

# Application for Employment

**City of Frazee**  
**222 Main Avenue West – PO Box 387**  
**Frazee, MN 56544**  
**218-334-4991 / 218-334-4992 FAX**

We welcome you as an applicant for employment with the City of Frazee. It is the policy and intent of the City of Frazee to provide equal opportunity in employment. This policy prohibits discrimination on the basis of race, age, religion, national origin, marital status, disability, sex, sexual preference, status with regard to public assistance, or any other basis protected by law

Please furnish complete information so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Read the Terms of Application and Employment carefully before signing the application.

## General Information

Position Applying For: \_\_\_\_\_

Job Status Desired:      \_\_\_ Full-Time      \_\_\_ Part-Time      \_\_\_ Temporary      \_\_\_ Seasonal

Date Available to Start: \_\_\_\_\_

Last Name:	First Name:	M.I.:	Social Security Number		
Street Address:	City:	County:	State:	Zip:	Home Phone #:
					( )

Are you under 18 years of age?                      Yes              No

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

Have you previously been employed by the City?    Yes              No    If yes, date \_\_\_\_\_; Position \_\_\_\_\_

If position involves driving, please indicate driver's license number:

\_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

## Education/Training

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

Names and locations of Educational Institutions	Diploma, Degree, Certificate or Credits Earned	Course of Study

List any other courses, seminars, workshops, training, or licenses you have which may provide you with skills related to the position applied for:

\_\_\_\_\_

\_\_\_\_\_





## Personal References

List three references which you have known at least one year, who can attest of your work qualities.

Name and Relationship to You	Address	Phone Number

## Terms of Application and Employment (Tennessee Warning)

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 Frazee 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. You are not legally required to supply the requested information, but an incomplete application may hinder your ability to be employed by 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.

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, and 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 Frazee. "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 disabled 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.

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

I authorize investigation of all statements contained herein and the references and employers listed in this Application for Employment as may be necessary in arriving at an employment decision. Moreover, I hereby release the City of Frazee and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person. I understand that this application is not, and is not intended, to be a contract for employment and all employment at the City is on an at-will basis and that employment may be terminated by either the City of Frazee or myself at anytime, with or without notice.

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 and understand the information given above regarding the Minnesota Data Practices Act (MN Statutes 13.01-13.90), and I understand my rights.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only

Date Received: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Interview Time: \_\_\_\_\_

# VETERAN'S PREFERENCE

The Minnesota Veteran's Preference Act grants veterans a limited preference over nonveterans in hiring and promotion of public employment.

**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 the provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points, you must:

1. Be separated under honorable conditions from any branch of the United States armed forces after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States 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; and
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

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 veteran's points without it.

**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, AND THE VETERAN'S DD214 AND FL-802 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, when you do submit the documents. **All documentation must be received no later than seven (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.**

***Please Print.***

Name: \_\_\_\_\_

If spouse, Veteran's Name: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Dates of Active Duty: \_\_\_\_\_ to \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ Date of Final Discharge \_\_\_\_\_

Are you receiving or eligible for a military pension? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a compensable service-related disability? Yes \_\_\_\_\_ No \_\_\_\_\_

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.

You must also submit a copy of your DD214 or any other military document that can substantiate the service information requested on the form. Note: This claim will be separated from your application during the recruitment process.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

