CITY OF FOSSTON
AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER
EMPLOYMENT APPLICATION

The City of Fosston is committed to the policy of affirmative action/equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job-related experience and other qualifications will be considered without discrimination on the grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. All other information provided in this application will be treated confidentially to the extent allowed by law and will be used only to determine your qualifications for the position applied.

DATE: _____

NAME:
_____
Last First Middle

PRESENT ADDRESS: _____ Home Phone_____
Street Address Work Phone _____
_____ Other Phone _____
City State Zip

POSITION APPLIED FOR: _____

Are you a citizen of the U.S. or do you have a visa allowing you to work in the U.S. in the work for which you are applying? ☐ Yes ☐ No
Would you work: Full-time ☐ Part-time ☐ Temporary ☐ Date available: _____

I. RECORD OF MILITARY SERVICE

(See insert for claiming veteran's preference)

Have you ever served in the U.S. Armed Forces? ☐ Yes ☐ No

If yes, what branch? _____ Dates of Service: _____ to _____

List of duties in the service including special training: _____

I certify that answers given herein are true and complete to the best of my knowledge. 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 that I am required to abide by all rules and regulations of the City of Fosston.

_____ / /_____
Signature of Applicant Date

Return to: City Administrator, 220 East 1st Street, Fosston, MN 56542

II. RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed	Did You Graduate	Last Diploma or Degree
			____ 9th ____ 10th ____ 11th ____ 12th	___ Yes ___ No	
			___ 13th ___ 14th ___ 15th ___ 16th	___Yes ___ No	
				___Yes ___ No	

CLERICAL APPLICANTS: Typing Speed:_____wpm
Word Processing/Computer Training & Experience:
List of Software/Hardware: _____

Driver's License #: _____ State of Issue: _____

ALL APPLICANTS: If you possess a current license or certificate, which is relevant for this position, please provide:

Title _____ Date Issued _____

Issuing Agency _____ Expiration Date _____

Describe any additional experience or training that qualifies you for this position: _____

Do you have any relatives working for the City of Fosston? ☐ YES ☐ NO
If yes, What Department? _____

In accordance with the City's Anti-Nepotism Policy, any employee providing false or misleading Information will be subject to termination.

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

III. RECORD OF EMPLOYMENT

(Do Not Write "See Resume")

Beginning with your current or most recent employment up to 15 years

Employer	Dates Employed From_____ to_____
Phone	
Address	
Job Title	
Reason for leaving	
Work Performed	

Employer	Dates Employed From_____ to_____
Phone	
Address	
Job Title	
Reason for leaving	
Work Performed	

Employer	Dates Employed From_____ to_____
Phone	
Address	
Job Title	
Reason for leaving	
Work Performed	

*Attach an additional page if more space is needed.

IV. PERSONAL REFERENCES

(Not Former Employers or Relatives)

Name and Occupation	Address	Phone No.

-DO NOT WRITE IN THIS SECTION-
OFFICE USE ONLY

Date	Person Contacted	Comments

Date	Person Contacted	Comments

Tennessen Warning

In accordance with the Minnesota Government Data Practice Act, the City of Fosston is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private. (M.S. 13.43, Subd.2) the use of the private data we collect is limited to that necessary for the administration and management of the City hiring process. If the City employs you, the data will be available to:

1. City Administration/Department of Finance;
2. Internal Revenue Service/Social Service Administration;
3. Department Heads/Supervisors where job openings occur.

The information collected from you or from other agencies or individuals authorized by you is used to determine your qualifications for employment with the City of Fosston, unless otherwise authorized by the state statute or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You are not required to provide information; however, it may be necessary to determine if you qualify for employment. Disclosure of your Social Security Number in order to be in compliance with State and Federal Tax Withholding Laws. You are not required to provide your home telephone number, however, we may not be able to employ you in certain jobs where you may be required to come to work on short notice.

Your name and address are required information. If you do not supply the required information, the City of Fosston will not be able to consider you for employment.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained on you,
2. The right to be told the contents and meaning of the data,
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact: the City Administrator at 218-435-1959.

I have read and understand the above information regarding my rights as a subject of government data.

_____ _____

Applicant Signature Date

City of Fosston
Consent For Release of Information

We are asking for your consent (permission) to release information about you to the entities of persons listed on this form. The information cannot be released without your consent. This form tells you what information we want to release, or what information we want another entity to release to us. This form tells you the reasons we are asking for your consent. You have the right to look at all information to be released and have copies of it. You should do this before you give your consent to release the information. If you want to look at the information or have copies of it, you must talk to: **City Administrator at 218-435-1959.**

You may consent to release all of the information, some of the information or none of the information. You may consent to release information to, all, some, or none of the entities listed on this form.

If you give us your consent, we can release the information for up to one year or until you notify us that you want to end your consent. You may stop your consent any time before this time period ends. If you want to stop your consent, you must write to City Administrator at City of Fosston, and clearly say that you want to stop all or part of your consent. Stopping your consent will not affect information that already has been released because you gave your consent.

You do not have to consent to the release of any information that tells people that you or your child is disables. If you are asking for help because of a disability, we may need information about the disability in order to help you.

If you have a question about anything on this form, please talk to the City Administrator before you sign it.

****

I authorize all of my previous employers and their agents and representatives, including former supervisors to release any and all personnel records/information kept on me. I further authorize the completion of a criminal background check. The information I agree to let you release is a combination of public and private data. It will be given to **the supervisor with hiring responsibility**, City of Fosston. I am being asked to provide this information so a background check for employment purposes can be completed. If the information is released it will be used to help determine my qualifications for employment. If the information is not released, it may be used as grounds for exclusion from this selection process.

Applicant Signature: _____ Date: _____

_____

Signature of person explaining this form and my rights (if applicable) Date

CLAIM FOR VETERANS PREFERENCE

ELIGIBILITY

A person who is eligible to receive a monthly veteran's pension based on length of service will not qualify for preference. To qualify for preference for a position, you must have been 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 after active military service as defined by M.S. 197.447 or by reason of disability incurred while serving on active duty and be a United States citizen; or be the spouse of a deceased veteran; or be the spouse of a disabled veteran who because of such disability is unable to qualify or earn a living.

If you meet the eligibility requirements above, complete this form and attach a copy of your DD214 form. You must provide the DD214 in order to receive preference.

NAME OF VETERAN_____ BIRTHDATE ____/___/_____
Last Name First Name M.I.

ADDRESS_____
Street Number or R.F.D. City State Zip code

Did the veteran serve on active military duty without interruption for 181 days or more or qualify under M.S. 197.447? ☐ Yes ☐ No

Is the veteran a United States citizen? ☐ Yes ☐ No

Date of entry into service: ____/___/_____
Branch: _____
If reserve unit, submit evidence of 181 or more consecutive days of service.

Dates of release from active duty: ____/___/____
Type of separation: ☐ Honorable ☐ Medical ☐ Other

Are you now receiving or are you eligible to receive a monthly veteran's pension based on length of military service? ☐ Yes ☐ No
Disability Claim Number |_|_|_|_|_|_|_|_|_|_|_|
Percent of service-connected disability _____%
Currently existing? ☐ Yes ☐ No
State in which filed: _____

FOR SPOUSE OF DECEASED VETERANS:	FOR SPOUSES OF DISABLED VETERANS:
Attached marriage certificate, death certificate and DD214 Form Date of Death_____/__/_____ Have you remarried☐ Yes ☐ No	Veteran's present occupation: _____ Veteran's total earnings from employment past 12 months $_____

I herby claim veteran's preference for this examination and (swear/affirm) that the information on this document is true and correct. I also authorize the release of necessary information by the Veterans Administration to City of Fosston.

SIGNATURE_____ DATE_____
SOCIAL SECURITY NUMBER |_|_|_|_|_|_|_|_|_|

EQUAL EMPLOYMENT OPPORTUNITY DATA

The City of Fosston is and equal opportunity employer. We are committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices.

Position(s) applied for: _____

Referred by: _____

Name: _____

IS THERE ANY REASON YOU WOULD BE UNABLE TO DO THE ESSENTIAL FUNCTIONS OF THE JOB? ☐ No ☐ Yes _____