City of Albertville
5959 Main Ave. NE, PO Box 9
Albertville, MN 55301
Phone: 763.497.3384
Fax: 763.497.3210
www.albertvillemn.gov

Today's Date:_____

EMPLOYMENT APPLICATION

Position you are applying for _____Date Available for Work_____

Full Name _____
Are you at Least 18 years old? ___ Yes ___ No Home Phone (____)_____ Business Phone (____)_____
Street Address _____ City _____ State & Zip _____
Cell Phone (____)_____ E-mail _____

Do you have any relatives working for the City? ☐ Yes ☐ No If yes, relationship? _____

Employment condition desired: (Check one) ☐ Regular ☐ Seasonal (Check one) Full Time ☐ Part Time ☐

Have you previously been employed by the City? ☐ Yes ☐ No If yes, dates _____ Position _____

Do you possess a valid driver's license: ☐ Yes ☐ No If yes, DL # _____ State _____

EDUCATION:

Relevant Current Professional Memberships, Registrations, Certifications, or Licenses. Indicate Date Issued.

_____

_____

_____

Did you graduate from High School or receive a GED? ☐ Yes ☐ No
What school did you attend? _____ How many years of education do you have? _____

Name and Location of College, University or Tech School	Did you receive Cert or Degree	Name of Degree Minor/Major
_____		_____
_____		_____
_____		_____

WORK EXPERIENCE: (Experience and training ratings are determined by this information, please be complete)

Employing Firm _____ Phone (____)_____
Address _____
Supervisor _____ Your Title _____
Number and type of positions you supervised _____
Total # of yrs _____ Hrs per wk _____ Last Salary _____
Reason for leaving _____
May we contact this employer? ☐ Yes ☐ No If no, explain _____

Employment Application

Principal Responsibilities (be complete) % of your time spent

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

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Employment Application

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Principal Responsibilities (be complete) % of your time spent

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

VOLUNTEER AND UNPAID WORK EXPERIENCE:

Volunteer Activity Major Responsibilities Hrs/Month Date of Service

_____

_____

_____

Describe any relevant software or equipment you are trained or licensed to operate and describe any additional experience or training that qualifies you for this job (including specific kinds of equipment – specialized or otherwise - you have not listed above)

_____

_____

_____

_____

VETERAN'S PERFERENCE:
If you qualify for the position for which you are applying, do you intend to claim a veteran's preference? ☐ **Yes** ☐ **No**
If so, please check the preference you are claiming:

☐ Veteran ☐ Spouse of deceased veteran ☐ Disabled Veteran Spouse of disabled veteran who is unable to use preference due to disability

Note: If you elect to use a veteran's preference, you will be required to submit documentation establishing your right to claim preference.

Employment Application

REFERENCES: (Please list three references not related to you.)

First & Last Name	Relationship	Phone Number
First & Last Name	Relationship	Phone Number
First & Last Name	Relationship	Phone Number

Important Facts Concerning Information Provided on Your Application

Minnesota law affects you as an applicant for employment with the City of Albertville. The following data is public information and is accessible to anyone: Veteran's Status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. All other personally identified information is considered private, including, but not limited to, your name, home address and phone number.

If you are selected as a finalist for a position, your name will become public information. You become a finalist if you are selected to be interviewed by the City.

The information requested on this application is necessary, either to identify you or to assist in determining your suitability for the position for which you are applying. You may legally refuse, but refusal to supply the requested information will mean that your application may not be considered.

If you are selected for employment with the City, the following additional information about you will be public: your name; actual gross salary range; contract fees; actual gross pension; the value and nature of your fringe benefits; the basis for and the amount of any added remuneration, such as expenses or mileage reimbursement, in addition to your salary; your job title; the dates of your first and last employment with the City; the status of any complaints or charges against you while at work; the final outcome of any disciplinary action taken against you, specific reasons for it, and all supporting documentation about your case; terms of any agreement setting administrative or judicial proceedings; your work location and work telephone number, honors/awards received; payroll time sheets; your city and county of residence. Anything not listed above which is placed in your personnel file (such as medical information, letters of recommendation, resumes, etc.) is made private information by law. For further information refer to Minnesota Statute Chapter 13.

DRUG AND ALCOHOL TESTING

The City of Albertville has adopted a drug and alcohol testing policy for truck drivers. As a job applicant for this position, you are subject to testing under the policy and may be asked to provide a urine specimen after you have received a conditional offer of employment. You may legally refuse to undergo a drug or alcohol test. If you refuse, the City's conditional offer of employment may be withdrawn. If you undergo an initial screening test with a positive test result, a confirmatory test, verifying that result, must be performed.

You may have the right to explain a confirmatory test's positive result within three working days after receiving notice. You have the right to request and pay for a confirmatory retest of the original sample within five working days after receiving notice. If the confirmatory test does not confirm the original positive test result, no adverse personnel action based on the confirmatory test may be taken against you. A job applicant who receives a positive test result, fails or refuses a confirmatory test, and does not request in writing a confirmatory test within five working days after notice, may be refused employment and will be notified of the reason for such refusal. Except as otherwise noted, the job applicant has no additional right of appeal within the City of Albertville.

Employment Application

The full Drug and Alcohol testing personnel policy is available for review in the City Administrator's office at City Hall, 5959 Main Avenue NE, Albertville, MN 55301, during normal office hours. A job applicant receiving a conditional offer of employment will be given a full policy prior to testing.

AUXILIARY AIDS AND ASSISTANCE

If you have a job-related disability and require a reasonable accommodation to compete in the application process, please contact the City Administrator's office at City Hall, 5959 Main Avenue NE, Albertville, MN 55376, during normal office hours, or phone (763) 497-3384.

AUTHORIZATION AND RELEASE

I hereby authorize the entities and persons listed above to release to the City of Albertville, and any agent acting on its behalf, data classified as private. The data which I authorize to be released consists of private data, as defined by Minnesota Statute Ch. 13.02, subd. 12, and has been or will be collected by the City of Albertville and/or its agent and/or its representatives. The information for which release is authorized includes all data, which has been collected, created, received, retained or disseminated in whatever form, which in any way is related to employment. I fully understand the purpose of permitting the City of Albertville to have access to this information is to determine my suitability for employment.

This authorization shall be valid for one (1) year, but I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the City Administrator. I also acknowledge that a photocopy of this authorization may be used instead of the original and that a photocopy shall be considered as valid as the original.

I hereby declare that all statements made in this application are true and complete to the best of my knowledge and belief.

I understand that any false information on or omission of information from this application, or failure to present the required proofs, upon discovery will be cause for rejection or dismissal if employed. The City of Albertville has the right to verify all information provided in this application.

I release all parties from any and all liability and claims for damages, whatsoever, that may result therefrom.

_____ _____

Applicant's Signature **Date**

It is the City of Albertville's policy and intent to provide equality of opportunity in employment of all persons. The City of Albertville does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services.