



City Of Oronoco

EMPLOYMENT APPLICATION

INSTRUCTIONS:

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE"
2. Complete all pages of this form.
3. If more space is needed to complete any question, use comments section on page 6.
4. Print clearly, incomplete or illegible applications will not be processed.

APPLICANT NOTE:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applications process, or if discovered after employment, terminated employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, religion, national origin or the presence of disabilities, sexual orientation, status with regards to public assistance, or any other characteristic protected by law. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment and prior to reporting to work you may be required to submit to a medical review. Depending on City policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the City. This application applies only to the position specified. It is considered inactive after 1 year. If at any time you wish to be considered for employment with the City of Oronoco another application must be completed.

Applicant Information				
Last Name	First	MI	Date	
Street Address			Apt No.	
City	State	ZIP		
Phone	Work Phone			
Email			Desired Salary	
Position Applied for				
Do you have any relatives working for the City?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, relationship	Dept.
Have you ever worked for the City of Oronoco?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Employment desired:	Temporary _____	Full-time _____	Part-time _____	Start Date:

Education

Did you graduate from high school or receive a GED? Yes___ No ___

High School Attended and Location

How many years of education have you had? (Circle one) 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Names and locations of colleges, universities, technical schools	Graduate	Certificate/Degree	Course of Study

Previous Employment

Company

Phone ()

Address

Job Title

Starting
Salary

\$

Ending Salary

\$

Responsibilities:

From

To

Supervisor

May we contact your previous supervisor for a reference? YES NO

Reason for Leaving?

Additional Info

Company			Phone ()		
Address					
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities:					
From	To	Supervisor			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Reason for Leaving?					
Additional Info					
Company			Phone ()		
Address					
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Supervisor			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Reason for Leaving?					

CERTIFICATION AND RELEASE:

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the City and/or its agents to verify any of this information including, but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of controlled substances and alcohol is prohibited during employment. If City policy requires, I am willing to submit to drug testing to detect the use of controlled substances prior to and during employment. I agree that if I am employed, my employment shall not be construed as being for any definite period of time, but will be for an indefinite period, terminable at will by the City or me.

Signature

Date

THE CITY OF ORONOCO IS AN EQUAL OPPORTUNITY EMPLOYER

In accordance with the Immigration Reform and Control Act of 1986, the City of Oronoco 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 documents will result in dismissal.

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 documents. Failure to provide said documents will result in dismissal.

Have you been convicted of a misdemeanor, gross misdemeanor or felony? You may answer "No" if the conviction or criminal records have been annulled or expunged. No Yes If yes, please attach a separate sheet with explanation. Information concerning this question will not be used to automatically bar you from employment unless it is related to the position you are seeking.

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

CITY OF ORONOCO
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 veteran's preference points. You are not required to supply this information, but we cannot award veterans points without it.

YOU MUST SUPPLY A COPY OF YOU 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.

ARE YOU APPLYING FOR VETERANS BONUS POINTS? YES ____ NO ____

If you answered YES you dd214 or other documentation must be received no later than seven (7) calendar days after the application deadline for the position.

Veteran Self Spouse If spouse, veteran's name: _____

Military Service				
Branch			From	To
Rank at Discharge:	Type of Discharge:	Service No.	Date of Final Discharge:	
Preference requested:				
<input type="checkbox"/> Veteran <input type="checkbox"/> Disabled <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Spouse of Deceased Veteran				
Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you receiving or eligible for military pension? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

Additional Information

NOTE: Do not fill out any part of this section if you believe it to be non-job related. Please exclude any information indicative of age, sex, religion, national origin or disability.

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

Job relevant volunteer and unpaid work experience. List kind volunteer activity (do not specify organization), responsibilities, hours per month and years of service.

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

Word Processing/ Computer Experience: Yes No Typing speed _____ WPM

List software and hardware you have experience with:

List office equipment you have experience using:

Give the names of 3 or 4 people other than relatives who can be contacted regarding your qualifications, work habits and character. Please list Name, Phone Number, and type of reference; i.e. Business Supervisor.
