

City of Baxter Employment Application Instructions

General Information

- **Important! You must complete all parts of the application.** Read the job announcement carefully before you apply. Announcements may contain special instructions and requirements.
- Submit a separate application for each job. 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 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.**
- For jobs with experience and training rating, your score will be determined by an evaluation of the job related experience and training you describe on the application form. Pay close attention to Items 17-22. Be complete.
- Your application and all attachments become the property of the City of Baxter and will not be returned. Keep a copy of your completed application.
- You are welcome to submit an application whether or not there are any jobs available at the time. However, your application will only be kept on file for one year, and you must call the Personnel Office to have your application considered for a specific position.

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; that is, 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 Department of Finance, 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 Director of Personnel by letter.

Private Data	Why We Ask For It	Are You Legally Obligated To Provide It?	What May Happen If You Don't 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 that your records are not confused with those others.
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 an application.
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
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.

ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC; THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE



DATE RECEIVED

APPLICATION FOR EMPLOYMENT

OFFICE USE ONLY

CITY OF BAXTER
P.O. Box 2626
Baxter, MN 56425
218-454-5100

Interview:

1. Title of specific position for which you are applying
2. Date of application
3. Date available for work

4. Last name First name Middle name
5. Social Security number

6. Are you over the age of 18?
7. Residence phone
8. Business phone
9. County

10. Street address
11. City
12. State and zip code

13. Do you have any relatives working for the City?
If yes, relationship Department

14. Employment condition desired:
15. Have you previously been employed by the City?

16. If position involves driving, please indicate driver's license number.
State Class

17. Education. Did you graduate from high school or receive a GED?
School attended

How many years of education have you completed? (circle one) High School: 9 10 11 12 College: 13 14 15 16 Post Grad: 17 18

Table with 4 columns: Names and locations of colleges, universities, technical schools; Did you graduate?; Certificate/degree; Course of study

18. 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.

Employment Firm, Address, City, State, Zip, Phone Number, Supervisor, Your Title, Supervisor's Title, Number and type of positions you supervised, Principal Responsibilities, Length of Employment, From, To, Total, Hours per week, Last salary, Reason for leaving/ changing positions, May we contact your present employer?

<p>Employment Firm _____ Address _____ City, State, Zip _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and type of positions you supervised _____ Principal Responsibilities - Be Complete _____ _____ _____ _____ _____</p>	<p>Length of Employment From _____ month year To _____ month year Total _____ Years & Months _____ Hours per week _____ Last salary _____ Reason for leaving _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____</p>
<p>Employment Firm _____ Address _____ City, State, Zip _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and type of positions you supervised _____ Principal Responsibilities - Be Complete _____ _____ _____ _____ _____</p>	<p>Length of Employment From _____ month year To _____ month year Total _____ Years & Months _____ Hours per week _____ Last salary _____ Reason for leaving _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____</p>
<p>Employment Firm _____ Address _____ City, State, Zip _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and type of positions you supervised _____ Principal Responsibilities - Be Complete _____ _____ _____ _____ _____</p>	<p>Length of Employment From _____ month year To _____ month year Total _____ Years & Months _____ Hours per week _____ Last salary _____ Reason for leaving _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____</p>

If necessary, attach additional copies of this sheet for additional employment history.

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

20. Job Relevant Volunteer and Unpaid Work Experience

Kind of volunteer activity (Do not specify organization)	Major Responsibilities	# Hours per month	Years	
			From	To

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

22. Office Equipment, Word Processing, Spreadsheet, and Computer Experience

Hardware Experience (be specific) _____

Software Experience (be specific) _____

Other _____ Typing speed _____ WPM

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

24. 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.

25. Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty? No Yes
(Please include copy of DD214) If 'Yes', are you a permanent resident of the State of Minnesota? No Yes

Describe your duties and any special training:

26. If you are hired for this position, you may be required to undergo a physical examination at this employer's expense to determine whether or not 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.

27. 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 Baxter does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its programs or activities. It is the policy of the City of Baxter to provide reasonable accommodations to the known physical and mental limitations of qualified disabled applicants and employees in order for them to perform the essential functions of the job in question.

THE CITY OF BAXTER IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

SIGNATURE

I understand the City of Baxter 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 provisions of M.S. § 43A.39.

In connection with this application for employment, I authorize the City of Baxter 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 transcripts. Moreover, I hereby release the City of Baxter and any agent acting on its behalf from any and 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.)

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and I understand the information contained herein.

DATE _____ SIGNATURE (Do not print) _____

How did you learn about the position you are applying for? (Optional)

- Newspaper/Publication (Please Indicate): _____
- Educational Institution (Please Indicate): _____
- Posting _____
- Other _____



Mail Completed Application to:

City of Baxter
P.O. Box 2626
Baxter, MN 56425
Phone (218) 454-5100
Fax (218) 454-5103

ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC; THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE

CITY OF BAXTER ADDENDUM TO APPLICATION FORM

VETERANS 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 veterans preference points. You are not required to supply this information, but we cannot award veterans 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 VETERANS 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.

VETERANS PREFERENCE POINTS APPLICATION

Veteran	If spouse, veteran's name:		
<input type="checkbox"/> Self <input type="checkbox"/> Spouse			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have a compensable service-related disability? <input type="checkbox"/> YES <input type="checkbox"/> 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 that 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

City of Baxter

13190 Memorywood Dr, P.O. Box 2626
Baxter, Minnesota 56425
W (218) 454-5100 Fax (218) 454-5103

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position/contract with the City of Baxter, I am required to furnish information which that agency may use in determining my moral, physical, mental and financial qualifications. In this connection, I hereby expressly authorize release of any and all information which you may have concerning me, including information of a confidential or privileged nature. The condition of permanent employment is based upon approval of a background investigation at the City's discretion.

I hereby release the agency with which I am seeking employment or contract, and any organization, company or person furnishing information to that agency as expressly authorized as above, from any liability for damage which may result from furnishing the information requested.

Date _____

Applicant's Signature _____

Applicant's Full Printed Name _____
First Middle Last

Applicant's Address _____

Previous Address _____
(if other than Minnesota) _____

Applicant's Date of Birth _____
Month Day Year

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Baxter is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public; the personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment at the City of Baxter. All data collected is considered private except for the following:

1. Your Veteran's status
2. Relevant test scores
3. Your job history
4. Your education and training
5. Your work availability

Your name is considered to be 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 Baxter. Furnishing social security numbers is voluntary, but refusal to supply other requested information would mean that your application for employment might not be considered.

Private data is available only to you, to appropriate city employees, and others as provided by state and federal laws 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.

The information you give about yourself is needed to identify you and to assist the City of Baxter in determining your suitability for the position for which you are applying.

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

APPLICANT SIGNATURE