

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;">Seasonal Parks Employee</p>	Date Application is Submitted
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?	
<input type="checkbox"/> Posted Notice <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry	
<input type="checkbox"/> <i>Cold Spring Record</i> <input type="checkbox"/> Friend <input type="checkbox"/> 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.

EDUCATION

	Name and City of School	Grade Point Average	Years Completed	Diploma Degree
Elementary School		X	X	X
High School				
Undergraduate College				

REFERENCES

1	(Name)		()	Daytime Phone
	(Address)		()	Evening Phone
2	(Name)		()	Daytime Phone
	(Address)		()	Evening Phone

Please describe any lawn maintenance or landscaping experience that you have, even if just at your home.

Please list any other experience that you have working with various equipment.

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

APPLICANT'S STATEMENT

All applicants are required to sign this Application to receive consideration. By virtue of your signature the applicant certifies and acknowledges the following:

1. That answers given herein are true and complete.
2. Investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision is hereby authorized.
3. Although the City typically will consider applications for employment for this position for one year after submittal, the City only assures that this application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
4. The Applicant understands and acknowledges that, unless otherwise defined by applicable law, any employment relationship with the City of Cold Spring is of an "at will" nature, which means that the employee may resign at any time and the City may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the City Administrator.
5. That the City is hereby authorized to make contact with my present employer(s), but that such contact shall not be made unless I am a finalist for the position.
6. Minnesota state statutes provide that the name of a candidate for this position is public data once that individual is a finalist for the position. The City tries to use discretion and typically releases this information only upon request, but it is obligated to release the information for all finalists.
7. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City.

Signature of Applicant

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

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: _____