



Application For Employment

11955 CHAMPLIN DRIVE CHAMPLIN, MN 55316 (763) 421-8100

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a disability.

(PLEASE PRINT OR TYPE)

Date of Application: _____

Position(s) Applied For: _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Telephone () _____ Social Security Number _____
Area Code

Have you filed an application here before? Yes No If yes, date _____

Have you ever been employed here before? Yes No If yes, date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status may be required upon employment.)

If employed and you are under 18 years old, can you furnish a work permit?

On what date would you be available for work?.

Are you available to work: _____ Full Time _____ Part Time _____ Shift Work _____ Temporary

Are you on lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do any of your friends or relatives work here? Yes No

If yes, list name(s): _____

Have you been convicted of a felony within the last 7 years? Yes No

(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain:

Education

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study:				
Describe Additional Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received:

LIST APPROPRIATE CERTIFICATES, REGISTRATIONS, OCCUPATIONAL LICENSES HELD

TYPE	NUMBER	EXPIRATION DATE

List professional trade, business or civic activities and offices held.
 (You may exclude those which indicate race, color, religion, sex or national origin): _____

DRIVER'S LICENSE INFORMATION

DO YOU HAVE A VALID DRIVER'S LICENSE?	LICENSE NO.	EXPIRATION DATE	CLASS
<input type="checkbox"/> YES <input type="checkbox"/> NO			

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST FIVE (5) YEARS?

YES NO IF "YES" PLEASE EXPLAIN

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

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1. Company Name _____	Telephone () _____
Address _____	Employed (State Month and Year) From To
Name of Supervisor _____	Weekly Pay Start Last
State Job Title and Describe your Work _____ _____ _____	Reason for Leaving _____ _____ _____

2. Company Name _____	Telephone () _____
Address _____	Employed (State Month and Year) From To
Name of Supervisor _____	Weekly Pay Start Last
State Job Title and Describe your Work _____ _____ _____	Reason for Leaving _____ _____ _____

3. Company Name _____	Telephone () _____
Address _____	Employed (State Month and Year) From To
Name of Supervisor _____	Weekly Pay Start Last
State Job Title and Describe your Work _____ _____ _____	Reason for Leaving _____ _____ _____

4. Company Name _____	Telephone () _____
Address _____	Employed (State Month and Year) From To
Name of Supervisor _____	Weekly Pay Start Last
State Job Title and Describe your Work _____ _____ _____	Reason for Leaving _____ _____ _____

5. Company Name _____	Telephone () _____
Address _____	Employed (State Month and Year) From To
Name of Supervisor _____	Weekly Pay Start Last
State Job Title and Describe your Work _____ _____ _____	Reason for Leaving _____ _____ _____

DO NOT CONTACT

We may contact the employer listed above unless you indicate those you do not want us to contact.

Employer Number (s) _____
Reason _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

APPLICANT'S STATEMENT

I certify that answers herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended, to be a contract of employment.

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.

TENNESSEN WARNING

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

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

You are hereby advised that, under Minnesota law, the following information about you must be made available to any member of the public who requests it:

- veteran status
- relevant test scores
- rank on eligible list
- job history
- education and training
- work availability

Your name will not be made available to the public unless you are selected to be interviewed by the City.

All other information about yourself that you provide during the application process or during employment with the city is classified as private under state law. That is, the information may not be provided to members of the public except:

- (1) persons authorized to have access to the information under state or federal law;
- (2) persons authorized by court order to have access to the information; and,
- (3) persons to whom you consent in writing to have access to the information.

All individuals in the City who need to know information will have access.

Dated: _____

(signature of applicant)

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks: _____

INTERVIEWEPI DATE

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/ Salary _____ Department _____

By _____
NAME AND TITLE DATE



VETERANS PREFERENCE

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans, subject to the provisions of MN Statute 197.447.

The veteran must:

- a) be a U.S. Citizen or resident alien,
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - i) served on active duty for at least 181 consecutive days, or
 - ii) have been discharged by reason of service connected disability, or
 - iii) have completed the minimum active duty requirement of federal law, as defined by CFR Title 38, Section 3.12a (i.e. having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv) certified service and verification of “veteran status” granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans’ preference points. You are required to supply the following information:

1. Attach a copy of the DD214 or DD215. This copy must state the nature of the discharge (i.e. honorable, general, medical, under honorable conditions). **DD214 “Member-1” copy will not be accepted.**
2. Disabled veterans must also supply a Military/United States Department of Veterans’ Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference, per MN Statute 197.455.
3. A spouse of a deceased veteran applying for preference points must supply their marriage certificate, the veteran’s DD214 or DD215, a death certificate, verification of their marriage at the time of veteran’s death, and that the spouse has not remarried.

VETERANS PREFERENCE APPLICATION

NAME: _____

Are you applying for Veterans Preference Points? _____ YES _____ NO

VETERANS PREFERENCE REQUESTED:

- Veteran** (*DD214 or DD215 must be attached*)
- Disabled Veteran** (*DD214 and Letter from VA of proof of disability must be attached*)
- Spouse of Disabled Veteran** (*Attach DD214 or DD215, photocopy of marriage certificate and spouse's death certificate. If you have remarried or were divorced from the veteran, you are ineligible.*)
- Spouse of Deceased Veteran** (*DD214 and Letter from VA of proof of disability must be attached*)

Your preference points application cannot be considered without supporting documentation (see above).

AFFIDAVIT: I hereby claim Veterans' Preference for this position and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby authorize the Veterans Administration to release information necessary to process this application to the City of Champlin.

Signature

Date

Thank you for your military service and for your interest in employment with the City of Champlin. Please contact our office at (763) 421-8100 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference in public employment.



Education, Training, Skills & Knowledge Self Assessment Part-time Receptionist

Item

1 High school diploma or GED certification Yes No

2 Valid Minnesota Drivers License Yes No

3 Experience working with multi-button console telephone Yes No
Describe how you meet this requirement:

4 Customer service experience in a variety of situations Yes No
Describe how you meet this requirement:

5 Ability to work independently Yes No
Describe how you meet this requirement:

6 Ability to perform general clerical duties (i.e. typing, proofreading, using computer and 10-key pad) Yes No
Describe how you meet this requirement:

7 What days of the week would you be available to work?

Monday Tuesday Wednesday Thursday Friday

Applicant's Statement

I certify that answers herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this education, training, skills & knowledge self assessment for employment as may be necessary in arriving at an employment decision. I understand that this rating is not, and is not intended, to be a contract of employment.

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

