



APPLICATION FOR EMPLOYMENT

CITY OF CARVER
316 Broadway
PO Box 147
Carver, Minnesota 55315

Date Received by City: _____
Telephone: 952-448-5353

Instructions. Please print or type your responses. You may attach a resume if appropriate. You must fill out the application form, even if your answers duplicate information on your resume. Where additional space is necessary, you may attach a separate sheet and note the number of the question to which you are responding. Read the Terms of Application and Employment carefully before signing the application. All information on this application will be treated confidentially. **The City of Carver is an equal opportunity employer.**

GENERAL INFORMATION

1. Title of position for which you are applying _____ 2. Date of application _____ 3. Date available for work _____

4. Last name _____ First name _____ Middle name _____

5. Cell Number: _____ E-Mail Address: _____

6. Are you over the age of 18? Yes No 7. Residence phone _____ 8. Business phone _____

If no, state date of birth _____

9. Street address _____ 10. City _____ 11. State and zip code _____ 12. County _____

13. Do you have any relatives working for the City? Yes No

If yes, relationship _____ Department _____

14. Employment condition desired:
 (check one)
 Regular Full time
 Temporary Part time

15. Have you previously been employed by the City? (check one)
 Yes No
 If yes, date _____
 Position _____

16. If position involves driving, please indicate driver's license information:

Number _____ State _____
 Class _____

EDUCATION AND EXPERIENCE

17. Education and Training. Did you graduate from high school or receive a GED?

___ Yes ___ No School attended _____

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

18. Name and location of colleges, Did you graduate? Certificate/Degree Course of Study
universities or technical schools

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. List any job relevant licenses, certifications, professional memberships or special training and the dates of issuance or completion as appropriate.

20. Work Experience. List your places of employment. List your present or most recent experience first. Please be complete because experience ratings are determined by this information. Do not include dates of employment for jobs held more than ten years ago.

Employing firm	Address	Phone number
_____	_____	_____

Position title	Number and type of positions you supervised
_____	_____

Length of employment	Supervisor	Supervisor's title
From _____ To _____	_____	_____

Last Salary	Hours per week	Reason for leaving
_____	_____	_____

Principal responsibilities

May we contact this employer?

___ Yes ___ No If no, explain: _____

Employing firm	Address	Phone number
_____	_____	_____
Position title	Number and type of positions you supervised	
_____	_____	
Length of employment	Supervisor	Supervisor's title
From _____ To _____	_____	
Last Salary	Hours per week	Reason for leaving
_____	_____	_____
Principal responsibilities		

May we contact this employer?		
___ Yes ___ No If no, explain: _____		

Employing firm	Address	Phone number
_____	_____	_____
Position title	Number and type of positions you supervised	
_____	_____	
Length of employment	Supervisor	Supervisor's title
From _____ To _____	_____	
Last Salary	Hours per week	Reason for leaving
_____	_____	_____
Principal responsibilities		

May we contact this employer?		
___ Yes ___ No If no, explain: _____		

21. Job Relevant Volunteer and Unpaid Work Experience. Do not include dates for experience that occurred more than ten years ago.

Kind of activity (Do not specify organization)	Major responsibilities	Hours per month	Years	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

22. Other Qualifications. Describe any additional experience or training that qualifies you for this job:

23. Computer Experience. If it is applicable to the position for which you are applying, describe your familiarity with computer hardware and word processing, data management, spreadsheet or other software programs.

24. Business Equipment Experience. If it is applicable to the position for which you are applying, describe your familiarity with copy machines, fax machines, dictation equipment or other business systems.

25. Skilled Trade, Labor and Maintenance Experience. If it is applicable to the position for which you are applying, describe your familiarity with maintenance tools and equipment including light or heavy machinery.

List apprenticeships served and trades learned.

List current job-relevant licenses and certificates held.

26. Military Service. Have you ever served in the U.S. armed forces?

Yes No Branch _____ Grade or rank _____

Nature of duty or training

Induction date _____ Present service classification _____

Separation date _____ Type of discharge or separation _____

Do you wish to apply for veterans preference points? Yes No

If yes, you must provide adequate documentation demonstrating your eligibility and submit the required material to the City of Carver within seven days of the application deadline for the position for which you are applying.

OTHER INFORMATION

27. Do you have the legal right to work in the United States? Yes No

In accordance with applicable law, the City of Carver hires only individuals lawfully authorized to work in the United States. If hired, you will be required to provide written documentation of citizenship or legalized alien status. Failure to provide such documentation will result in dismissal.

TERMS OF APPLICATION AND EMPLOYMENT

28. Disclosures. You are advised that information requested on this form will be used for the purpose of determining job qualifications, salary rates within range and for summary data purposes, and may constitute a public record according to Minnesota Statutes. You are not legally required to supply the requested information, but the information is necessary to determine your qualification for the position for which you have applied. An incomplete application may hinder your employment with the City. All materials submitted in support of an application are normally retained with the applications and are not returned. You should not submit an original document if it is your only copy.

30. I, the undersigned, state that all information given by me in this Application is true to the best of my knowledge. I authorize the City of Carver to verify such information and to contact any reference given by me in connection with my Application for employment, and should I be employed by the City of Carver, I agree that:

- My employment shall be in accordance with the terms of this Application and the City of Carver's rules and regulations, which may be modified at any time by the City of Carver.
- I agree that employment may be contingent upon meeting all placement considerations, including medical ones.
- I understand that if I am hired for this position, I may be required to undergo a physical examination at the City of Carver's expense to determine whether or not I am able to perform the duties of this position in an effective and safe manner, and whether or not accommodations are necessary for me.
- I authorize the City of Carver to investigate all statements contained in this Application and hereby release my former employers and the City of Carver from any and all liability on account of furnishing such information to the City of Carver. I understand that the City of Carver has the right to verify information provided in the Application. If there are any misrepresentations on this Application or my resume or made by me in an interview, which may be discovered now or anytime in the future, I may be discharged. False information or misrepresentation may also subject me to the penalty provisions of M.S. 43A.39.
- In connection with this Application for employment, I authorize the City of Carver and any agent acting on its behalf to conduct any inquiry into any job-related information Carver in this Application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the City of Carver and any agent acting on its behalf from any and all liability by reason of requesting such information from any person.

Yes Yes, but not present employer until job is offered.

No (The City of Carver may not be able to hire you without this information.)

- The City of Carver shall have the right at any time after the termination of my employment to furnish others information concerning my employment record, work habits, and work performance with the City of Carver, including

the information contained in this application, or copies of any information, which is maintained in my personnel file, subject to the Minnesota Data Practices Act. I specifically release the City of Carver, its officers, directors, agents, and employees from any and all liability regarding the release of any information described in this paragraph.

FALSIFICATION, MISREPRESENTATION, OR OMISSION OF INFORMATION ON THIS, OR ON ANY OTHER EMPLOYMENT FORM, SHALL BE GROUNDS FOR IMMEDIATE TERMINATION, REGARDLESS OF WHEN SUCH FALSIFICATION, MISREPRESENTATION, OR OMISSION IS DISCOVERED.

I declare that any and all statements in this Application or information provided is true and complete and hereby acknowledge that I have read and understand the information set forth above.

Date _____

Signature (Do not print) _____