Date_____

CITY OF SPRING VALLEY
201 SOUTH BROADWAY
SPRING VALLEY, MN 55975
(507) 346-7367

Position Applying For _____
(Please print clearly)

_____

Last Name First Name MI Home Phone Work Phone

_____

Street Address City State Zip

_____

Permanent Address City State Zip

If you should move after applying for this position, please notify the City in writing immediately of your change of address and phone number.

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Are you 18 years of age or older?..... _____ Yes _____ No
Are you legally eligible for employment in the U.S.?..... _____ Yes _____ No
Do you have a valid MN drivers license?..... _____ Yes _____ No

Do you need a special test accommodation?..... _____ Yes _____ No
If yes, please contact the City Administrator.

Have you ever been convicted of a felony (conviction will not necessarily disqualify you for employment. However, conviction of a crime related to this position may result in your being rejected for this position)? _____ Yes _____ No

If yes, please explain_____

How did you hear about this position?_____

List office equipment and/or computer knowledge _____

_____

Has any of your education or experience been under another name? _____Yes _____No

If yes, under what name? _____

What special qualifications do you have for this position? _____

_____

** If you are applying for the position of Lifeguard/Pool Manager or Summer Recreation Manager/Recreation Aide, please include a photo copy of your certificates (ie: CPR, First Aid Training, Lifeguard Training and WSI.)

EMPLOYMENT RECORD

- List your work history of your last three employers. Start with your PRESENT or MOST RECENT job.

Company Name______________________________ Supervisor's Name____________________

Address____

Dates employed: From________________ To:______________ Hours/week ______________

Your Title____

Reason for leaving____

Beginning Salary:__________________________ Ending Salary:______________________

Job Duties:____

____

If you are currently working, may we contact your PRESENT employer about your work?
________ Yes ________ No

= =

Company Name______________________________ Supervisor's Name____________________

Address____

Dates employed: From________________ To:______________ Hours/week______________

Your Title____

Reason for leaving____

Beginning Salary:__________________________ Ending Salary:______________________

Job Duties:____

____

If you are currently working, may we contact your PRESENT employer about your work?
________ Yes ________ No

= =

Company Name______________________________ Supervisor's Name____________________

Address____

Dates employed: From________________ To:______________ Hours/week______________

Your Title____

Reason for leaving____

Beginning Salary:__________________________ Ending Salary:______________________

Job Duties:____

____

If you are currently working, may we contact your PRESENT employer about your work?
________ Yes ________ No

= =

** If you need more space, use the last page of this application or attach additional sheets. Although you must fully complete this application, you may also include a job resume or other description of your work, volunteer, and personal experiences which are relevant to this position.*

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 be 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.

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, give veteran's name _____

Branch of Service: Period of Active Duty

_____ From:_____ To:_____

Rank at Discharge Type of Discharge Date of Discharge Service No.

_____ _____ _____ _____

Are you receiving or eligible for a military pension? _____Yes _____ No

Do you have a compensable service related disability? _____Yes _____No

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Preference Requested: _____ Veteran _____ Disabled Veteran

_____ Spouse of Deceased Veteran _____ Spouse of Disabled 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

OTHER APPLICANT INFORMATION

AN AFFIRMATIVE ACTION-EQUAL OPPORTUNITY EMPLOYER, The City of Spring Valley will hire and promote without regard to such non-job related distinctions as race, creed, color, age, religion, sex, marital status, status with regard to public assistance, national origin, physical or mental disability.

DATA PRIVACY: The information on this application is necessary to identify you and to determine your suitability for this position. You must supply this information in order to be considered for employment. Background investigations may be conducted on the top candidates if needed to determine suitability for the position. If required, you will be notified and a release will be obtained.

YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 13.01 through 13.87 (1983) on data privacy require that you be informed that the following information which you are asked to provide in the employment application process is considered private date; Name, Home Address, and Home Phone Number.

This means it is available only to you and the City of Spring Valley officials who have a bona fide need for it. This data will be used to identify you within the hiring process. Refusal to supply requested information may mean your application will not be considered.

Your name is considered private until you become a finalist for employment with the City of Spring Valley. You are considered a finalist when and if you are selected to come to the final selection interview prior to selection.

EMPLOYEE CERTIFICATION

Please be sure to sign this application and read the following statements carefully:

1. I certify that all information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in rejection of my application or dismissal if I am hired.

2. I authorize the City of Spring Valley to verify this information to determine whether or not I am qualified for the position for which I am applying.

3. I hereby authorize all current and previous employers and schools to release to the City of Spring Valley, data classified as private. The data which I authorize to be released consists of private data as defined by M.S. 1302, Subd. 12, and has been or will be collected by the City of Spring Valley. This information includes all data which has been collected, created, received, retained, or disseminated in whatever the purpose of permitting the City of Spring Valley to have access to this information is to determine my suitability for employment in the position. I release all parties from any and all liability and claims for damage whatsoever that may result therefrom.

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 Council of Spring Valley. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that a photocopy shall be considered as valid as the original.

_____

Printed Name

_____

Signature

_____

Date