

Have you ever applied for employment with us before:

Position applied for:

Employment Application

No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, national origin, age, marital status, sexual preference, religion, or status with regard to public assistance, disability, handicap, or conviction of a crime, unless, the crime relates directly to the position sought.

Date of application:

☐ No If yes, when?

Please complete this application fully. You may attach any additional information that you believe qualifies you for the position for which you are applying. The attached material must supplement the application and not be in lieu of requested data. Please print in ink or use typewriter.

☐ Yes

PERSONAL DA	NTA			
Last Name	First	Middle		Home Phone Number
Street Address				Work Phone Number
City, State, Zip Cod	e E	-mail Address		Cell Phone Number
EDUCATION a	nd TRAINING			
	Educational Institutions	Years Completed	Diploma, Degree or Credits Earned	Course of Study
High School	Name:			
	City/State:			
College or University	Name:			
ŕ	City/State:			
Technical / or Other School	Name:			
	City/State:	······································		
Other School	Name:			
	City/State:			
	L			

List any training, skills, experience or volunteer work acquired that is rele	evant to this position:	

EMPLOYMENT HISTORY - List below last four employers, with most		
Company Name:	Telephone	
Street Address:	Employment Dates From to	
City, State, Zip Code:	☐ Full-time ☐ Part	-time
Name and Title of Supervisor:	Your Job Title:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Summary of Job Duties and Responsibilities	Salary	
Reason for Leaving:		
Company Name:	Telephone	
Street Address:	Employment Dates From to	
City, State, Zip Code:	Full-time Part-	-time
Name and Title of Supervisor:	Your Job Title:	
Summary of Job Duties and Responsibilities:	Salary	
Reason for Leaving:		
Company Name:	Telephone	
Street Address:	Employment Dates	
	From to	- Hone
City, State, Zip Code:	☐ Full-time ☐ Part-	lime
Name and Title of Supervisor:	Your Job Title:	
Summary of Job Duties and Responsibilities:	Salary	
Reason for Leaving:		
Company Name:	Telephone	
	Employment Dates	
Street Address:	From to	
City, State, Zip Code:	☐ Full-time ☐ Part-	·time
Name and Title of Supervisor:	Your Job Title:	
Summary of Job Duties and Responsibilities:	Salary	
Reason for Leaving:		

Branch of Service		Length of Active Duty	1 1	Rank at Discharge
Describe your duties and any	special training:			
		innen en skal stem store en		
FFICE EQUIPMENT / C	OMPUTER SOFTWA	RE PROGRAMS		
Vhat office machines do you	operate proficiently?			
ist computer Software Applic	cations you can operate:			
CENSES - If relevant, list	other current profession	al registrations, licenses	s or certificates you h	ave.
icense/Certificate/Registra	tion		Date Issued	Date of Expiration
				i
	ovide the name, address	and phone number of t	ihree references who	are not related to you and are
evious employers.	ovide the name, address	and phone number of t	ihree references who	are not related to you and are
evious employers. Name	ovide the name, address	and phone number of the	three references who	
evious employers. Name Address, City, State and Zip	ovide the name, address	and phone number of the	ihree references who	Phone Number
EFERENCES - Please pro evious employers. Name Address, City, State and Zip Name	ovide the name, address	and phone number of the	ihree references who	Phone Number Relationship
evious employers. Name Address, City, State and Zip Name Address, City, State and Zip	ovide the name, address	and phone number of the	ihree references who	Phone Number Relationship Phone Number
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evious employers. lame ddress, City, State and Zip lame ddress, City, State and Zip lame ddress, City, State and Zip	ovide the name, address	and phone number of the		Phone Number Relationship Phone Number Relationship Phone Number Relationship
evious employers. Name Address, City, State and Zip Name Address, City, State and Zip Name	Part-time	and phone number of the state o	three references who	Phone Number Relationship Phone Number Relationship Phone Number Relationship

MILITARY - Please complete this section if you served in the U.S. Armed Forces and wish to apply for Veteran's Preference Bonus

		mployment	Position Position		
POSITION APPLYING FO	3 ;		I		
Public Works					
Parks					
Fire Department					
Office / Other					
Municipal Swimming Pool	☐ Guarding	☐ Teaching	Supervisor	☐ Manage	r 🔲 Substitute
ICENSES - If relevant, list of attach to applica		al registrations, lice	nses or certificates y	ou have. Pleas	se provide copies and
License			Date Compl	eted	Expiration Date
WSI					
R94 Certification					······································
First Aid Certification	· · · · · · · · · · · · · · · · · · ·				***************************************
CPR for the Professional R	escue				
Other					
VAILABILITY TO WORK	-				
☐ Morning	☐ Afternoon	☐ Eveni	ng 🔲 We	ekends	☐ Holidays
☐ Full Time	☐ Part Time				11 11 11 11 11 11 11 11 11 11 11 11 11
vailable Starting Date:			Ending Date:		
 Are you at least 18 ye 	ars of age or older?		Y	es	No
-	e for employment in the	U.S.		es	
 Do you have a valid d 			Y		
	ation or experience bee ut the position?			es	
lease complete this application hich you are applying. The a					
Signature		Pg. 4	Date		



City of Rice 205 Main St E PO Box 179 Rice, MN 56367

(320) 393-2280 Fax (320) 393-3180 www.cityofrice.com

Veteran's Preference

The Minnesota Veteran's Preference Act grants veterans a limited preference over non-veterans in hiring and promotion of public employment. Please complete this form if you wish to apply for veteran's preference bonus points.

na production of the contract	Name:					
	Position applied for:					
	Preference points are awarded to qualifi xperience examination results. Points are awareference points, you must:	ed Veterans a warded subjed	and spouse of to the pro	es of deceased or disa ovisions of Minnesota	abled veterans to ad Statutes 43A.11. T	ld to their Fo be eligible
	 Be separated under honorable condition active duty for 181 consecutive days or I of the United States or resident alien; or spouse of a disabled veteran who becau NOT be currently receiving or eligible to service. 	by reason of c be the survivi use of the disa	disability in ing spouse ability is no	curred while serving o of a deceased vetera t able to qualify; and	n active duty, and b in (as defined above)	be a citizen or the
The information to supply this	on you provide on this form will be used to de information, but we cannot award veteran's p	termine your ooints without	eligibility fo	or veteran's preference	e points. You are n	ot required
EQUIVALENT L	YOU MUST SUPPLY A COPY OF YOUR DD214 ETTER FROM A SERVICE RETIREMENT BOAR RTIFICATE, AND THE VETERAN"S DD214 AND	RD. SPOUSES	APPLYING	FOR PREFERENCE PO	ORM FL-802 OR AN DINTS MUST SUPPL	Y THEIR
***********		***************************************		***************************************	<u></u>	
Please Print.						
Name:						
If Spouse, Vet	eran's Name:					
Branch of Ser	vice:	***************************************	Dates of A	Active Duty:	to	
Rank at Disch	arge: Type of Dis	charge:		Date of Final Discha	rge:	
Are you receiv	ring or eligible for a military pension?	Yes	_ No	-		
Do you have a	compensable service-related disability?	Yes	_ No	_		
Do you wish to	o claim a Veteran's Preference?	Yes	No	_		
	Veteran (defined as a person separated und least 181 days, or honorably discharged by re				luty for at	
	Disabled Veteran (a veteran having a comp Veterans Administration or the retirement boa is currently existing).					
	Spouse of a disabled veteran, who is ur	nable to use pre	eference du	e to disability.		
	Spouse of deceased veteran.					
not at	Preference Points application cannot be considere tached, it must be received in our office no later the osition in order to guarantee points are awarded in	an 7 calendar c	days after th	nentation (see instruction e application deadline fo	ns above). If the docu r	mentation is
·	Attached	*		ubmitted within 7 days		
Signature				Date		



<u>Terms of Application and Employment</u> (<u>Tennesen Warning</u>)

The Minnesota Government Data Practices Act requires that you be informed of the purposes and intended uses of the information you provided to the City of Rice during the application process or during employment. Any information about yourself that you provide to the City of Rice during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, you are required to provide the information requested in the Employment Application, if you wish to be considered for employment. If you do not supply the information requested, your application may not be considered. All materials submitted in support of an application are normally retained with the applications and are not returned. You should not submit an original document if it is your only copy.

You are hereby advised that, under Minnesota law, the following information given by an applicant is considered to be <u>public</u>: veteran status, relevant test scores, rank on our eligible list, job history, education and training, and work availability.

As an applicant, your name is considered <u>private</u> until you are certified as eligible for appointment to a position or when applicants are considered by the appointing authority to be finalists for a position with the City of Rice "Finalist" means an individual who is selected to be interviewed by the appointing authority prior to selection.

The data concerning you, which is placed in your application folder or in your personnel file and which is not listed as public, is private. This private data will be shared with you and those members of the City Staff who need it to process the application, update your personnel record, evaluate your work performance, and if you are disabled, provide the necessary accommodations. It may also be shared with the following: persons authorized to have access to the information under State or Federal law, persons authorized by Court Order to have access to the information, and person to whom you consent in writing to have access to the information.

I certify that answers herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained herein and the references and employers listed in this Application for Employment as may be necessary in arriving at an employment decision. Moreover, I hereby release the City of Rice and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person. I understand that this application is not, and is not intended, to be a contract for employment and all employment at the City is on an "at-will basis" and that employment may be terminated by either the City of Rice or myself at anytime, with or without notice.

In the event of employment, I understand that false or misleading information given in my application, or interview(s), may result in discharge. I understand also, that I am required to abide by all rules and regulations of the City of Rice.

I certify that I have read and understand the information given above regarding the Minnesota Data Practices Act (MN Statues 13.01-13.90), and I understand my rights.

Signature	
	Office Use Only
Date Received:	
Interview Date:	
Interview Time:	M