



Employment Application

Please complete application fully, even if information is duplicated in a resume. Falsified or misleading statements on this application may be grounds for disqualifying you from being further considered for employment with the City of Eveleth.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Available to work (circle one): Full-time Part-time Temporary Seasonal

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been employed here before? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

If you require additional space please attach a separate sheet of paper.

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Professional References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Disclaimer and Signature

I understand that the City of Eveleth has the right to verify information contained in this application. I authorize the City of Eveleth and any agent acting on its behalf to investigate all statements contained in this application for employment and any addendum, including but not limited to, my records maintained by an educational institution relating to academic performance (such as transcripts) as may be necessary to determine my eligibility for employment. Moreover, I hereby release the City of Eveleth and any agent acting on its behalf from any and all liability by reason of requesting such information from any person or entity.

I certify that my answers are true and complete to the best of my knowledge and I understand that, if employed, falsified or misleading statement on this application and addendum or made during an interview, which may be discovered now or anytime in the future, shall be grounds for dismissal. I acknowledge that this document shall not be construed as a contract or offer of employment and understand and agree that, if hired, my employment is for no definite period and may be terminated at any time.

Signature: _____ Date: _____

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

Certain information in this application is considered private; that is, it may be released only to you and agencies where you may be considered for employment. Information in this application that is defined by *public* may be released on request and includes: veteran status; relevant test scores; rank on eligible list; job history; education and training; and work availability. Your name is private data except when certified as eligible for appointment to a vacancy or when you are considered by the appointing authority to be a finalist for a position in public employment. (To comply with M.S. 13.43, Subd 2 and Subd 3.)

Private Data	Why We Ask For It	Are You Legally Obligated to Provide It?	What May Happen If You Don't Provide It?
Name	To distinguish you from all other applicants.	Yes	Failure to provide may be cause for rejection of your application.
Address	To be able to send you correspondence.	Yes	Failure to provide may be cause for rejection of your application.
Home Telephone	To be able to contact you to arrange for an interview, if granted.	No	We may not be able to employ you in certain jobs where you may be required to come in to work on short notice.

The City of Eveleth does not discriminate on the basis of race, color, religion, creed, national origin, age, sex, sexual orientation, disability, marital status, status with regard to public assistance, membership in a local commission, or any other legally protected status in its hiring or employment practices.

Veterans Preference Points Application Instructions

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam or interview point 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 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 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.

If you supply the supporting documentation by separate mail, your name and 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			
Veteran Self <input type="checkbox"/> Spouse <input type="checkbox"/>	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 No:
Are you receiving or eligible for a military pension? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a compensable service related disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Preference Requested: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Spouse of Deceased 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 calendar days of deadline
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FOR OFFICE USE ONLY
10 points _____
15 points _____