



Dear Applicant:

Thank you for your interest in working for the City of Arden Hills. Attached are all the application materials. Please complete each form in its entirety. Refrain from writing “see resume” on the actual application.

The Veterans Preference and Affirmative action forms are strictly voluntary information.

Return all forms to City Hall.
City of Arden Hills
1245 West Highway 96
Arden Hills, MN 55112

To be considered for the job opportunity, all forms are due by
Thursday, March 31st at 4:30 p.m.

Thank you!



Application for Employment

Office Use Only	
Date Received:	_____
Interview Date:	_____
Interview Time:	_____

We welcome you as an applicant for employment with the City of Arden Hills, Minnesota. Your application will be considered with others in competition for the position in which you are interested. It is the policy and intent of the City of Arden Hills to provide equal opportunity employment to all persons. This policy prohibits discrimination because of race, color, sex, national origin, political affiliation, place of residence, marital status, sexual preference, status with regard to public assistance or disability, as is consistent with the City's policy of hiring a well-qualified person so as to maintain the high standards of public service required of all City employees. This policy applies to all phases of permanent and part-time employment. All information contained in or connected with this application will be considered personal and confidential and will be used only in conjunction with your possible employment by the City of Arden Hills. Please furnish us with complete information as outlined in this application. You are encouraged to attach any additional information or materials, which you believe qualify you for the position for which you are applying.

Please print neatly in ink or use a typewriter.

General Information

Position Applying For: _____

Job Status Desired: ___ Full-Time ___ Part-Time ___ Temporary ___ Seasonal

Date Available to Start: _____

Last Name:	First Name:	M.I.:	Email Address:		
Street Address:	City:	County:	State:	Zip:	Home Phone No.:
					()
					Cell Phone No.:
					()

Are you under 18 years of age? Yes No

Are you willing to work overtime if required? Yes No

Are you a United States Citizen OR, if not, do you have permission to work in this county? Yes No

Education/Training

How many years of education have you had? 1-12 13 14 15 16 17 18 19 20+

School Name & Address	Diploma, Degree, Certificate of Credits Earned	Major
High School/GED:		
College or University:		
College or University:		
Graduate School:		
Technical:		
Technical:		

List any correspondence courses, special courses, seminars, workshops, and/or training programs you have attended, or registrations, licenses, or certificates you have that might relate to this position. **Please review the job description before responding.**

Driver's License Information

Do you have a valid driver's license? Yes No Driver's License No.: _____

State of Issuance: _____ Class: _____ Expiration: _____

Have you had any moving violations in the last five (5) years? Yes No

If yes, please explain: _____

Have you had any convictions for which a jail sentence was, or could have been imposed? Yes No

If yes, please explain: _____

Clerical and Accounting Positions Only

Typing WPM: _____

Can you operate: _____ Dictation Equipment _____ Personal Computer/Word Process; Brand: _____

Check other office equipment you can operate proficiently:

_____ Copier _____ Fax _____ Telephone Console _____ 10-Key Adding Machine

_____ Other: _____

List any computer software you can operate proficiently:

Labor and Skilled Trade Positions Only

Apprenticeship(s) served or trades teamed: _____

List all machines and equipment that you have experience operating: _____

Employment History

Experience and training ratings are determined by this information. Please be complete. List most recent employers first. (Use additional sheets if necessary.)

Present or Last Employer			
Address		City	State Zip
Supervisor Title & Name		Phone No. ()	May we contact? Yes No
Dates of Employment	Hours Worked/Week	Job Title	Last Salary or Hourly Wage
Reason for Leaving:			
Specific Duties:			

Employer			
Address		City	State Zip
Supervisor Title & Name		Phone No. ()	May we contact? Yes No
Dates of Employment	Hours Worked/Week	Job Title	Last Salary or Hourly Wage
Reason for Leaving:			
Specific Duties:			

Employer			
Address		City	State Zip
Supervisor Title & Name		Phone No. ()	May we contact? Yes No
Dates of Employment	Hours Worked/Week	Job Title	Last Salary or Hourly Wage
Reason for Leaving:			
Specific Duties:			

Employer			
Address		City	State Zip
Supervisor Title & Name		Phone No. ()	May we contact? Yes No
Dates of Employment	Hours Worked/Week	Job Title	Last Salary or Hourly Wage
Reason for Leaving:			
Specific Duties:			

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

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

Supervision

Have you ever supervised people? Yes No Company Name _____

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

Military Experience

Complete this section only if you served in the U.S. Armed Forces.

Describe your duties and any special training:	Branch of Service	
	Period of Active Duty From _____ To _____	
	Rank at Discharge	
	Type of Discharge	Date of Final Discharge

Volunteer/Unsalariated Experience

Volunteer Organization	Position Held		
Street	City	State	Zip
Immediate Supervisor	Phone No. ()		
Dates of Participation	Hours Per Week		
Skills Learned			

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Street	City	State	Zip
Immediate Supervisor	Phone No. ()		
Dates of Participation	Hours Per Week		
Skills Learned			

Accommodations

Do you have any physical or health limitations that would require special or reasonable accommodations by the City: Yes No

If yes, please describe the nature of the accommodation: _____

Employment of Relatives

List any relatives currently employed by the City of Arden Hills

Name	Relationship To You

Personal References

(Not former employees or relatives)

Name and Occupation	Address	Phone Number

Tennessean 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 Arden Hills 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 Arden Hills. "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: persons authorized to have access to the information under State or Federal law; persons authorized by Court Order to have access to the information; and 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 are used in summary form by the City's Affirmative 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. I understand that this application is not, and is not intended, to be a contract for 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 Application" regarding the Minnesota Data Practices Act (MN Statutes 1301-1390), and I understand my rights as a subject of data.

Applicant Signature: _____ Date: _____



AFFIRMATIVE ACTION (voluntary information)

Completion of this information is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to employ with requirements regarding government record keeping, reporting, and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated!

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print.

Position Applied For: _____ Date: _____

Referral Source: Walk-in Private Employment Agency Focus/Bulletin Tribune/Pioneer Press
 Relative School Minority Group Referral Other
 Employee: _____

Sex: Male Female

Age Group: 16-25 26-39 40+

Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic
- American Indian/Alaskan Native Asian/Pacific Islander Other

For Administrative Use Only.

Position(s) Applied For: Available Not Available

Other Positions Considered For: _____

Hired: No Yes, Position: _____

From the EEO job classification listed below, which one best describes the position filled:

- Officials/Manager Office and Clerical Worker Laborers (unskilled)
- Professional Operators (semi-skilled)

Notes: _____

Completed By: _____ Date: _____



APPLICATION FOR VETERAN'S PREFERENCE

Eligibility: Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their training and experience examination results. Points are awarded subject to provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points you must:

Be separated under honorable conditions from any branch of the armed forces of the United State are having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen 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.

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.

The City operates under a point preference system which awards points to qualified veterans and spouses of deceased or disabled veterans. Five (5) preference points are granted for non-disabled veterans and spouses of deceased or disabled veterans at the initial selection phase or at the time of an open competitive examination, whichever is applicable. Ten (10) points are added if the veteran has a permanent service-connected compensable disability as certified by the Veteran's Administration. For promotional opportunities, five (5) points are granted to disabled veterans only (50% disability required) and these points apply only to the first promotion after securing City employment.

Instructions:

- 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-80 or death certificate.
If you do not include these documents with this application, be sure to include your name, and the name of the position for which you are applying, for when you do submit the documents to the City of Arden Hills.
All documents must be received no later than 7 calendar days after the application deadline for the position for which you are applying. Claim not accompanied by proper documentation will not be processed. Note: This claim will be separated from your application during the recruitment process

Please Print.

Name: _____

Do you wish to claim a Veteran's Preference? Yes _____ No _____

If Yes, please check the preference you are claiming:

Veteran (defined as a person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).

Disabled Veteran (a Veteran having a compensable service-connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces, and which is currently existing).

Spouse of a deceased veteran.

Spouse of disabled veteran, who is unable to use preference due to disability.

Branch of Service: _____

Dates of Active Duty: From _____ to _____

Rank at Discharge: _____

Type of Discharge: _____

Date of Final Discharge: _____

Service Number: _____

Do you have a compensable service relate disability:

Yes _____ No _____

Signature: _____

Date: _____