

### **Employment Application**

#### CITY OF FRIDLEY

6431 University Ave. NE - Fridley, MN 55432 Phone: 763-571-3450 Confidential Fax: 763-502-4971 TTY: 763-572-3534

Website: FridleyMN.gov

We welcome your application for employment. Please provide us with complete information so that we may give you full consideration of your application. Depending on the position, you may be asked to complete an additional questionnaire or supply us with further information.

The City of Fridley is an Affirmative Action Employer. It is our policy to provide equal employment opportunities to all who apply or who are employed at the City of Fridley. The City of Fridley does not discriminate against or harass any employee or applicant for employment because of race, creed, color, religion, sex, national origin, marital status, familial status, status with regard to public assistance, disability, age, membership on a local human rights commission, or sexual orientation.

PLEASE NOTE: Please complete the application thoroughly. "See resume" is not an acceptable response for any entries on this application. Candidates will be ranked only on the information submitted in this application. Resumes and other supplemental materials will be considered in addition to, but not in lieu of this application.

PERSONAL INFORMATION					
Last Name:	First Name:	Middle:			
Present Address:	Street:	City:	State:	Zip Code:	
Permanent Address (if different	ent): Street:	City:	State:	Zip Code:	
Phone Numbers:	Home:	Work:	Cel	l:	
E-mail Address:	WORK	PREFERENCE			
Title of the position in which	n you are applying:	_			
Category of Position:    Full-time			nours are you a	vailable to work?	
FOR INTERNAL USE ONLY					
Date Received	, A	Action		Notification	

Please circle the	highest grade you	u have completed:			
High School College		Gradu	Graduate School		
9 10 11	12	13 14 15 16	1 2	MA F	PhD JD
Name and Locat	ion of High School	(most recent):		Did you	ı graduate or receive a
				GED: \	Yes □ No □
		SCHOOLS			
			DE	GREE	
TYPE	NAME	& LOCATION		EIVED?	MAJOR/MINOR
			KECI	IVED:	
College					
College					
Graduate					
Vocational					
Other					
	A	DDITIONAL TRAININ	IG RECEIVE	)	
Please summariz					which may be relevant
	3	separate page or sum	0 0		eay ze reievani
to this position (	you may attaon a	separate page or sam	mary).		
		SIONAL LICENSES O			
			ı currently ho	ld? (Pleas	se attach a copy of each
relevant license,	, if required for the	e position).			
	RELATED ACT	IVITIES AND PROFE	SSIONAL ME	MBERSI	HIPS
Please describe a					or trade associations (past
					nts/awards, along with any
offices you have held or received. Exclude the name of the organization, which may indicate age, race, creed,					
religion, color,	gender, sexual orie	ntation, national origin, n	narital status, <sub>l</sub>	political af	filiation, membership or
ac	tivity in a local hum:	an rights committee, or o	disability in the	ir name oı	character.

# COMPLETE ENTIRE APPLICATION THOROUGHLY – DO NOT WRITE "SEE RESUME"

EMPLOYMENT	HISTORY –	List	most	present employer first		
Are you presently employed?		May we contact your present employer?				
☐ Yes ☐ No		☐ Yes ☐ No				
Present Employer (Name):		Emp	Employer's Address:			
Your Job Title:						
Data Frankrad	E. II. Para					
Dates Employed	Full-time					
From: To:	Part-time Other					
Supervisor's Name and Title:	Other		Sunc	ervisor's Phone Number:		
Supervisor's Name and Title.			Supe	ervisor's Friorie Nutriber.		
Describe the duties you perform (b	e as specific	as po	ssible	):		
	o ao opooo	as po	00.0.0	,.		
What is your reason for leaving or	seeking a ch	ange:				
	NIEVA		1.0)/5			
	NEXI	LMP	IPLOYER			
Employer:			Employer's Address:			
Supervisor Name and Title:			Sunc	ervisor's Phone Number:		
Supervisor Name and Title:			Supe	er visor s i fiorie narriber.	Full-time	
Your Job Title:	D	ates F	mploy	ved	Part-time	
		om:		To:	Other 🗆	
Duties Performed:				- 1		
Reason for Leaving:						
				-		
	NEXT	「 EMP	LOYE			
Employer:			Addr	ess:		
Consum to an Manage and Title			T.1	de con e Niconale co		
Supervisor Name and Title:			Telep	phone Number:	Full-time	
			Other			
Duties Performed:		om:		То:		
Daties i citoffica.						
Reason for Leaving:						

EMPLOYMENT HISTORY - Continued					
	EXT EMF				
Employer:		Address:			
Supervisor Name and Title:		Supervisor's Phone No	umber:	Full-time	
Your Job Title:	Dates Employed From: To:			Part-time Other	
Duties Performed:	1101111		1		
Reason for Leaving:					
N	EXT EMF	PLOYER			
Employer:		Address:			
Supervisor Name and Title:		Supervisor's Phone No	umber:	Full-time	
Your Job Title:	Dates E From:	Employed To:	Part-time Other		
Duties Performed:	110111.	10.			
Reason for Leaving:					
N	EXT EMF	DI OVED			
Employer:	LXI LIVIP	Address:			
Supervisor Name and Title:		Supervisor's Phone No	umber:	Full-time	
Your Job Title:	Dates E From:	Employed To:		Part-time Other	
Duties Performed:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Reason for Leaving:					

ADDITIONAL RELATED EXPERIENCES
Please list any other employment experience or volunteer work you performed that you think is relevant to the position in which you are applying and will assist us in making a determination based on your qualifications.
PLEASE ANSWER ONLY IF RELEVANT TO THE POSITION IN WHICH YOU ARE APPLYING
What computers and software applications do you operate or feel you are proficient in operating?
Other than a computer, what office machines do you operate or feel you are proficient in operating?
What other kinds of equipment do you operate that would relate to the position? (Attach a separate list if necessary.)
What other information about your skills, training, or education can you provide which would be helpful for us to know when considering your application? (Please list only those items which are relevant to the position.)

GEN	NERAL INFORMATION AN	ID BACKGROUND CHECKS	5	
Are you authorized to wor		Are you over the age of 1		
unrestricted basis and car				
documentation up employ	ment?	Yes □ No □		
Yes □ No □				
What day(s) and hours ar	e you able to work?	When Are You Available to	start?	
2011015	EE LE BOOLTLON BEOLUB		DENCE	
Do you possess a valid dr	TE IF POSITION REQUIRE	ES A VALID DRIVER'S LIC 	JENSE	
Do you possess a valid ui	iver s licerise:	Please check which license	es vou hold?	
Yes □ No □		Trease criseit Whier hearies	ss yeu neiu.	
		Class: A 🔲 B 🔲 C 🔲	D 🗖	
If yes, In which state is ye	our license valid?			
		List Endorsements:		
	CRIMINAL BACKG	ROUND CHECK		
The City of Fridley conducts a thorough criminal history background check as well as other forms of background verifications as a condition of employment for all positions. For some positions (example: sworn police, fire and public safety positions), certain felony convictions (and other convictions mandated by the state licensing boards) will automatically disqualify the applicant from further consideration.				
Candidates for positions working with children and vulnerable adults will be disqualified if they have been convicted of any crime listed in the Child Protection Worker Act (MN Statutes 299C.61 & 62). Generally, this includes child abuse crimes, murder, manslaughter, felony level assault, or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct, and prostitution-related crimes.				
	nvictions may not automation its individual merits and t			
Finalists for all positions will be provided a background packet and a form to provide authorization to release information, which will include further details and instructions relevant to the position. Before any applicant is rejected based on their criminal conviction, he or she will be notified in writing and will be given any rights afforded by Minnesota Statutes Chapter 364. This includes the right to show evidence of rehabilitation.				
Any applicant who makes from employment or remo	false statements or withho oved from employment.	lds any information will cau	se them to be barred	
Pleas	se provide three work-re	lated business reference	es.	
Name	Relationship to You	Occupation	Phone Number	

#### **DATA PRIVACY NOTICE**

The information you supply on this employment application will be used to assess your qualifications for the position for which you applying. You are not legally required to provide the information, but we will not be able to consider your application without it. The information is requested to distinguish you from other applicants; to identify you in our employment files; to determine if you meet the minimum qualifications of the position for which you are applying; and to contact you for the employment interviews.

The following information on this application will be considered private data on individuals pursuant to the Minnesota Government Data Practices Act: your name, home address, home phone number, and Social Security number. If you are certified as eligible for an employment vacancy, your name will become public data. If you are hired by the City of Fridley, all information you supply on this application will become public data, except your home street address, home phone number, and Social Security number.

The information you voluntarily provide on the separate form "Confidential Equal Employment Opportunity Information" will be at all times considered private data. It can only be accessed by you or a city official who has a bona fide need for it to comply with affirmative action and equal opportunity mandates.

### SIGNATURE – PLEASE READ CAREFULLY AND SIGN

- 1. I certify that all the information I have provided on this application is correct and that I have not omitted any information. I understand that giving false information or omitting requested information may disqualify me from further consideration for employment or may result in dismissal, if discovered at a later date.
- 2. I authorize the City of Fridley to verify the information I have provided in this Employment Application.
- 3. I hereby authorize all current and previous employers to release job-related information to the City of Fridley

Signature _	Date
_	

If you have a disability or language difficulty that would prevent you from testing for a position under standard conditions, please contact Human Resources at 763-572-3507 so that reasonable efforts can be made to accommodate your needs.

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# CONFIDENTIAL EQUAL OPPORTUNITY INFORMATION

The following information is voluntary and confidential. The purpose of collecting this information is to comply with state and federal Equal Employment Opportunity laws and other legal reporting requirements. It will not adversely affect your employment candidacy with the City or your status as an employee after appointment. This form will be filed separate from your application and it will not be used in our recruitment evaluation process. We would appreciate your cooperation in our efforts to ensure Affirmative Action and Equal Employment Opportunity.

Position for which you are applying:	Today's Date:			
Name:	Gender: Female  Male  Male			
Age Range: Under 18 ☐ 18-39 ☐	40-65 □ Over 65 □			
With which racial/ethnic group do you consider yourself? (Please check only ONE of the following.)				
who maintain cultural identification through trib	gins in any of the original peoples of the Far East, Pacific Islands. This area includes for example:			
☐ Hispanic (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)				
<ul> <li>Native Hawaiian or other Pacific Islander</li> <li>Black (Not of Hispanic Origin - All persons having origins in any of the Black racial groups of Africa.)</li> </ul>				
· · · · · · · · · · · · · · · · · · ·	ng origins in any of the original peoples of Europe,			
	INFORMATION?			
How did you hear about the position for which you  City of Fridley Job Posting From another City employee College, technical or high school				
<ul> <li>Newspaper (Which one?)</li> <li>City of Fridley Website</li> <li>League of Minnesota Cities</li> <li>Internet job board or site (Which one?)</li> </ul>				
<ul> <li>Minnesota Workforce Center?</li> <li>Telephone Inquiry</li> <li>Stopped by the Municipal Center for other bus</li> <li>Other (Please specify.)</li> </ul>				
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### CITY OF FRIDLEY VETERANS' PREFERENCE POINTS APPLICATION INSTRUCTIONS

## Complete this form ONLY if you are a veteran AND are claiming Veterans' Preference

The Minnesota Veterans' Preference Act (MVPA) requires political subdivisions of the state to award preference points to veterans for most open and competitive positions. *It does not apply* to internal applicants, except for promotional exams.

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans subject to the provisions of Minnesota Statutes 197.447. Preference points are awarded to qualified veterans to supplement their application. Preference is a credit of points available to qualified veteran applicants to recognize the training and experience they received as a result of serving in the military. Preference is awarded by rating applicants on a 100-point scale. Veterans (as defined below) who receive a passing score (i.e. meet the minimum qualifications for a job) are awarded an extra ten (10) points. Eligible spouses of a disabled or deceased veteran must also meet the minimum qualification in order to receive preference points. Fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the Veterans Administration.

For open and competitive exams, veterans can use preference points for each position in which they apply. To qualify for preference for a **competitive or open exam or hiring process**, 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 by reason of disability incurred while serving active duty OR having served the full period called or ordered for active duty AND be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on an **internal promotional exam**, a veteran must have received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five (5) points preference only for the first promotion after securing City employment.

### To meet the MS 197.447 eligibility requirements of "veteran," the person must:

- 1. Be a U.S. citizen or resident alien AND
- 2. Have received a DD Form 214 (Separation or Discharge from Active Duty) that is characterized as "under honorable conditions" from any branch of the U.S. Armed Forces
  - AND have either:
- a) Served on Active Duty (not active duty for training-ADT) for at least 181 consecutive days, OR
- b) Have been discharged by reason of service connected disability, OR
- c) Have completed the minimum active duty requirements of federal law, as defined by CFR Title 38, section 3.12a, [i.e. the full period for which a person was federally ordered to active duty]. For example: National Guard persons federally ordered to Iraq. Note on DD214 the CFR Title or designation of Federal Orders, and note the wording "completed orders." OR
- d) Persons with service certified by Secretary of Defense as Active Military Service under Public Law 95-202. (Example: certain Merchant Marines in WW II). The local CVSO does have list of groups authorized by PL 95-202, which is limited.

## CITY OF FRIDLEY VETERANS' PREFERENCE APPLICATION

The information you provide on this form will used to determine eligibility for veterans' preference points. If you choose to apply for veterans' preference points, you are required to supply the following information along with appropriate documentation.

VETERANS' PREFERENCE APPLICATION					
Last Name	First Name	MI			
Position For Which You Applied:					
Street Address	City/State/Zip Code	Daytime Pho	one:		
Do you wish to apply for Veter If you answered yes, complete the reapplication and return it with your application.	st of this application. If you answered	Yes □ no, please sign a	No □ at the bottom of the		
Are you a US Citizen or Reside	nt Alien?	Yes □	No □		
Veteran (10 Points*) Were you h	nonorably discharged?	Yes □	No □		
Disabled Veteran (15 Points* or	5 Points**)				
Percentage of disability:% Have you ever been promoted wit	hin the City of Fridley?	Yes □	No □		
Spouse of Deceased Veteran (		Yes □	No □		
Spouse of Disabled Veteran (10 Points*)  Yes □ No □					
* (Used for open and competitive exam or	hiring process.)				
** (Used for internal promotional exam or	** (Used for internal promotional exam or hiring process)				
1) You MUST Attach a copy of the DD214 or DD215. This copy must state the nature of discharge (i.e. honorable, general, medical, under honorable conditions, etc.)					
2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision in writing that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Note: Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per MN Statute 197.455.					
3) A spouse of a deceased veteran applying for preference points must supply their marriage certificate, the veteran's DD214 OR DD215, a death certificate, verification of their marriage at the time of the veteran's death, and that the spouse has not remarried. Note: if you have remarried or were divorced from the veteran, you are ineligible to receive points.					
4) All required documentation is required to be submitted within seven (7) days of the application deadline. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at: http://mnveteranservice.org/documents/cvso.html or the local or the local County Veteran's Service Officer.					
<b>AFFADAVIT:</b> I hereby claim Veterans' Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby authorize the Veterans Administration to release information necessary to process this application to the City of Fridley's Human Resources Department.					
SIGNATURE:	DATE:				

SUBMIT THIS FORM AND REQUIRED DOCUMENTATION TO HUMAN RESOURCES