

# 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 – Police Officer

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 \_\_\_\_\_

TENNESSEN WARNING  
NOTICE TO APPLICANTS

INSTRUCTIONS FOR COMPLETING APPLICATION:

1. Fill out a separate application for each job you are applying for.
2. Read the job announcement carefully to be sure you meet all the minimum qualifications.
3. Your application must be received in the office of the City Clerk no later than 5:00 p.m. on the LAST DAY FOR FILING as stated in the job announcement, or be post-marked on or before that date.
4. All materials submitted in support of your application become the property of the City of Cleveland and cannot be returned.

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IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION:

Minnesota Statutes 13.04 on data privacy require that you be informed that the following information which you will be asked to provide in the employment process is considered private data:

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

We ask for this information for the following reason:

- to distinguish you from all other applicants and identify you in our personnel files.
- to enable us to contact you when additional information is required, send notices and/or schedule you for interviews.
- to determine if you meet the minimum age requirements (if any).
- to determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position you applied for.
- to enable us to ensure your rights to equal opportunities.
- to meet federal reporting requirements; and
- to make processing more efficient.

The data supplied may be used for such other purposes as may be determined to be necessary in the administration of the City of Cleveland.

FURNISHING SOCIAL SECURITY NUMBER, DATE OF BIRTH (UNLESS A MINIMUM AGE IS REQUIRED), SEX, AGE GROUP, RACIAL/ETHNIC AND DISABILITY DATE IS VOLUNTARY BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

Private data is available only to you and to other persons in the City of Cleveland related programs who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

If you are hired by the City of Cleveland, you will be legally required to supply your social security number and all 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 compute 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.

