



2015 – 1<sup>st</sup> Avenue North  
Anoka, MN 55303-2270

City of



**APPLICATION  
FOR EMPLOYMENT**

Date Received:

--

Position for which you are applying:

**PERSONAL**

Last Name	First	Middle	Date
Street Address			Home Phone ( ) -
City, State, Zip			Business Phone ( ) -
Were you previously employed by the city? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			Cell Phone ( ) -
Are you legally eligible for employment in the United States:			
Check the type of work you are willing to accept: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal			
Would you accept temporary work? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Sat., Sun., Holidays <input type="checkbox"/> Overtime			
How soon would you be available to start work? <input type="checkbox"/> Immediately <input type="checkbox"/> 1 Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Other _____ (date)			
Do you have a valid Minnesota Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your Driver's License number _____			

**For police officer positions only:**

Have you ever been convicted of or are you awaiting trial for a violation of the law, other than a minor\* traffic violation (\* Minor – a non-moving violation such as a parking ticket) ?  Yes  No

**The fact that you are awaiting trial or have a record of conviction will not necessarily bar you from employment.**

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION AND TRAINING (Indicate all periods of schooling.)**

School	Name and Location of School	Did You Graduate?	Degree Received	Number of School Years Completed	Course of Study
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Vocational/ Business/ Trade/ Technical/ Professional		<input type="checkbox"/> Yes <input type="checkbox"/> No			
University College		<input type="checkbox"/> Yes <input type="checkbox"/> No			

**EMPLOYMENT & BUSINESS EXPERIENCE** (Include full-time, part-time, and summer employment during the last 5 years. List the most recent job first.

1	Company Name	Telephone (    )    -	
	Address	Employed (State Month and Year) From                      To	
	Name of Supervisor	Weekly Pay	Hours Per Week
	State Job Title and Describe Your Work	Reason For Leaving	

2	Company Name	Telephone (    )    -	
	Address	Employed (State Month and Year) From                      To	
	Name of Supervisor	Weekly Pay	Hours Per Week
	State Job Title and Describe Your Work	Reason For Leaving	

3	Company Name	Telephone (    )    -	
	Address	Employed (State Month and Year) From                      To	
	Name of Supervisor	Weekly Pay	Hours Per Week
	State Job Title and Describe Your Work	Reason For Leaving	

4	Company Name	Telephone (    )    -	
	Address	Employed (State Month and Year) From                      To	
	Name of Supervisor	Weekly Pay	Hours Per Week
	State Job Title and Describe Your Work	Reason For Leaving	

5	Company Name	Telephone (    )    -	
	Address	Employed (State Month and Year) From                      To	
	Name of Supervisor	Weekly Pay	Hours Per Week
	State Job Title and Describe Your Work	Reason For Leaving	

<p>We may contact the employers listed above unless you indicate those you do not want us to contact.</p>	<p style="text-align: center;"><i>DO NOT CONTACT</i></p> <p>Employer Number(s) _____</p> <p>Reason _____</p>
---	--

**MILITARY SERVICE** (Do Not Include ROTC) Did you serve in the Armed Forces  Yes  No

Branch of Service	Dates (Mo/Yr)		Grade/Rank at Discharge	Special/Technical Training
	From	To		

**SPECIAL SKILLS & TRAINING** (Include any special skills or training that you feel more fully explains your qualifications for employment. i.e., Machine Operation, Office Equipment, Computer, Licenses, Certificates, etc.)


**ADDITIONAL INFORMATION** (List additional information you feel may be important for us to know in evaluating your application i.e. professional society memberships, relevant community activities or volunteer work, skills or specific accomplishments.)

Activity	Work Performed	From Mo/Yr	To Mo/Yr

**REFERENCES** (Give names of 3 people outside of relatives who can be contacted regarding your qualifications, work habits and character.)

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

**AS AN APPLICANT YOU AGREE TO AND UNDERSTAND THE FOLLOWING:**

The City of Anoka is an Equal Opportunity Employer. Discrimination because of race, sex, color, religion, national origin, physical or mental handicap, or status as a disabled veteran or veteran of the Vietnam era is prohibited. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than 70 years of age. If you believe you have been discriminated against, you may notify the appropriate federal or state agencies.

You understand that your employment at the City of Anoka will be conditioned on your qualifications as a U.S. Citizen or as an alien authorized to work in the United States. You will be required to provide proof of your qualification on or after the commencement of you reemployment with the City under the Immigration Reform and Control Act of 1986. Your failure to provide the necessary documentation or other proof may be sufficient to disqualify you for employment and could result in your immediate discharge.

The City may conduct investigations, including verification of prior employment history and education. By signing this application, you authorize the City to make these investigations and indicate your awareness that false statements or failure to disclose information may be sufficient to disqualify you for employment or, if employed, may result in your dismissal.

Signature of Applicant

Date

# Important Facts for You to Know Concerning Your Application

## TENNESSEN WARNING

Information requested on your application that is defined by State Statute as public may be released on request and includes: job history; education and training; and work availability. Your name is private except when you are certified as eligible for appointment to a vacancy. Certain other information requested on your application is private and may be released only to you (M.S. 15.165, Subd. 2)

Private Data	Intended Use of the Data	Are You Legally Required to Provide it?	If you Don't Provide it, What May Happen?
1. Name	To identify you in relation to other applicants	Yes	Failure to provide it may result in rejection of your application.
2. Social Security Number	To identify you in relation to other applicants and to ensure your application is not confused with other applicants.	No	Processing of your application may be delayed.
3. Local Address/ Permanent Address	To be able to notify you of your application's status.	No	We will not be able to notify you of application status.
4. Home Phone	To contact you regarding availability for interviews, to notify you of vacancies, to request clarification on your application.	No	Contact for interview appointments and application processing may be delayed.
5. Community Activities	To allow you to identify community activity experience which may assist you in meeting the required qualifications for a job.	No	No consequences. This is optional.
6. Professional or Business Societies	To allow you to identify societies you feel may enhance your qualifications as an applicant.	No	No consequences. This is optional.
7. Publications	To allow you to identify publications you feel may enhance your qualifications as an applicant.	No	No consequences. This is optional.
8. License Information	To certify applicants for positions where state law requires appropriate license.	Yes	Failure to provide it for related positions may result in your rejection as an applicant for these positions.
9. Age Range	To accurately certify applicants for certain types of work according to state law.	Yes	Failure to provide it may result in rejection of your application.
10. Citizenship or Alien Status	To certify applicants for work in the U.S. as determined by laws of the U.S. Dept. of Labor and the State of Minnesota.	Yes	Failure to provide it may result in rejection of your application.

## 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 veterans 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 seven (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:	
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: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> 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 seven (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 \_\_\_\_\_

