



City of Benson Application for Employment

► **SEND RESUME AND COMPLETED APPLICATION TO:**
CITY OF BENSON, 1410 KANSAS AVE. BENSON, MN 56215

This application is to be printed in your own handwriting.

Date of Application: _____

Position Applied for: _____

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers – Home: _____ Work: _____

E-mail Address: _____

Educational Background

High School Graduate? Yes_____ No_____

Post High School Education/Training:

School or Program	Address	Date Attended	Degree

Current Licenses or Certificates held that would be applicable to the position for which you are applying:

Work Experience

Current/Most Recent Employer: _____

Address: _____ Telephone: _____

Position: _____ Employed from: _____ to _____

Supervisor: _____ May we contact this person? _____

Salary – Starting: _____ Ending: _____

Duties and responsibilities: _____

Prior Employer: _____

Address: _____ Telephone: _____

Position: _____ Employed from: _____ to _____

Supervisor: _____ May we contact this person? _____

Salary – Starting: _____ Ending: _____

Duties and responsibilities: _____

Prior Employer: _____

Address: _____ Telephone: _____

Position: _____ Employed from: _____ to _____

Supervisor: _____ May we contact this person? _____

Salary – Starting: _____ Ending: _____

Duties and responsibilities: _____

Other Information:	Yes	No
Do you have a Social Security number?		
Can you legally accept permanent employment in the United States?		
Are you over the age of 18? If not, state your date of birth: _____		
Are you currently employed?		
Are you available to work full-time?		
Are you available to work part-time?		
Can you travel if your job requires it?		
Is adequate transportation available so you can get to work on time every day?		
Have you ever been bonded on a job?		
Is there any reason why you cannot be at work on time every day? If yes, why? _____		
Have you been convicted of a felony within the last 7 years? If yes, please explain: _____		
On what date would you be available to start? _____		

Other Training or Experience – Summarize special job related skills and qualifications: <hr/> <hr/> <hr/>

References: 1) _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Name) (Phone) </div> <hr/> <div style="text-align: center;">(Complete Mailing Address)</div> 2) _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Name) (Phone) </div> <hr/> <div style="text-align: center;">(Complete Mailing Address)</div> 3) _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Name) (Phone) </div> <hr/> <div style="text-align: center;">(Complete Mailing Address)</div>

IMPORTANT INFORMATION FOR APPLICANTS FOR EMPLOYMENT WITH THE CITY OF BENSON

In accordance with the Minnesota Government Data Practices Act, the City of Benson (the "City") is required to inform you of your rights as they pertain to private data collected from you. Private data is that information which is available to you, but not to the public. Some personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87, Government Data Practices, requires that you be informed that the following personal information which you are asked to provide on this Employment Application is considered private data:

1. Name (becomes public when certified as a "finalist")
2. Home Address
3. Home Phone Number
4. Age Group

We ask this information for the following reasons:

1. To distinguish you from all other applicants and identify you in our personnel files.
2. To help us to be sure that you are the individual who makes the application.
3. To help us to contact you when more information is required, when we send you notices, and/or when we schedule you for interviews.
4. To see if you meet the minimum age requirements (if any)
5. To conduct proper background investigations needed when applying for a position.
6. To determine whether or not any conviction record may be a job-related consideration affecting your suitability for the position you applied for.
7. To enable us to ensure your rights to equal opportunities.
8. To meet federal and state reporting requirements.

Data supplied by you may be used for such purposes as may be determined to be necessary in the administration of personnel in the City and in the administration of personnel policies, rules, and regulations.

Private data is available only to you and to other persons in the City who have a justified need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Names of applicants remain private except when certified as eligible for appointment to a vacancy or when applicants are considered by the City to be finalists for a position. "Finalist" means a person who is selected to be given an interview as a final step prior to selection.

By my signature below, I certify that I have read (or had read to me) the information printed above and understand its meaning.

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

Unless otherwise indicated above, the City is hereby authorized to contact my former employers for information concerning my employment, ability, experience, and behavior on the job.

I understand that nothing in this employment application is intended to lead to or create an employment contract between the City and myself.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will likely result in discharge. I also understand that I am required to abide by all rules and regulations of the City.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

For City Use Only	
Arrange Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interviewer: _____	Date of Interview: _____
Remarks: _____	
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Employed: _____ Hourly Rate/Salary: _____
Position: _____	Department: _____
By: _____	Date: _____
(Name & Title)	

DATA PRACTICE RELEASE FORM
Authorization and Release for Employers
Pursuant to Minn. Stat. Sec. 13.05, Subd. 4
of the Minnesota Data Practices Act

TO: _____
(Employer)

I, _____ hereby authorize and grant my informed consent to permit you, _____, to release to and make available to the City of Benson (the "City") and/or its agents and/or representatives, data classified as public and 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 Minn. Stat. Sec. 13.02 subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized (both public and private) includes: Dates of employment, job title and activities during employment, reason for termination of employment, eligibility for rehire, attendance records, performance evaluations, disciplinary records and actions, education and training records, complaints or grievances filed by or against me, background, reputation, and job history.

I understand that the purpose of permitting the City to have access to this information is to determine my suitability for employment with the City. 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 who may review my suitability for employment.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of _____ including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon the request of the duly accredited representative of the City regardless of any agreement I may have made with you previously to the contrary.

The City is requesting the information pursuant to this release and may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City's acceptance and processing of my application for employment, I agree to hold _____, its agents, and employees harmless for any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City.

A photo copy or fax copy of this release form will be as valid as an original thereof, even though the said photo copy or fax copy does not contain an original writing of my signature.

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 or to you of that fact.

Signature

Date

City of Benson

1410 Kansas Avenue

Benson, MN 56215

Office: (320) 843-4775

Fax: (320) 842-7151

Application for Veterans Preference Points

Eligibility: Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to supplement their application. Points are awarded subject to the provisions of Minnesota Statute 43A.11 with the definition of a veteran found in Minnesota Statute 197.447. 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 States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, or after having served the full period called or ordered for federal active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, 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.

Instructions: 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 or DD215. Disabled veterans must also supply a USDVA letter of disability rating decision of 10% or more. Spouses applying for preference points must supply a copy of their marriage certificate, the Veteran's DD214 or DD215, and spouse's death certificate.

Position you are applying for: _____ Closing Date: _____

Name: _____ Social Security Number: _____
Last First middle

US Citizen or resident alien? ☐ Yes ☐ No
Address: _____ Phone Number: _____

VETERAN (10 points):

(DD214 or DD215 must be submitted to receive points.)

Honorably discharged veteran..... ☐ YES ☐ NO

DISABLED VETERAN (15 points):

(DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

Percent of Disability: _____ %

Have you ever been promoted in City of Benson employment?..... ☐ YES ☐ NO

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):

(DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: _____ Have you remarried?..... ☐ YES ☐ NO

SPOUSE OF DISABLED VETERAN (15 points):

(DD214 or DD21 and SUDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

How does Veteran's disability prevent performance of a stated job "requirement"? Due to the veteran's service-connected disability the veteran is unable to qualify for this position because...(be specific):

AFFIDAVIT: 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 acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to the City of Benson by the position closing date.

Applicant's Signature: _____ Date: _____