# *City of Janesville, Minnesota*
## Employment Application

City of Janesville, P.O. Box O, 101 N. Mott Street, Janesville, MN 56048
Phone 507.234.5110

| | | | |
|---|---|---|---|
| 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) Social Security Number |
| 6) Street Address | City | State | Zip Code |
| County | 7) Home Phone | 8) Business Phone | |
| 9) **Are you under the age of 18?**<br>___ YES ___ NO If so, date of birth: | 10) **Do you have relatives working for the City?**<br>___ YES ___ NO If yes, relationship<br>Department | | |
| 11) **Employment Condition Desired** (check any you would accept)<br>___Permanent ___ Full-time ___Part-time<br>___ Temporary | 12) **Have you previously been employed by the City?**<br>___YES ___ NO If yes, position | | |

**13) Work Experience**

List your present or most recent experiences first. (Do not include dates more than 10 years ago.) Attach additional sheet if necessary. Be complete.

| | | | |
|---|---|---|---|
| Employing Firm | Address | Phone Number | |
| Position Title | Number and types of positions supervised | | |
| Length of Employment<br>From: To: | Supervisor | Supervisor's Title | |
| Last Salary | Hours per Week | Reason for Leaving | |
| Principal Responsibilities | | | |
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| **May we contact this employer? ___ Yes ___ No**<br>If no, explain: | | | |

| Work Experience *(continued)* | | | |
|---|---|---|---|
| Employing Firm | | Address | Phone Number |
| Position Title | | Number and type of positions you supervised | |
| Length of Employment<br>From: To: | | Supervisor | Supervisor's Title |
| Last Salary | Hours per Week | Reason for Leaving | |
| Principal Responsibilities | | | |
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| **May we contact this employer? ___ Yes ___ No**<br>If no, explain: | | | |

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|---|---|---|---|
| Employing Firm | | Address | Phone Number |
| Position Title | | Number and type of positions you supervised | |
| Length of Employment<br>From: To: | | Supervisor | Supervisor's Title |
| Last Salary | Hours per Week | Reason for Leaving | |
| Principal Responsibilities | | | |
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| **May we contact this employer? ___ Yes ___ No**<br>If no, explain: | | | |

| Work Experience *(continued)* | | | |
|---|---|---|---|
| Employing Firm | Address | | Phone Number |
| Position Title | | Number and type of positions you supervised | |
| Length of Employment<br>From: To: | Supervisor | | Supervisor's Title |
| Last Salary | Hours per Week | Reason for Leaving | |
| Principal Responsibilities | | | |
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| **May we contact this employer? ___ Yes ___ No**<br>If no, explain: | | | |

| 14) Education | | | | |
|---|---|---|---|---|
| **Did you graduate from high school or receive a GED?**<br>___ Yes ___ No School attended: | **How many years of education have you completed** (circle one)<br>Grade Sch: 7 8 High Sch: 9 10 11 12<br>College: 13 14 15 16 Post Grad: 1 2 MA PHD | | | |
| Name, Location of College, University or Tech School | Qtr. or Sem. Hrs | Did you graduate? | Certif. or Degree | Course of Study |
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| 15) Relevant current professional memberships, registrations or licenses. Include date issued. | | | | |
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| 16) Job Relevant Volunteer and Unpaid Work Experience | | | | |
|---|---|---|---|---|
| Kind of Volunteer Activity (Do not specify organization) | Major Responsibilities | Percent of Time per Responsibility | No. Hrs. per month | Years From To |
| | | | | |
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| 17) Describe any additional experience or training that qualifies you for this job. |
|---|
| |

| 18) Office Equipment, word processing and computer experience | |
|---|---|
| Hardware Experience *(be specific)* | |
| Software Experience *(be specific)* | |
| | |
| Other | Typing Speed *(words per minute)* |
| 19) Driver's Information *(include if position involves driving)*<br>Driver's License Number State Class | |

| 20) References | | | |
|---|---|---|---|
| Name | Present Address | Telephone | Position and Relation to Your Work |
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| 21) Legal to Work |
| --- |
| **Do you legally have the right to work in the United States? ___ Yes ___No**<br><br>In accordance with the Immigration Reform and Control Act of 1986, the City of Janesville hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien programs. |
| |
| *The City of Janesville is an Equal Opportunity Employer. The City of Janesville does not discriminate in employment on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or age. Managers and supervisors are required to make all employment decisions on the basis of individual ability and merit, without discrimination or favor.* |

*City of Janesville*

# *Employment Application Instructions*

## General Information

- **IMPORTANT!** You must complete all parts of the application. Read the job announcement carefully before you apply. Announcements may contain special instructions and requirements.
- Type or print clearly in dark ink. Applications in pencil will not be accepted. Legible photocopies are acceptable.
- We can not be responsible for failure of other agencies or postal services to forward applications by the deadline. Applications will not be accepted unless they are received at the City of Janesville City Hall on or before the closing date of the job announcement.
- If your application is incomplete or does not clearly show the experience and/or training required, your application will be rejected.
- Resumes may be submitted with the application, but not in lieu of a completed application.
- Your application and all attachments become the property of the City of Janesville and will not be returned. Keep a copy of your completed application.

## Important Facts About Information on Your Application

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; it may be released only to you or to agencies where you may be considered for employment (to comply with Minnesota Statutes 13.43, Subd. 2). If you are employed, the data will be available to the Administrator/Deputy Clerk, the Internal Revenue Service and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the City Administrator or Deputy Clerk of Janesville.

| Private Data | Why we ask for it? | Are you legally obligated to provide it? | What may happen if you do not provide it? |
|---|---|---|---|
| Social Security Number | To distinguish you from all other applicants and to make processing more efficient. | NO | In most cases, nothing. However, it will help to ensure we do not confuse your records with those of others. |
| Name | To distinguish you from all other applicants | YES | Failure to provide information may be cause for rejecting an application. |
| Address | To make it possible for us to send you messages. | YES | Failure to provide information may be cause for rejecting an application. |
| Home Telephone | To enable us to contact you to arrange an interview. | NO | We may not be able to employ you in certain jobs where you may be required to come to work on short notice. |
| Conviction Record | To determine whether we may process an application from you and to determine whether your record may be a job-related consideration | YES | We will not be able to make determinations required by law. Failure to provide relevant conviction information may be grounds for dismissal. |

# TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Janesville is required to inform you of your rights as they relate to the private information collected from you. Private data is information that is available to you, but not the public. The personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the City of Janesville. All data collected is considered private except for the following:

(1) Your veteran's status.

(2) Relevant test scores.

(3) Your rank on our eligibility list.

(4) Your job history.

(5) Your education and training.

(6) Your work availability.

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules, and regulations of the City of Janesville. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, appropriate City employees, and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment that is not designated in this notice as private data.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the Janesville City Administrator's Office in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the City of Janesville to monitor protected class employment and to meet federal, state, and local reporting requirements.

I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.

Applicant's Printed Name:_____

Applicant's Signature: _____ Date _____

# CLAIM FOR VETERAN'S PREFERENCE

The eligibility requirements for veteran's preference are listed below. Read them carefully to see if you qualify. If you do wish to receive preference, be sure to complete this section. Anyone eligible for receiving a monthly veteran's pension benefit based exclusively on length of military service is not eligible. Providing the information in this section is voluntary. You must do so if you wish to obtain the preference.

**Veteran Eligibility for Open Competitive Position (10 Points)**
Must be a U.S. Citizen or resident alien who has separated under honorable conditions:
(1) After serving on active duty for 181 consecutive days, or
(2) By reason of disability incurred while serving on active duty.

**Disabled Veteran Eligibility for Open Competitive Position (15 Points)**
Must have a compensable service connected disability as adjudicated by the United States Veteran's Administration or by the Retirement Board of the several branches of the armed forces and the disability must exist at the time preference is claimed.

**Disabled Veteran Eligibility for Promotional Position (5 Points)**
Must, at the time of election to use preference, be entitled to disability compensation for a permanent service-connected disability rated at 50% or more and the position for which you are applying must be the first promotion after entering public employment.

**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 re married or if you were divorced from the veteran.

**Spouse of Disabled Veteran (15 points)**
(DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

ALL APPLICANTS CLAIMING VETERAN'S PREFERENCE MUST ATTACH A COPY OF HIS/HER FORM DD214. FAILURE TO DO SO MAY RESULT IN LOSS OF VETERAN'S PREFERENCE ELIGIBILITY.

City of Janesville Veteran's Preference Claim Form

**For V.A. Use Only:** Is the veteran named below rated as having a compensable service-related disability?

☐ No ☐ Yes % of Disability _____ By _____ Date:_____

**Name of Veteran (last – first – middle)**

Name of Applicant – if different than veteran (last – first – middle)

_____

Address_____City_____State_____Zip_____

**Classification**

To Be Completed by Veteran or Spouse of Deceased Veteran

Are you a U.S. Citizen or resident alien? ☐ No ☐ Yes Were you honorably discharged from military service?
☐ No ☐ Yes Were you separated from military service after serving active duty for at least 181 consecutive days?
☐ No ☐ Yes Do you currently have a compensable service-related disability? ☐ No ☐ Yes If yes, and if you are seeking your first promotion with the City of Janesville, what is the % of your disability? _____% Are you currently receiving a monthly pension based exclusively on length of military service? ☐ No ☐ Yes
Branch of Service _____Date of Discharge _____Serial Number_____Type of Separation _____Date of Entry _____
For spouse of deceased veteran, date of death _____

**If Spouse of Disabled Veteran, please answer the following:**

Claim Number (if disabled) _____State Claim is Filed In_____

_____
Signature of Veteran Social Security Number Date

# EMPLOYEE CERTIFICATION

**Before signing this application, please read the following waiver carefully.**

**(1)** I have read and understand the job announcement for the position for which I am applying and certify that the answers given in this application are true and complete to the best of my knowledge.

**(2)** I authorize all current and previous employers to release job-related information upon the written request of the City Administrator's Office. However, I understand that if, in the Employment History section, I have answered "No" to the question, "May we contact this employer?," contact with the employer will not be made without my specific authorization.

**(3)** I authorize the City Administrator's Office to verify all information on this application to determine whether or not I am qualified for the position for which I am applying.

**(4)** I understand that providing false information on this application may result in dismissal from any position gained on the basis of that false information.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date _____

# BEFORE YOU SUBMIT YOUR APPLICATION, HAVE YOU:

☑ Thoroughly read this entire application with special attention to the Tennessen Warning?

☑ Signed this application in all the required places? This application will not be accepted without all necessary signatures.

- Tennessen Warning
- Claim for Veteran's Preference, if applicable
- Employee Certification

☑ Provided sufficient information so that proper credit for training and experience are given?

☑ Completed the claim for Veteran's Preference if applicable to you? Also, a copy of your Form DD214 must be submitted at the time of application to determine your eligibility for points.

☑ Have you included copies of all required licensing and / or certificates?

The City of Janesville needs your cooperation in the completion of this form. It will enable the City to report accurate information to both the State and Federal governments.

# AFFIRMATIVE ACTION APPLICANT INFORMATION

**To All Applicants:**

The following information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in validation of our selection methods. The information will **not** be maintained in personnel files and it will not be made available to any person involved in decisions affecting an individual's appointment or promotion to a position. Although providing this information is voluntary, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the recruitment and selection of employees for public service.

**Position Applying For:**_____

**Department:**_____

*Instructions: Check the choice that answers each of the following questions.*

**(1)** What sex are you? ☐ Male ☐ Female

**(2)** Of the following, of what racial/ethnic group do you consider yourself?

_____ American Indian/Alaskan Native
_____ African American
_____ Asian and Pacific Islander
_____ Spanish or Mexican American
_____ White
_____ Other _____

**(3)** Do you have a disability? ☐ No ☐ Yes

**(4)** How did you learn about this job opening?

_____ City Website
_____ Janesville Argus
_____ Mankato Free Press
_____ School
_____ City Employee
_____ Walk-In
_____ Posting in City Hall
_____ Other (be specific): _____