

# CITY OF NICOLLET

## Application for Employment

Return Completed Applications to:

City of Nicollet  
401 Pine Street  
PO Box 547  
Nicollet, MN 56074

The City of Nicollet welcomes you as an applicant for employment. It is the policy of the City of Nicollet to provide equal opportunity to all employees and applicants for employment. The City of Nicollet will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, or status with regard to public assistance.

PLEASE COMPLETE THIS APPLICATION FULLY. YOU MAY ATTACH A RESUME OR OTHER ADDITIONAL INFORMATION FOR CONSIDERATION IN CONJUNCTION WITH THE COMPLETED APPLICATION.

POSITION APPLYING FOR: _____
DATE: _____
Are you seeking TEMPORARY or REGULAR employment? _____
Are you seeking FULL TIME or PART TIME employment? _____
If applying for PART TIME, how many hours per week? _____
WHEN are you available for employment? _____

### PERSONAL

Name \_\_\_\_\_  
Last First MI

Present Address \_\_\_\_\_  
Number/Street City State Zip

Home Phone \_\_\_\_\_ Between the hours of \_\_\_\_\_ and \_\_\_\_\_

Cell Phone \_\_\_\_\_ Between the hours of \_\_\_\_\_ and \_\_\_\_\_

Work Phone \_\_\_\_\_ Between the hours of \_\_\_\_\_ and \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No

If you are not a U.S. Citizen, do you have the necessary work permit?  Yes  No

Give the name, level, and number of any license or certification required for this position.

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If this position requires driving, give your driver's license number, including class and endorsements.

Number \_\_\_\_\_

Class \_\_\_\_\_ Endorsements \_\_\_\_\_

Relevant to the position applied for, list any special skills you have or machines you can operate. For example: typing (speed), construction equipment, power tools.

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## EDUCATION

Type of School	Name & Address of School	Degree or Certification	Major Area of Study
Grade School	_____ _____	_____	_____
High School	_____ _____	_____	_____
Vocational/Technical	_____ _____	_____	_____
College/University	_____ _____	_____	_____
College/University	_____ _____	_____	_____
Other	_____ _____	_____	_____

(A high school diploma or higher education is not always required)

## REFERENCES

Name and Occupation	Address	Phone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____

# WORK EXPERIENCE

List your work experience (paid or volunteer), beginning with your current or most recent employer and working back. Military training may be included

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

SUMMARY OF RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

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EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

SUMMARY OF RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

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EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

SUMMARY OF RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

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EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

SUMMARY OF RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

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ARE THERE ANY EMPLOYERS YOU DO NOT WANT US TO CONTACT?  
IF SO, LIST THEM BELOW AND EXPLAIN WHY.

\_\_\_\_\_

\_\_\_\_\_

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# CLAIM FOR VETERAN'S PREFERENCE

## VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

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

1. be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty of 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.

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-802 OR DEATH CERTIFICATE.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS?     YES     NO

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

### VETERAN'S PREFERENCE POINTS APPLICATION

Veteran: <input type="checkbox"/> Self <input type="checkbox"/> Spouse	If spouse, veteran's name:
Branch of Service:	Period of Active Duty: From:                      To:
Rank at Discharge:	Type of Discharge:
Date of Final Discharge:	Service Number:
Are you receiving or eligible for a military pension? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preference Requested: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Spouse of Deceased Veteran	

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only: 5 Points 10 Points
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## TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Nicollet 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 130.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the City of Nicollet. 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 Nicollet. Furnishing social security numbers, date of birth (unless 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 assist the Nicollet Clerk'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 Nicollet 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 about regarding the Minnesota Data Practices Act.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_