

CITY OF CLEVELAND

Please return to: City Clerk's Office
City of Cleveland
205 Fourth Street
P.O. Box 309
Cleveland, MN 56017
Phone: (507) 931-6380
Fax: (507) 931-5353

Employment Application

The City of Cleveland welcomes you as an applicant for employment. It is the policy of the City of Cleveland to provide equal opportunity to all employees and applicant for employment. The City of Cleveland will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, or status with regard to public assistance.

Please complete this application fully. You may attach a resume or other additional information for consideration in conjunction with the completed application.

Position(s) Applying For: _____ Date: _____

_____ Date: _____

Are you seeking _____ temporary, _____ seasonal, or _____ regular employment?

Are you available for _____ full time or _____ part time employment?

If available for part-time employment, indicate maximum hours per week _____.

When are you available for employment? _____

PERSONAL

Name _____
Last First MI

Present Address _____
Number/Street City State Zip

Residence Phone _____ Between the hours of _____ and _____

Work Phone _____ Between the hours of _____ and _____

Are you under 18 years of age? _____ Yes _____ No

If you are not a U.S. Citizen, do you have the necessary work permit? _____ Yes _____ No

THE CITY OF CLEVELAND IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Give the name, level, and number of any license or certification required for this position.

If this position requires driving, give your driver's license number, class and endorsements>

Number	_____			
Class	_____ A	_____ B	_____ C	_____ D
Endorsements	_____ 0	_____ 1	_____ 2	_____ 3

Relevant to the position(s) applied for, list any special skills you have or machines you can operate. Give speed if applicable (i.e., typing, shorthand).

EDUCATION

<u>Type of School</u>	<u>Name and Address of School</u>	<u>Degree or Certification</u>	<u>Major Area of Study</u>
Grade School	_____	_____	_____
High School	_____	_____	_____
Vocational/Technical	_____	_____	_____
College/University	_____	_____	_____
College/University	_____	_____	_____
Other	_____	_____	_____

(A High School Diploma or higher education is not always required.)

MILITARY SERVICE

Are you a veteran? Yes _____ No _____

Branch of Service: _____ Current Military Status: _____

What was your area of specialization? _____

CLAIM FOR VETERAN'S PREFERENCE: To be considered for veteran's preference, date of entry into the military service must be prior to December 31, 1976, pursuant to Minnesota Statutes 43A.11, Subd. 1. A person who is eligible to receive a monthly veteran's pension based on length of service will not qualify for preference. To qualify for preference you must have been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty of 181 consecutive days or by reason of disability incurred while serving on active duty, and be a United States citizen or be the spouse of a deceased veteran or be the spouse of a disabled veteran who, because of such disability, is unable to qualify or earn a living.

Do you qualify for veteran's preference based on the eligibility requirements above?

Yes _____ No _____ (If yes, you will be required to furnish additional information.)

WORK EXPERIENCE

List your work experience (paid or volunteer), beginning with your current or most recent employer and working back.

Employer _____ Address _____ Phone _____ Summarize your responsibilities _____ _____ _____	Job Title _____ Employed from _____ to _____ Supervisor(s) _____ Reason for Leaving _____
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Are there any employers you do not want us to contact? (List and Explain)

REFERENCES

	<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

ADDITIONAL INFORMATION

Use the space below to detail any additional information that qualifies you for this position.

The facts set forth in this application for employment are true and complete. I understand that if employed, false statements on this application are sufficient cause for dismissal.

Signature

Date