City of Stewart

Employment Application

APPLICATION WILL NOT BE ACCEPTED UNLESS COMPLETED IN ITS ENTIRETY

- **IMPORTANT!** You must complete all parts of the application. Read the job announcement carefully before you apply. Announcements may contain special instructions and requirements.
- Type or print clearly in dark ink. Applications in pencil **will not be accepted**. Legible photocopies are acceptable.
- We cannot be responsible for failure of other agencies or postal services to forward applications by the deadline. Applications will not be accepted unless they are received at the City of Stewart City Clerk's Office on or before the closing date of the job announcement.
- If your application is incomplete or does not clearly show the experience and/or training required, your application will be rejected.
- Resumes may be submitted with the application, **but not in lieu of a completed application.**
- Your application and all attachments become the property of the City of Stewart and will not be returned. Keep a copy of your completed application.

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; it may be released only to you or to agencies where you may be considered for employment (to comply with Minnesota Statutes 13.43, Subd. 2). If you are employed, the data will be available to the City Council, City Clerk/Treasurer, Maintenance Supervisor, 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 Clerk of Stewart.

Private Data	Why we ask for it?	Are you legally obligated to provide it?	What may happen if you do not 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 we do not confuse your records with those of others.
Name	To distinguish you from all other applicants	YES	Failure to provide information may be cause for rejecting an application.
Address	To make it possible for us to send you messages.	YES	Failure to provide information may be cause for rejecting an application.
Telephone Numbers	To enable us to contact you to arrange an interview.	NO	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Conviction Record	To determine whether we may process 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.

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Title of position you are applying for	Date of Application	Date Available for Work

Name: _____
First Middle Last

Present Address: _____
PO Box Street Address City State Zip

How long at present address: _____ YY/MM Home Phone: (____) _____
Cell Phone: (____) _____

Driver's License Number: _____

Other names used (alias, maiden): _____

How did you happen to apply for a position with the City of Stewart? _____

_____

EDUCATION HISTORY

Did you graduate from high school or receive a GED? ___ Yes ___ No School attended:	**How many years of education have you completed** (circle one) Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 GED College: 13 14 15 16 Post Grad: 1 2 MA PHD

Name, Location of College, University or Tech School	**Qtr. or Sem. Hrs.**	**Did you graduate?**	**Certif. or Degree**	**Course of Study**

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

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EMPLOYMENT HISTORY

List below your last three employers, starting with your present or last employers first:

Dates From/To _____ Name & Address of Company _____

_____

Name & Title of Supervisor _____

Job Title _____

Job Duties _____

_____

May we contact this employer? _____ Yes _____ No

If no, explain: _____

_____

Dates From/To _____ Name & Address of Company _____

_____

Name & Title of Supervisor _____

Job Title _____

Job Duties _____

_____

May we contact this employer? _____ Yes _____ No

If no, explain: _____

_____

Dates From/To _____ Name & Address of Company _____

_____

Name & Title of Supervisor _____

Job Title _____

Job Duties _____

_____

May we contact this employer? _____ Yes _____ No

If no, explain: _____

_____

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CHARACTER REFERENCES

(Do not list relatives or former employers)

Name Occupation Address Phone

_____

_____

_____

_____

MISCELLANEOUS INFORMATION

What do you do for recreation? _____

Clubs & organizations to which you belong (Exclude those based on race, religion or national origin): _____

_____

_____

Do you have any special skills such as electrical or mechanical? _____

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TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Stewart is required to inform you of your rights as they relate to the private information collected from you. Private data is information that is available to you, but not the public. The personal information we collect about you is private. Minnesota Statutes 13.01 through 13.87 (1983) are sections that govern what affects you as an applicant for employment with the City of Stewart. All data collected is considered private except for the following:

(1) Your veteran's status.
(2) Relevant test scores.
(3) Your rank on our eligibility list.
(4) Your job history.
(5) Your education and training.
(6) Your work availability.

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules, and regulations of the City of Stewart. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, appropriate City employees, and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment that is not designated in this notice as private data.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the Stewart City Clerk's Office in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the City of Stewart to monitor protected class employment and to meet federal, state, and local reporting requirements.

I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.

Applicant's Printed Name:_____

Applicant's Signature: _____ Date _____

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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 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.

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.

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.

Supporting documentation: _____ is attached _____ will be submitted within 7 days of application deadline

FOR OFFICE USE ONLY
____ 5 points
____ *10 points*

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REQUEST FOR AND CONSENT TO RELEASE INFORMATION

RELEASE AND WAIVER – GENERAL AUTHORIZATION AND RELEASE PURSUANT TOT MINNESOTA STATUTE 13.05, sub. 41 MINNESOTA DATE ACT

I am an applicant for a position with the City of Stewart. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal employment history by disclosed to the above City. I hereby authorize any representative of the City of Stewart bearing this release to obtain any information in your files pertaining to my employment record and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Stewart, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my informed consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Stewart to consider in determining my suitability for employment in that City. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, education and training records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in my case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Stewart regardless of any agreement I may have made with you previously to the contrary. The law enforcement agency requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested. For and in consideration of the City of Stewart's acceptance and processing of my application for employment, I agree to hold the City of Stewart, its agents and employees harmless from any all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Stewart, I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under title 5, United States Code, Section 552a, the Privacy Act of 1 974 and Minnesota Statute 1 3.05 sub. 4 Minnesota Data Practices Act, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Stewart in conjunction with employment procedures. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I hereby authorize and grant my informed consent to permit you to release and make photo copies of any Polygraph Reports, Recording Tapes or Written Reports which concern me and is in your possession. This authorization shall be valid for a period of one year from the date of my signature, but I reserve the right to, at any time prior to the expiration, cancel this written authorization by providing written notice to the City or to you of that fact, I agree to indemnify and hold harmless the person to whom this request in presented and his/her agents and employees, from and against all claims, damages losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

- Record of any medical treatment or history of treatment for nervous or mental illness.
- Driving record.
- Employment record.
- Record of any arrests, convictions, or incidents involving police investigations.

You are hereby authorized to treat a photocopy of his document when accompanied by a cover letter from the City of Stewart as you would an original of this release form.

Full Name_____

Current Address_____

Phone Numbers: (Day) _____ (Evening)_____ (Cell)_____

Birthdate:_____ SS#_____ DL#_____

Signature: _____ Date _____

Witness Signatures_____ Date _____

Notice of Rights and Informed Consent to Release Information for Driver's License and Criminal History Records and Offense Reports

As part of your employment application process with the City of Stewart you are being asked to supply private data that was not requested on the application form. The City of Stewart is requesting you supply the data to determine your suitability for employment with the City of Stewart, including use of the data to conduct criminal history and related record checks. You may refuse to provide any requested data. However, a refusal will prevent the City of Stewart from conducting an adequate pre-employment background investigation which in turn may cause your application for employment to be removed from consideration. A false statement or failure to fully disclose the requested data shall be grounds to withdraw any offer of employment or termination from employment without regard to when such false statement or omission is detected.

Private data, such as date of birth and driver's license number may be shared with the City of Stewart, the department to which you are applying, the McLeod County Sheriff's Office, and legal advisor to the City or McLeod County Sheriff's Office. Otherwise, unless authorized by State statutes or Federal law, your private data will not be released to any other person or agency without your written consent except under court order or if otherwise authorized or required by law. A written consent for release of private data is known as "INFORMED CONSENT." Any public data you provide is available to anyone requesting it.

The private data the City of Stewart is now requesting from you is as follows:

Have you ever been convicted, plead guilty or been sentenced or placed on probation or diversion in any court of law for the commission of a criminal offense whether or not the record of such a case has been sealed or expunged? Criminal offense includes any traffic or moving violations punishable by incarceration whether or not such a sentence was actually imposed. ☐ Yes ☐ No

If Yes, state the jurisdiction(s), date of conviction(s), pleas of guilty or sentenced: _____

_____

State the offense: _____

Your full legal name and current address: _____
(Please print **full name: first, middle, and last**)

_____

_____

Addresses of the **last five years**: _____

_____

_____

_____

Former Name(s)-List ALL: _____

Driver's License Number: _____ State Issued: _____

Date of Birth: _____ Sex: ☐ Female ☐ Male Race: _____

I understand the above notice of rights; also known as the Tennessen Warning.

Signature: _____ **Date:** _____ **Day Phone Number:** _____

Please return completed form to:

_____

_____

_____

_____

INFORMED CONSENT FOR RELEASE OF INFORMATION

I, _____, authorize the City of Stewart to provide my: full name, previous name(s), date of birth, social security number, driver's license number, home address and previous addresses to the McLeod County Sheriff's Office, the Minnesota Bureau of Criminal Apprehension, Department of Driver and Vehicle Services, the National Crime Information Center, Federal Bureau of Investigations, and other law enforcement agencies with which I have had contact, that has records about me in order to determine my suitability for employment with the City of Stewart.

I, _____, authorize the McLeod County Sheriff's Office, the Minnesota Bureau of Criminal Apprehension, Department of Driver and Vehicle Services, the National Crime Information Center, Federal Bureau of Investigations, and other law enforcement agencies with which I have had contact to release any public, private, or confidential information pertaining to my driver's license record, Bureau of Criminal Apprehension records and/or National Crime Information Center records and any and all other offense report records to the McLeod County Sheriff's Office in order to determine my suitability for employment with the City of Stewart.

I understand that this written consent is valid for 1 year, but that it may be revoked by me at any time prior to the one year expiration, except to the extent that action has been taken in reliance upon it. I can revoke this consent by filing a written request with the City of Stewart terminating the consent. I also understand that this data and related criminal history record check is defined by Minn. Stat. § 13.43 as personnel data and shall be treated as such.

Date Executed:_____

Signature:_____

Please return completed form to:

_____
_____
_____
_____

INFORMED CONSENT
RELEASE OF PREDATORY OFFENDER REGISTRATION DATA

PLEASE PRINT LEGIBLY - USE COMPLETE NAME, INCLUDING MIDDLE NAME

First Name:_____ Middle Name:_____ Last Name:_____

Maiden or Former Last Name(s)-**LIST ALL**:_____

Date of Birth:_____ Social Security Number:_____

Driver's License Number:_____ Issuing State:_____

Current Address:_____

City, State, Zip Code:_____

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to the City of Silver Lake and the McLeod County Sheriff's Office any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and the City of Stewart and the McLeod County Sheriff's Office from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: _____ Date: _____