

City of Springfield, Minnesota

Application for Employment

2 East Central Street, Springfield, MN 56087 Phone (507) 723-3500 Fax (507) 723-6210

www.springfieldmn.org

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, familial, or veteran status, or any other legally protected status.

Applications filed with the City of Springfield are public records unless otherwise stated in the Minnesota Government Data Practices Act. Personal Information including social security number and driver's license number are protected from public disclosure in all cases.

PLEASE PRINT CLEARLY

Position(s) Applied For	Date of Application
How Did You Learn About the Position?	
<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Relative <input type="checkbox"/> Internet <input type="checkbox"/> Previous Employment
<input type="checkbox"/> Other	

Last Name		First Name		Middle Name	
Address Number	Street	Apt.	City	State	Zip Code
Home Telephone Number		Cell Telephone Number		Email Address	

1. Are you age 18 or older?.....Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. If you are age 17 or younger, can you provide the required proof of your eligibility to work?.....Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you have a valid driver's license?.....Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you ever been employed with us before?.....Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the dates of employment _____
6. Have you ever filed an application with us before?..Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the approximate date _____
7. Date available to start work ____ / ____ / ____
8. What is your desired salary range? _____
9. Are you available to work: Full-Time ____ Part-Time ____ Temporary/Seasonal ____

The City of Springfield, Minnesota is an equal opportunity employer and service provider

10. Are you available to work or be "on call" on weekends and holidays if the position requires it?.....	Yes	No
11. Can you travel if the position requires it?	Yes	No

EDUCATION

Type of School	School Name	City/State	Course of Study	Years Completed	Did you Graduate?
High School					
Undergraduate College					
Graduate/ Professional					
Technical School					
Other					

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military

EMPLOYMENT EXPERIENCE

Provide the following information of your past four (4) employers in chronological order starting with the most recent. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer	Address	Telephone Number	Job Title
Supervisor	Reason for Leaving	Dates Employed (mo/yr to mo/yr)	
Work Performed/Duties			
<hr/> <hr/>			
This position was (<input type="checkbox"/> or <input type="checkbox"/>)		May we contact this employer? yes <input type="checkbox"/> no <input type="checkbox"/>	

2.

Employer	Address	Telephone Number	Job Title
Supervisor	Reason for Leaving	Dates Employed (mo/yr to mo/yr)	
Work Performed/Duties			
<hr/> <hr/>			
This position was (<input type="checkbox"/> or <input type="checkbox"/>)		May we contact this employer? yes <input type="checkbox"/> no <input type="checkbox"/>	

3.

Employer	Address	Telephone Number	Job Title
Supervisor	Reason for Leaving		Dates Employed (mo/yr to mo/yr)
Work Performed/Duties			
<hr/> <hr/> <hr/>			
This position was (<input type="checkbox"/> or <input type="checkbox"/>)		May we contact this employer?	yes <input type="checkbox"/> no <input type="checkbox"/>

4.

Employer	Address	Telephone Number	Job Title
Supervisor	Reason for Leaving		Dates Employed (mo/yr to mo/yr)
Work Performed/Duties			
<hr/> <hr/> <hr/>			
This position was (<input type="checkbox"/> or <input type="checkbox"/>)		May we contact this employer?	yes <input type="checkbox"/> no <input type="checkbox"/>

If you need additional space, please continue on a separate sheet of paper

<p>List professional, trade, business or civic/volunteer activities and offices held (You may exclude any memberships which may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)</p> <hr/> <hr/> <hr/>

ADDITIONAL INFORMATION

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you believe may be helpful to us in considering your application

REFERENCES

Please provide the names of three people not related to you whom have known you for at least one year

	Name	Address	Phone	Email	Yrs. known
1					
2					
3					

Application for Veterans Preference Points

Veterans preference application

Veteran: Self Spouse If spouse, veteran's name: _____

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-related disability? Yes No

Type of preference requested: Veteran Disabled Veteran
 Spouse of veteran Spouse of disabled veteran

Supporting documentation: is attached

will be submitted within 7 days of application deadline

Applicant's Statement

I certify that the information and answers given herein are true and complete to the best of my knowledge. I authorize the City of Springfield to investigate all of the statements contained in this application for employment as may be necessary for arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the City Manager or (his/her) designee. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and policies of the City of Springfield.

Signature of Applicant (must be an original signature)

Date

CITY OF SPRINGFIELD, MN

REFERENCE CHECKS

RELEASE AUTHORIZATION

I, (please print name) _____, hereby authorize investigation of any information contained in the Application for Employment and/or supplemental materials I have submitted in consideration for the position of _____, as may be needed to arrive at an employment decision. I also authorize any or all educational institutions and prior employers listed in the Application for Employment to provide information they may have concerning me as it may relate to consideration of my application for this position. I release the City of Springfield and those parties from any and all liability or claims for damage that may result from such.

Applicant's Signature

Date

CITY OF SPRINGFIELD, MINNESOTA

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Springfield appreciates your cooperation in our efforts to ensure Affirmative Action and equal opportunity.

Please indicate the position(s) for which you are applying:

Please indicate how you heard about this position:

Please place a check in the appropriate blanks:

Gender Male Female

With which racial ethnic group do you identify?

- Asian or Pacific Islander
 African American (Black)
 Native American or Alaskan Eskimo
 Caucasian (White)
 Other (Please indicate: _____)

Disability status, defined as:

- (1) Has physical, sensory or mental impairment (condition) which materially (significantly) limits one or more life activities;
(a) Has a record of such an impairment (condition);
(b) Is regarded as having such impairment (condition).

Based on the above information, do you claim Disability status?

Yes No

Applicant Data Practices Advisory

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of Springfield. First, under “Rights of Subjects of Data” (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.

Second under “Personnel Data” (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically public:

- Your veteran’s status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment.

If you are hired, the following additional data about you will be considered public information:

- Your name;
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- Your job title, bargaining unit (if applicable) and job description;
- The dates of your first and last employment with us;
- The status of any written complaints or charges against you while you work for the City of Springfield, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- Your work location and work telephone number;
- Your education and training background;
- Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your

works time for payroll purposes: except to the extent that release of time sheet data would reveal employee's reasons for the use of sick or other medical leave or other non-public data;

- Your previous work experience;
- The "complete" terms of any settlement agreement (including buyout agreements) except that the agreement must include the specific reasons if it involves the payment of more than \$10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file and which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of city staff needing it to process city records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census;
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

With the exception of the optional data requested, the data you provide is needed to identify you and assist in determining your suitability for the position for which you are applying. The optional data is used in summary form by the city's Affirmative Action Program to monitor protected class employment and meet federal, state and local reporting requirements. Furnishing the optional data requested about you is voluntary.

NOTICE REGARDING SOCIAL SECURITY NUMBER: This information will be used for payroll taxes, insurance purposes, and retained in the employee's data record.

NOTICE TO MINORS: Minors from whom private data or confidential data is collected have the right to request that parental access to the private data be denied.

If you have any questions regarding your rights as a subject of data, please contact the City of Springfield at 2 East Central St., Springfield, MN 56087. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**