephone Number

Driver's License Number Birth Date Birth Place (City, State, Country)

Date of Employment Job Title

Length of Time at Current Address: ____ Years ____ Months

In the last five years have you resided in a state other than Minnesota? ____ Yes ____ No

Racial/Ethnic Status: ____ Asian ____ Pacific Islander ____ Hispanic ____ Caucasian
____ American Indian ____ Alaskan Native ____ African American

List Last Three (3) Previous Address:

Address City State Zip

Address City State Zip

Address City State Zip

Have you completed this form in the past three (3) months: ____ Yes ____ No

Acknowledgment and Authorization

I hereby authorize the Cold Spring Police Department and the Minnesota Bureau of Criminal Apprehension to release to the City of Cold Spring City Administrator all data pertaining to criminal convictions and arrests in accordance with M.S. 13.05. I also authorize the Minnesota Department of Public Safety, Driver and Vehicle Services to release my driving record information to the Cold Spring City Administrator. I understand that this authorization to release information will expire one (1) year from the date of my signature given below. In some instances, the City of Cold Spring may request authorization to complete a national check by the Federal Bureau of Investigation and my authorization for such a check is also given.

I certify that all of the information I have provided for this criminal background check is true and complete to the best of my knowledge.

Signature: _____ Date: _____

VETERANS PREFERENCE STATUS FORM

Candidate Name (Print Please): _____

The City of Cold Spring has made a determination that the position for which you are applying may require application of the Veterans Preference Process. Please complete this form by following the three steps below and return with your application.

1. Print your name in the box above.
2. Answer the four questions that appear below.
3. Sign your name at the bottom of this page.

NOTE: Applicants who do not answer affirmatively on this form will have been considered to have waived their right to veterans' preference status for which they otherwise may have been entitled. Please contact City Hall if you have any questions regarding this *Veterans Preference Status Form*.

1. **Are you entitled to Veterans Preference status as defined by Minn. Stat. § 43A.11, subd. 6, and claiming veterans preference points?** Such an individual is generally defined as a United States citizen or resident alien who has left, under honorable conditions, any branch of the armed forces of the United States who has either served on active duty for 181 consecutive days, has been disabled while serving on active duty, or has active service as a reservist.

Yes _____ No _____

2. **Are you a surviving spouse of a deceased veteran meeting the definition above in question 1, and claiming veterans preference points?**

Yes _____ No _____

3. **Are you a disabled veteran as defined by Minn. Stat. § 43A.11, and claiming veterans preference points?** Such an individual is generally defined as a veteran who has a compensable service-connected disability as determined by the United States Veterans Administration or by the retirement boards of the several branches of the armed forces.

Yes _____ No _____

4. **Are you a surviving spouse of a deceased disabled veteran meeting the definition above in question 1, and claiming veterans preference points?**

Yes _____ No _____

I declare under the penalties of perjury that I am the person making the claims contained in this document. The effect of this verification shall be the same as subscribed and sworn to under oath. (Minn. Statutes 1945, Sec. 471.38, as amended by Laws 1949, Chap.416)

Signature of Applicant

Date