

**City of Browerville  
PO Box 247  
Browerville, MN 56438**

**Application for Employment**

Title of Specific Position for which you are applying			Date of Application		Date available for work		
Last Name		First Name		Middle Name		Email	
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No				Phone			
If no, date of birth: _____							
Street Address			City		State & Zip		
Do you have any relatives working for the City? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, relationship _____ Department _____							
Employment conditions desired <input type="checkbox"/> Regular <input type="checkbox"/> Full Time  <input type="checkbox"/> Temporary <input type="checkbox"/> Part time			Have you previously been employed by the City? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, date _____ Position _____				

If position involves driving, please indicate driver's license number  
 \_\_\_\_\_, State \_\_\_\_\_, Class \_\_\_\_\_

<b>Education</b>		
Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
School Attended _____		
How many years of education have you had? _____		
Names and locations of colleges, universities, technical schools	Did you graduate?	Certificate / Degree Course Study

## Employment History

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

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_

Your Title \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Primary Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of Employment

From \_\_\_\_\_

To \_\_\_\_\_

Hours per Week \_\_\_\_\_

Last Salary \_\_\_\_\_

Reason for leaving

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_

Your Title \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Primary Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Length of Employment

From \_\_\_\_\_

To \_\_\_\_\_

Hours per Week \_\_\_\_\_

Last Salary \_\_\_\_\_

Reason for leaving

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_

Your Title \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Primary Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of Employment

From \_\_\_\_\_

To \_\_\_\_\_

Hours per Week \_\_\_\_\_

Last Salary \_\_\_\_\_

Reason for leaving

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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Job Relevant Volunteer and Unpaid Work Experience

Volunteer Activity	Responsibilities	hours per month	years

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

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In accordance with the Immigration Reform and Control Act of 1986, the City of Browerville 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.

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.

If you are hired for this position, you may be required to undergo a physical examination at this employer's expense to determine whether 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.

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 Browerville does not discriminate based on 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 Browerville to provide reasonable accommodations to the known physical and mental limitations of qualified handicapped applicants and employees for them to perform the essential functions of the job in question. (If you need assistance in completing this application form, contact City Hall, 320-594-2201)

**THE CITY OF BROWERVILLE 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 provision of Minnesota Statutes 43A.39.

In connection with this application for employment, I authorize the City of Browerville 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 a transcript. Moreover, I hereby release the City of Browerville and any agents acting on its behalf from 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)

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 on the application is private; that 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 Accounting Department, 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 City Administrator at City Offices by letter

Private Data	Why We Ask For It	Are You Legally obliged to provide It?	What May Happen If You Don't Provide It
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 applications
Address	To be able to send you notices	Yes	Failure to provide information may be cause for rejecting applications
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 for)	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**

**VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS**

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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 exclusive 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 FORMFL-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 supply the supporting documentation by separate mail, your name and the position applied for must be included.

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**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 7 calendar days after the application deadline for the position.

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**VETERAN'S PREFERENCE POINTS APPLICATION**

VETERAN:  Self  Spouse, If Spouse, Veteran's Name: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Period of active Duty: From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Date of Final Discharge: \_\_\_\_\_ Service No.: \_\_\_\_\_

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

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

Preference Requested:  Veteran  Disabled Veteran  
 Spouse of Disabled Veteran  Spouse of Deceased Veteran

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

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Supporting documentation:  Attached  Will be submitted within 7 days of application deadline.

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FOR OFFICE USE ONLY

5 POINTS \_\_\_\_\_

10 POINTS \_\_\_\_\_

## **AUTHORIZATION & RELEASE**

I hereby authorize and grant to the City of Browerville data classified as private. The data which I authorize to be released consists of private data by Minnesota Statutes 13.02, subd. 12 and had been or will be collected by the City of Browerville and/or its agents and/or representatives. The information for which release is authorized includes all data which is in any way related to employment. I fully understand that the purpose of permitting the City of Browerville to have access to this information is to determine my suitability for serving as an employee of the City of Browerville.

This authorization shall be valid for one year. But I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the City of Browerville. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that photocopy shall be considered as valid as the original. This release will be used to conduct a criminal history check, driver's license check, and background history check.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_