Date:_____

City of Hawley
305 6th St, PO Box 69
Hawley, Minnesota 56549-0069
(218)483-3331

Title of Job Applied For:_____
(Type or Print in Black Ink)

Last Name	First Name	MI	Home Phone	Cell Phone

Street Address	Apt No.	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.

- Are you 16 years of age or older? ____Yes ____No
- Are you legally eligible for employment in the U.S.? ____Yes ____No
- Do you have a valid Minnesota driver's license? ____Yes ____No
- 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, explain:_____
- How did you hear about the position?_____
- Has any of your education or experience been under another name? ____Yes ____No

  If Yes, list other name(s):_____

OTHER APPLICANT INFORMATION

AN EQUAL OPPORTUNITY EMPLOYER, the City of Hawley 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 or sexual orientation.

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.

EMPLOYMENT RECORD

List your work history for the last eight years. Start with your PRESENT or MOST RECENT position. (Additional experience may be listed beyond eight years. If included, do not list dates. Give length of employment only.)

Company Name: _____ Supervisor's Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Dates Employed: From: _____ To: _____ Is this volunteer work? ___Yes ___No

Reason for leaving: _____

_____ Beginning Salary: _____ Ending Salary: _____

Job Duties: **Percent of Time Performing Duty**

1. _____ : _____
2. _____ : _____
3. _____ : _____
4. _____ : _____

If you are currently working, may we contact your PRESENT employer about your work? ___Yes ___No

Company Name: _____ Supervisor's Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Dates Employed: From: _____ To: _____ Is this volunteer work? ___Yes ___No

Reason for leaving: _____

_____ Beginning Salary: _____ Ending Salary: _____

Job Duties: **Percent of Time Performing Duty**

1. _____ : _____
2. _____ : _____
3. _____ : _____
4. _____ : _____

Company Name: _____ Supervisor's Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Dates Employed: From: _____ To: _____ Is this volunteer work? ___ Yes ___ No

Reason for leaving: _____

_____ Beginning Salary: _____ Ending Salary: _____

Job Duties:	Percent of Time Performing Duty
1. _____	: _____
2. _____	: _____
3. _____	: _____
4. _____	: _____

Company Name: _____ Supervisor's Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Dates Employed: From: _____ To: _____ Is this volunteer work? ___ Yes ___ No

Reason for leaving: _____

_____ Beginning Salary: _____ Ending Salary: _____

Job Duties:	Percent of Time Performing Duty
1. _____	: _____
2. _____	: _____
3. _____	: _____
4. _____	: _____

If you need more space, 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. If a Supplemental Employment Application is included for the position, it must be completed for you to be considered.

EDUCATION

Circle the last grade of school completed: 5 6 7 8 9 10 11 12 GED

Did you graduate? _____Yes _____No

Last High School Attended:_____

Name *City* *State*

Name and Location of College, University Technical, Professional, Business, Correspondence, Trade, or Other School	Total No. of Credits Earned	Cert. or Degree? Yes/No	Major/Minor Subject

MEMBERSHIP IN CIVIC AND PROFESSIONAL ORGANIZATIONS

Please describe:

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 data: Name, Home Address, and Home Phone Number.

This means it is available only to you, the City of Hawley officials and their representatives 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 Hawley. 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 the 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 Hawley and its agents and/or representatives to verify this information to determine whether or not I am qualified for the position for which I am applying.

3. I understand that only the City Council has the authority to make employment decisions.

4. I hereby authorize all current and previous employers and schools to release to the City of Hawley 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 Hawley and/or its agents and/or representatives. This information includes all data which has been collected, created, received, retained, or disseminated in whatever form which is in any way related to employment. I fully understand that the purpose of permitting the City of Hawley to have access to this information is to determine my

   suitability for employment for 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 the City of Hawley. 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

CITY OF HAWLEY
319 6TH STREET, PO BOX 69
HAWLEY MN 56549
(218) 483-3331

APPLICANT NAME

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 A LETTER OF VERIFICATION FROM USDVA. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214, USDVA LETTER, AND/OR DEATH CERTIFICATE IF APPROPRIATE.

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

_____ 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 Number**:

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 ___ Widow of Deceased Veteran ___ Widow of a Deceased Veteran Who Was Disabled at Time of Death

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.

FOR OFFICE USE ONLY

10 Points _____

15 Points _____

Supporting documentation: _____is attached _____will be submitted within 7 days of application deadline.