

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

Home (Cell) Phone _____ Between the hours of _____ & _____

Work Phone _____ Between the hours of _____ & _____

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

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	_____	_____	_____
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 _____	Job Title _____
Address _____	Employed from _____ to _____
_____	Supervisor(s) _____
Phone _____	Reason for Leaving _____
Summarize your responsibilities _____	

Employer _____	Job Title _____
Address _____	Employed from _____ to _____
_____	Supervisor(s) _____
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Address _____	Employed from _____ to _____
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Phone _____	Reason for Leaving _____
Summarize your responsibilities _____	

Are there any employers you do not want us to contact? (List and Explain)

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Cleveland is required to inform you of your rights as they relate to the private information collected from you. Private data is information that is available to you, but not the public. The personal information we collect about you is private. Minnesota Statutes 130.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the City of Cleveland. All data collected is considered private except for the following:

1. Your veteran's status.
2. Relevant test scores.
3. Your rank on our eligibility list.
4. Your job history.
5. Your education and training.
6. Your work availability.

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules, and regulations of the City of Cleveland. Furnishing social security numbers, date of birth (unless minimum age is required), sex, age group, and disability data 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, appropriate City employees, and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment that is not designated in this notice as private data.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and assist the Cleveland City Clerk's Office in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the City of Cleveland to monitor protected class employment and to meet federal, state and local reporting requirements.

I declare that I have read and understand the information given about regarding the Minnesota Data Practices Act.

Applicant's Signature _____ **Date** _____