



CITY OF CHISAGO CITY

10625 Railroad Avenue, P.O. Box 611, Chisago City, MN 55013

651-257-4162 / Fax 651-257-0695

www.ci.chisago.mn.us

APPLICATION FOR EMPLOYMENT

We welcome you as an applicant for employment. Your application will be considered with others. Our policy is to provide equal opportunity in employment. This policy prohibits discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership, or activity in a local commission, disability, or age in all aspects of our personnel policies. This policy applies to full-time, part-time, temporary and seasonal employment.

The information contained in this application will be considered personal, confidential and private to be used only in conjunction with your possible employment. Private data is that information which is available to you but not available to the public. This application for the City of Chisago City contains private information as defined by Minnesota State Statutes 15.1692, Subd. 1-5. Please furnish us with complete information. Failure to completely fill out this application may disqualify your application from consideration. You are encouraged to attach a resume or any other additional information that you believe qualifies you for the position.

Employment is contingent on applicant successfully performing the essential functions of the job. Please see attached job description for essential functions. If you need a special test accommodation, let us know.

Please use INK or TYPE.

PERSONAL INFORMATION:

Name (first, middle, last):	
Present Address (street, city, state, & zip):	
Home Phone #:	Work /Cellular Phone #:
If under the age of 18 years, list your date of birth:	

EMPLOYMENT DESIRED:

Select One:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Temporary <input type="checkbox"/>	Seasonal <input type="checkbox"/>
Position:				
Date You Can Start:			Salary Desired:	
If you are not a citizen of the United States, do you have Bureau of Immigration approval to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>				

EDUCATION:

	Name of School & Location	Course of Study	# of Years Completed	Degree or Certificate Received
High School				
College				
College				
Graduate School				
Other				

Other training, schooling, skills or experience that would qualify you for this job:

APPLICANTS FOR CLERICAL, ADMINISTRATIVE, OR FISCAL POSITIONS ONLY:

	Yes	No	WPM
Can you type?			
Familiar with Microsoft Word?			
List software applications you are familiar with:			

APPLICANTS FOR LABOR & SKILLED TRADE POSITIONS ONLY:

Do you have a valid driver's license? **Yes** **No**

State and license number _____ Class: _____

Apprenticeship(s) served or trades learned: _____

Capable of operating the following equipment:

EMPLOYMENT HISTORY: (List below the last four employers beginning with the most recent. If necessary, list other employers on an additional sheet. (You are not required to furnish the dates of employment when exceeding five years from the current date.))

May we contact your present employer? Yes No If "No" why?

PRESENT EMPLOYER:

Name/Address of Employer:	Dates of Employment:
Phone #:	Supervisor:
Job Title:	Salary or Wage:
Duties:	
Reason for leaving:	Were you terminated? Yes <input type="checkbox"/> No <input type="checkbox"/>

1ST PREVIOUS EMPLOYER:

Name/Address of Employer:	Dates of Employment:
Phone #:	Supervisor:
Job Title:	Salary or Wage:
Duties:	
Reason for leaving:	Were you terminated? Yes <input type="checkbox"/> No <input type="checkbox"/>

2ND PREVIOUS EMPLOYER:

Name/Address of Employer:	Dates of Employment:
Phone #:	Supervisor:
Job Title:	Salary or Wage:
Duties:	
Reason for leaving:	Were you terminated? Yes <input type="checkbox"/> No <input type="checkbox"/>

3RD PREVIOUS EMPLOYER:

Name/Address of Employer:	Dates of Employment:
Phone #:	Supervisor:
Job Title:	Salary or Wage:
Duties:	
Reason for leaving:	Were you terminated? Yes <input type="checkbox"/> No <input type="checkbox"/>

4TH PREVIOUS EMPLOYER:

Name/Address of Employer:	Dates of Employment:
Phone #:	Supervisor:
Job Title:	Salary or Wage:
Duties:	
Reason for leaving:	Were you terminated? Yes <input type="checkbox"/> No <input type="checkbox"/>

REFERENCES: (Persons not related to you, whom you have known at least one year.)

Name	Address	Phone #

CITY OF CHISAGO CITY
ADDENDUM TO APPLICATION FORM

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS.

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam 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.

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 CERTIFICATE, THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? **Yes** **No**

If you answered "yes," your DD214 or other documentation must be received no later than seven calendar days after the application deadline for the position.

VETERAN'S PREFERENCE POINTS APPLICATION:

Veteran: **self** **spouse**

If spouse, veteran's name: _____

Branch of Service:

Period of Active Duty: From: _____ To:

Rank of Discharge: _____ Type of Discharge:

