



EMPLOYMENT APPLICATION

City of Cloquet

OFFICE USE ONLY

Date Rec'd: _____

We welcome you as an applicant for employment with the City of Cloquet. It is the City of Cloquet's policy to provide equal opportunity in employment. The City of Cloquet will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

The City of Cloquet accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact Human Resources at 218-879-3347.

PERSONAL INFORMATION

Name: Last	Full First	Full Middle
Present Address: Street / City / State / Zip Code		
Permanent Address <i>(if different from above)</i> Street / City / State / Zip Code		
E-mail address: <i>(if applicable)</i>		
Home Phone:	Cell Phone:	Business Phone:
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, give date of birth: (mm/dd/yy)	May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible to work in the United States in the position for which you are applying? <i>Proof of citizenship or work eligibility will be required as a condition of employment.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your continued employment require employer sponsorship?		<input type="checkbox"/> Yes <input type="checkbox"/> No

WORK PREFERENCE

Position for which you are applying:	Date Available:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	
What hours are you available for work?	

*****Please print in INK or type when completing this application**

EDUCATION AND TRAINING

Highest grade completed <i>(Please check)</i>	High School 9 10 11 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	College 13 14 15 16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Graduate School 1 2 MA PHD JD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Last high school: Name and Address			Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type	Name/Location	Degree Received?	Type of degree earned	Major/Minor
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vocational		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position:

List any current licenses, registrations, or certificates you possess which may be related to this position:
(Please provide a photo copy, if required)

List present or most recent employer first. Please note "see resume" is not an acceptable response for any entries on this application. Resumes will only be considered in addition to, but not in lieu of, this application.

EMPLOYMENT HISTORY - PRESENT EMPLOYER (Limit Answers to Last 3 – 5 Positions Held)

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Address	Full time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor	Name and Title	Telephone Number	
Job Title	Dates employed: (Month/Year) From: To:	Base salary/wage Start Current or end	
Nature of duties			
Reason for leaving or seeking change of position			

EMPLOYMENT HISTORY continued - List most recent employer first

Employer	Address		Full time?
Supervisor Name and Title	Telephone Number		<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title	Dates employed: (Month/Year) From: To:	Base salary/wage Start Current or end	
Nature of duties			
Reason for leaving or seeking change of position:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Address		Full time?
Supervisor Name and Title	Telephone Number		<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title	Dates employed: (Month/Year) From: To:	Base salary/wage Start Current or end	
Nature of duties			
Reason for leaving or seeking change of position:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Address		Full time?
Supervisor Name and Title	Telephone Number		<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title	Dates employed: (Month/Year) From: To:	Base salary/wage Start Current or end	
Nature of duties			
Reason for leaving or seeking change of position:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional work experience

Relating to the type of employment you are seeking. Include full time, temporary and part time positions. Indicate dates, employer and job title.

SPECIAL SKILLS

(Please answer the following only if they relate to the qualifications of the position for which you are applying)

Can you operate a computer? Yes No

Please list software:

List other office equipment you can operate:

Do you have experience in a skilled trade? If so, please describe the extent/nature.

What equipment do you operate that would relate to the duties of this position?

Other information pertinent to your employment

ACTIVITIES - with a direct bearing on your qualifications for the position

MEMBERSHIP IN CIVIC, PROFESSIONAL, SOCIAL OR OTHER ORGANIZATIONS

Include offices held. Exclude organizations indicating race, creed, color, religion, gender, sexual orientation, national origin, marital status, political affiliation, age or disability in their name or character.

Current

Past

GENERAL INFORMATION

Briefly state why you are interested and why you feel you are qualified for this position.

Have you ever been terminated from a previous employer? Yes No

If yes, state the name and address of the company, date of termination, and reason for termination (do not include lay-off or staff reduction).

Have you ever supervised people? No Yes

If yes, for whom?

Check the functions you have performed as a supervisor:

- Interviewed Candidates Conducted Performance Appraisals Disciplined Employees
 Hired - Recommended for Hire Recommended Salary Adjustments Terminated Employees
 Established Objectives

Note to applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

COMPLETE SECTION IF POSITION REQUIRES A VALID DRIVER'S LICENSE

Do you have a valid driver's license? Yes No

Class A B C D

License Number:

State of Issue:

Expiration Date:

How many traffic tickets for moving violations have you received in the past five years?

Number

Nature of offense

REFERENCES

(Provide the following data for three people (not relatives) whom we may contact regarding your work habits and qualifications)

Name	Address	Phone Number

Authorization

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying.

With my signature below, I am providing the City of Cloquet authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact your current employer?", contact with my current employer will not be made without my specific authorization.

I have read the included Applicant Data Practices Advisory, and I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the City of Cloquet in writing of any changes to information reported in this application for employment.

Signature

Date

VETERAN PREFERENCE QUESTIONNAIRE
(Must be completed by all applicants and submitted with your completed application form)
City of Cloquet, Minnesota

This questionnaire is to determine your status as a veteran under the Veteran's Preference Statute. Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455 Minnesota Statutes, 43A.11. Veteran's Preference Statutes provide a 10-point preference to those individuals who have attained a passing score on the entrance exam and who have received an Honorable Discharge or Separation after serving more than 180 consecutive days in the military service for purposes other than training. (15 points if a disabled veteran.)

PLEASE CHECK THE STATEMENT WHICH BEST DESCRIBES YOUR CURRENT VETERAN'S STATUS:

I am not a Veteran (please complete information in table below, sign and date the bottom of this form.)

Name: Last	Full First	Full Middle	
Social Security #			
Address: Street	City	State	Zip
Position for which applying:			

.....
 I am a Veteran (please complete information in table below, sign and date the bottom of this form.)

I am the spouse of a deceased Veteran (please complete information in table below, sign and date the bottom of this form.)

I am the spouse of a disabled Veteran who is unable to use the preference due to the disability (please complete information in table below, sign and date the bottom of this form.)

Name: Last	Full First	Full Middle	
Social Security #			
Address: Street	City	State	Zip
Position for which applying:			
If you achieve the minimum passing rating, do you wish to apply your veteran's preference bonus points? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If a spouse of a deceased or disabled veteran, list veteran's name:			
Period of active duty:	From:	To:	
Branch of Service:	Service No.:		
Rank at discharge:	Type of separation or discharge: (Honorable, General, etc.)		
Service connected disability:	Type:	Percent: 0.0%	

It is necessary for you to provide the City with a copy of your form DD-214. 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 DD-214 and FL-802 or death certificate. Your veteran's preference points cannot be considered without supporting documentation. If the documentation is not attached, it must be received in the City Administrator's Office by the closing of this job announcement.

My supporting documentation: Is attached will be submitted by closing of this job announcement

I swear that the above statements are true and accurate to the best of my knowledge and belief.

Signature: _____ **Date:** _____

CONFIDENTIAL

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The voluntary information you provide will be used to determine how effective our recruitment efforts are in reaching all segments of the population and to validate our selection and placement methods. We would appreciate your cooperation in our efforts to ensure Affirmative Action and Equal Employment Opportunity.

Name Last	First	Social Security Number	Date of Birth
Address Street	City	State	Zip Phone
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Position for which you are applying		Date of application
With which racial/ethnic group do you identify? <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaskan Eskimo <input type="checkbox"/> Who or more races <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander			
Several conditions qualify an individual for disabled status. Do you have any of the following disabilities? <input type="checkbox"/> A. No <input type="checkbox"/> B. Amputee <input type="checkbox"/> C. Visually impaired <input type="checkbox"/> D. Cardiac <input type="checkbox"/> E. Hearing impaired <input type="checkbox"/> F. Diabetes <input type="checkbox"/> G. Epilepsy <input type="checkbox"/> H. Paralysis <input type="checkbox"/> I. Back problems <input type="checkbox"/> J. Other Explain: _____			

Recruitment Information

How did you hear about the position for which you are applying?

- City of Cloquet office job posting
- From City of Cloquet employee
- City of Cloquet website
- College, technical or high school
- Newspaper Specify: _____
- Other Internet site Specify: _____
- Bulletin board postings Specify: _____
- Minnesota State Employment Agency
- Other Specify: _____

Please read **Tennessen Warning/Data Practices Notice**

**TENNESSEN WARNING/DATA PRACTICES
NOTICE TO ALL APPLICANTS**

The Minnesota Government Data Practices Act requires that you be informed of the purposes and intended uses of the information you provided to the City of Cloquet during the application process or during employment. Any information about yourself that you provide will be used to identify you as an applicant and to assess your qualifications for employment with the City. If you wish to be considered for employment, you are required to provide the information requested in the Application for Employment. If you refuse to supply information requested by the City, it may mean your application will not be considered.

You are hereby advised that, under Minnesota law, the following information given by an applicant is considered to be public:

- Veteran Status
- Relevant test scores
- Rank on our eligible list
- Job History
- Education and Training
- Work availability

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or when applicants are considered by the appointing authority to be finalists for a position with the City of Cloquet. "Finalist" means an individual who is selected to be interviewed by the appointing authority prior to selection.

The data concerning you, which is placed in your application folder or in your personnel file and which is not listed as public, is private. This private data will be shared with you and those members of the City staff who need it to process the application, update your personnel record, evaluate your work performance, and if you are handicapped, provide the necessary accommodations. It may also be shared with the following:

1. Persons authorized to have access to the information under State or Federal law;
2. Persons authorized by Court Order to have access to the information; and
3. Persons to whom you consent, in writing, to have access to the information.

With the exception of racial and ethnic data, the data you give us about yourself is needed to identify you and to assist determining your suitability for the position for which you are applying. Racial and ethnic data is used in summary form by the City's Affirmation Action Program to monitor protected class employment and to meet Federal, State, and local reporting requirements. Furnishing racial and ethnic data about yourself as well as your Social Security Number, is voluntary.

I certify that answers herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision. Moreover, I hereby release the City of Cloquet and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information for any person. I understand that this application is not, and is not intended, to be a contract of employment.

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 also, that I am required to abide by all rules and regulations of the City.

I certify that I have read the "Notice to All Applicants" regarding the Minnesota Data Practices Act (MN Statutes 13.01 - 13.90), and I understand my rights as a subject of data.

Applicant's Signature: _____ **Date:** _____

CITY OF CLOQUET

WAIVER AND RELEASE OF INFORMATION

I, _____, give my permission to release information, both public and private data, and opinions about me, my performance, reputation and character to the City of Cloquet.

This release includes all information gathered on me including, but not limited to:

- Dates of employment
- Title classification
- Salary/wages
- My job performance, reputation and character
- Absenteeism information
- Punctuality information
- Results of performance review
- Disciplinary information
- Whether employer would hire me again

I release all past and present employers and whomever speaks for them with no conditions whatsoever from any liability for giving the reference and furnishing the information.

A copy of this release is as good as the original.

Signature: _____ **Date:** _____

**CITY OF CLOQUET
GENERAL AUTHORIZATION AND RELEASE PURSUANT TO
MINNESOTA DATA PRACTICES ACT**

I, _____, hereby authorize and grant my informed consent to permit you to release to and make available to the City of Cloquet, MN and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data as defined by Minnesota Statutes 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your representatives.

According to Minn. Stat. § 13.04, the City must advise you of the following. Purpose and intended use of the data:

The city collects this information for purposes of selecting a candidate for hire. For public safety positions or in the event you are selected for hire, your data will be used to perform a criminal background check, including using the BCA's website. Whether you may refuse or are legally required to supply this data: Application for employment as well as supplying any data in application for employment is voluntary.

The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealing with you or your agency. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the City, including verification of my records and analysis by consultants to the City who may review my suitability for employment.

Whether you may refuse or are legally required to supply this data: Application for employment as well as supplying any data in application for employment is voluntary. Consequences arising from supplying or refusing to supply this data: We take pride in hiring the best candidates, but we can't do this without a complete application. Filling out the application is voluntary, and the more complete the application, the better your chances of conveying to the city you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.

By signing this authorization, I hereby release the Bureau of Criminal Apprehension from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the City of Cloquet from any and all liability for its receipt and use of data received pursuant to this consent.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time, prior to that expiration, cancel the written authorization by providing written notice to the City of Cloquet or to you of that fact.

Name: Last		Full First		Full Middle	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (mm/dd/yy)	Social Security No.			
Driver's License No.				State of Issuance	
Maiden, Alias or Former Name(s):					

Signature: _____ **Date:** _____

(Please provide copy of driver's license)

Authorization for Minors (must be signed if applicant is under 18 years of age)

The undersigned certifies that he/she is the custodial parent or guardian of the above-named applicant. By my signature, I give permission for the applicant to participate in this program and to have his/her background checked.

Parent or Guardian Signature

Date Signed

CITY OF CLOQUET

101 14th Street
Cloquet, MN 55720
(218)879-3347

Date: _____

The following named individual has made application with the City of Cloquet for employment.

Last Name of Applicant (Please Print): _____

First Name (Please Print): _____

Middle (full) (Please Print): _____

Maiden, Alias or Former Name (Please Print): _____

Date of Birth: _____ **Sex** (M or F): _____

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Cloquet for the purpose of employment with the City of Cloquet.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant: _____ **Date:** _____

Parent or Guardian Signature

Date Signed

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public