



DATE RECEIVED

APPLICATION FOR EMPLOYMENT
CITY OF SILVER BAY

City Hall, 7 Davis Drive
Silver Bay, MN 55614
(218) 226-4408

OFFICE USE ONLY

Interview: _____

1. Title of specific position for which you are applying	2. Date of application	3. Date available for work
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4. Last Name	First Name	Middle Name	5. Social Security Number
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6. Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state date of birth _____	7. Residence phone	8. Business phone	9. County
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10. Street address	11. City	12. State and zip code
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13. Do you have any relatives working for the City?
 Yes No If yes, relationship _____ Department _____

14. Employment condition desired: (check one) (check one) <input type="checkbox"/> Regular <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time/seasonal	15. Have you previously been employed by the City? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date _____ Position _____
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16. If position involves driving, please indicate driver's license number.
_____ State _____ Class _____

17. Education. Did you graduate from high school or receive a GED?
 Yes No School Attended _____

How many years of education have you had? (circle one) 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Names and locations of colleges, universities, technical schools	Did you graduate?	Certificate/Degree	Course of Study
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

18. Employment history. Experience and training ratings are determined by this information – please be complete. List your present or most recent experience first. Attached additional sheets if necessary.

Employment Firm _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and type of positions you supervised _____ <p style="text-align: center;">Principal Responsibilities – Be Complete</p> _____ _____ _____ _____ _____ _____ _____	Length of Employment From _____ _____ month _____ year To _____ _____ month _____ year Total _____ _____ months _____ years Hours / week _____ Last Salary _____ Reason for leaving _____ _____ _____ May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____ _____ _____
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Employment Firm _____
Address _____
Phone Number _____ Supervisor _____
Your Title _____ Supervisor's Title _____
Number and type of positions you supervised _____

Principal Responsibilities – Be Complete

Length of Employment
From _____
To _____ month _____ year _____
Total _____ month _____ year _____
_____ months _____ years _____
Hours / week _____ Last Salary _____
Reason for leaving _____

Employment Firm _____
Address _____
Phone Number _____ Supervisor _____
Your Title _____ Supervisor's Title _____
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To _____ month _____ year _____
Total _____ month _____ year _____
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Employment Firm _____
Address _____
Phone Number _____ Supervisor _____
Your Title _____ Supervisor's Title _____
Number and type of positions you supervised _____

Principal Responsibilities – Be Complete

Length of Employment
From _____
To _____ month _____ year _____
Total _____ month _____ year _____
_____ months _____ years _____
Hours / week _____ Last Salary _____
Reason for leaving _____

19. Relevant current professional memberships, registrations, or licenses. Include date when first issued.

Job-Relevant Volunteer and Unpaid Work Experience

20.

Kind of volunteer activity (Do not specify organization)	Major responsibilities	# Hours per month	Years	
			From	To

21. Describe any additional experience or training that qualifies you for this job. _____

22. CLERICAL APPLICANTS ONLY: Word Processing/Computer Experience:
 Typing Speed _____ WPM Number of years _____ List software and hardware _____

23. In accordance with the Immigration Reform and Control Act of 1986, the City of Silver Bay hires only U.S. citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

24. Minn. Stat. Sec. 518.611, Subd. 8, requires employers to obtain information from all new employees regarding court-ordered child support obligations that are required by law to be withheld from income. If hired, you will be required to provide such documentation. Failure to provide said documentation will result in dismissal.

25. Have you been convicted of a misdemeanor, gross misdemeanor, or felony? You may answer 'No' if the conviction or criminal records have been annulled or expunged. No Yes **If 'Yes', please attach a separate sheet with explanation.** Information concerning this question will not be used to automatically bar you from employment unless it is related to the position which you are seeking.

26. Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty? No Yes If 'Yes', are you a permanent resident of the State of Minnesota? No Yes
 Describe your duties and any special training:

27. If you are hired for this position, you may be required to undergo a physical examination at this employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations are necessary for you.

28. Give the names of four people other than relatives who can be contacted regarding your qualifications, work habits, and character.

NAME	PRESENT ADDRESS	TELEPHONE	POSITION AND RELATION TO YOUR WORK

The City of Silver Bay does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its programs or activities. It is the policy of the City of Silver Bay to provide reasonable accommodations to the known physical and mental limitations of qualified handicapped applicants and employees in order for them to perform the essential functions of the job in question.

THE CITY OF SILVER BAY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

SIGNATURE

The City has the right to verify information provided in the application. I may be discharged if there are any misrepresentations on this application or my resume or made by me in an interview which may be discovered now or anytime in the future. False information or misrepresentation may also subject me to the penalty provisions of M.S. §43A.39.

In connection with this application for employment, I authorize the City of Silver Bay and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the City of Silver Bay and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

YES YES, but not present employer until job is offered. NO (We may be unable to hire you without this information.)

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and I understand the information below.

Date _____ Signature (Do not print) _____

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd. 2). If you become employed by the City, the data will be available to the Department of Finance, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the Director of Personnel by letter.

Private Data	Why We Ask For It	Are You Legally Obligated To Provide It	What May Happen If You Don't Provide It
Social Security Number	To distinguish you from all other applicants and to make processing more efficient.	No	In most cases, nothing. However, it will help to ensure that your records are not confused with those others.
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Date of Birth (when requested on a separate form)	To conduct a check of criminal records for certain positions.	No	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Sex, Racial/Ethnic Group, Handicapped Status, Veteran Status (This information is requested on a separate form)	To be able to make Equal Opportunity reports as required by law	No	We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring.
Conviction Record	To determine whether we may legally accept an application from you and to determine whether your record may be a job-related consideration.	Yes	We will not be able to make determinations required by law. Failure to provide relevant conviction information may be grounds for dismissal.

ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC; THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE

APPLICATION FOR VETERANS PREFERENCE POINTS

Eligibility:

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their training and experience examination results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points, you must:

1. Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien' or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it.

Instructions:

You must supply a copy of your DD214. Disabled veterans must also supply Form FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate, the Veteran's DD214 and FL-802 or death certificate.

If you do not include these documents with this application, be sure to include your name, and the name of the position for which you are applying, when you do submit the documents.

All documentation must be received no later than seven (7) calendar days after the application deadline for the position which you are applying.

VETERANS PREFERENCE APPLICATION

Veteran: Self Spouse If spouse, veteran's name: _____

Branch of Service: _____ Dates of Active Duty: From _____ To _____

Rank at Discharge: _____ Type of Discharge: _____

Date of final Discharge: _____ Service Number: _____

Are you receiving or eligible for a military pension? Yes No

Do you have a compensable service-related disability? Yes No

Type of preference requested: Veteran Disabled Veteran

Spouse of Veteran Spouse of Disabled Veteran

Supporting documentation: is attached

will be submitted with 7 days of application deadline

**TENNESSEN WARNING
FOR EMPLOYMENT APPLICATION**

You are being questioned as part of your application for employment by the City of Silver Bay, Lake County, Minnesota. You will be asked to supply private or confidential information about yourself pertaining to your application for employment. This information is being requested as part of the employment application process. Such information will be use by the City of Silver Bay to select an individual to fill the position of _____.

This information may be used in court proceedings to defend the City of Silver Bay from any legal claims you make against the City of Silver Bay. In the event you are hired to fill the above position, the information you provided may be used to terminate or discipline you if any of it is later discovered by the City of Silver Bay to be false or misleading. In the event you are hired to fill the above position, this information may also be used to prosecute any legal claims the City of Silver Bay may against you arising out of your employment with the City of Silver Bay.

This information may also be released to other persons and/or entities as required or allowed by law and/or upon direction by proper authority and/or pursuant to court order. These persons include, but are not necessarily limited to the City Council; management/administrative supervisors whose input is necessary in the decision making process; exclusive representatives and employees of the State of Minnesota; law enforcement agencies; and counsel for and parties to litigation pursuant to Court Order. All such releases are governed by the Minnesota Government Data Practices Act (Minn. Stat. Ch. 13).

This information will be kept on file for up to one year if you are not selected for employment. If you are selected for employment, this information will be kept on file for the duration of your employment with the City of Silver Bay.

By signing below you acknowledge receipt and understanding of this document. If you do not sign the form, your application may be considered incomplete. This document is not an offer of employment.

Dated this _____ day of _____

BY: _____

CHILD PROTECTION BACKGROUND CHECK FORM
City of Silver Bay
7 Davis Drive, Silver Bay, MN 55614
218-226-4408

Because the position for which you are applying will require you to provide care, treatment, education, training, instruction, or recreation to children, the City of Silver Bay will request the Bureau of Criminal Apprehension (BCA) to perform a criminal background check on you under Minnesota Statutes Chapter 299C.62.

Have you ever been convicted of any of the following crimes? (If yes, please attach a description of the crime and the particulars of the conviction.) _____ Yes _____ No

BACKGROUND CHECK CRIMES
Under Minnesota Statutes Chapter 299C

- Murder
- Criminal Sexual Conduct
- Any of the following Child Abuse Crimes committed against Minor victim, constituting a violation of Minnesota Statutes
- Felony Level Assault -- Kidnapping
- Manslaughter
- Arson
- Any Assault Crime Against a Minor
- Prostitution-Related Crime

Sections:

- | | |
|--|--|
| 609.185,(5) Murder in the 1 st Degree | 609.344 Criminal Sexual Conduct in the 3 rd Degree |
| 609.221 Assault in the 1 st Degree | 609.345 Criminal Sexual Conduct in the 4 th Degree |
| 609.222 Assault in the 2 nd Degree | 609.352 Solicitation of Children to Engage in Sexual Conduct |
| 609.223 Assault in the 3 rd Degree | 609.377 Malicious Punishment of a Child |
| 609.224 Assault in the 5 th Degree | 609.378 Neglect or Endangerment of a Child |
| 609.2242 Domestic Assault | 152.021, subd.1,(4) Controlled Substance Crime in 1 st Degree |
| 609.322 Solicitation, Inducement and Promotion of Prostitution | 152.022, subd.1,(5) or (6) Controlled Substance Crime in 2 nd Degree |
| 609.324 Other prohibited acts of Prostitution | 152.023, subd.1,(3) or (4) Controlled Substance Crime in 3 rd Degree |
| 609.342 Criminal Sexual Conduct in the 1 st Degree | 152.023, subd.2,(4) or (6) Controlled Substance Crime in 3 rd Degree |
| 609.343 Criminal Sexual Conduct in the 2 nd Degree | 152.024, subd.1,(2), (3) or (4) Controlled Substance Crime in 4 th Degree |

As the subject of a Child Protection background check, your rights include:

- to be informed that the City of Silver Bay will request this check for becoming or continuing as an employee or volunteer, and to determine whether you have been convicted of any of the above specified crimes, and
- to be informed of the BCA's response and obtain a copy of the report from the City of Silver Bay,
- to obtain from the BCA any record that forms the basis for the report, and
- to challenge the accuracy and completeness of any information contained in the report, and
- to be informed whether the City of Silver Bay has denied your application because of the BCA's response and not to be required directly or indirectly to pay the cost of the background check.

Minnesota statutes and the BCA require you to complete the following information in order to complete the background check:

Last Name of Applicant (please print): _____
First Name (please print): _____
Middle (full) (please print): _____
Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex** (M or F): _____
Month/Day/Year

Social Security Number (Optional): _____

Signature _____ Date _____
This release is valid for one year from the date of my signature.

Signature of Parent or Guardian if under age 18:

Printed name

Signature

Relation to minor (circle one): parent / guardian

Date _____