

EDUCATION

Have you graduated from high school or received a GED? Yes_____ No_____

Name and location of College, University, Technical, Professional, Business or Trade School or Other School	Number of credits completed Specify semester, quarter, or credit hours	Field of Study	Degree or Certificate	Major/Minor

Do you have any other experience, skills, training or qualifications which would be of special benefit to the job for which you are applying? Include other registrations, licenses or certificates you have, with expiration date(s).

REFERENCES (do not include relatives)

Name	Occupation	Years Acquainted	Day Phone Number

EXPERIENCE

Do not mark application "see resume." You may attach a resume in addition to completing this for. You may submit additional sheets if necessary.

1. Name of Organization: _____ Employment Dates: _____
 Name of Dept./Div. _____ From: _____ To: _____
 Address: _____ Hours per Week: _____
 Phone No.: _____ Salary: \$ _____
 Your Job Title: _____ Reason for Leaving: _____
 Supervisor: _____

Major Duties or Responsibilities	% of Time Performing Duty

May we contact this employer for a reference? Yes_____ No_____

EXPERIENCE

Do not mark application "see resume." You may attach a resume in addition to completing this for. You may submit additional sheets if necessary.

2. Name of Organization: _____ Employment Dates: _____
 Name of Dept./Div. _____ From: _____ To: _____
 Address: _____ Hours per Week: _____
 Phone No.: _____ Salary: \$ _____
 Your Job Title: _____ Reason for Leaving: _____
 Supervisor: _____

Major Duties or Responsibilities	% of Time Performing Duty

May we contact this employer for a reference? Yes _____ No _____

EXPERIENCE

Do not mark application "see resume." You may attach a resume in addition to completing this for. You may submit additional sheets if necessary.

3. Name of Organization: _____ Employment Dates: _____
 Name of Dept./Div. _____ From: _____ To: _____
 Address: _____ Hours per Week: _____
 Phone No.: _____ Salary: \$ _____
 Your Job Title: _____ Reason for Leaving: _____
 Supervisor: _____

Major Duties or Responsibilities	% of Time Performing Duty

May we contact this employer for a reference? Yes _____ No _____

YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes on data privacy require that you be informed that the following information you are asked to provide in the employment application process is considered private data: Name, Home Address, Home Phone Number, Social Security Number, Racial/Ethnic Data, and Residency application.

This means it is available only to you and city officials who have a bona fide need for it. This data will be used to identify you within the hiring process. Furnishing racial/ethnic data and social security number is voluntary. Refusal to supply other requested information may mean your application will not be considered.

Your name will become public data if you are selected to be interviewed by the City. All other information you supply on this application with the exception of that which is private data as indicated above will become public if you are hired by the City of Dayton.

BEFORE SIGNING THIS APPLICATION READ THE FOLLOWING WAIVER CAREFULLY:

1. I have read and understood the job announcement for the position for which I am applying.
2. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal if I am hired.
3. I authorize the City of Dayton to verify this information to determine whether or not I am qualified for the position for which I am applying.
4. I, hereby, authorize all current and previous employers to release job related information upon the written request of the City of Dayton. However, I understand that if, in the Work Experience section, I have answered "No" to the question, "May we contact this employer for reference?" we will not contact them.
5. I understand that criminal history checks may be conducted and that conviction of a crime related to this position may result in my being rejected for this job opening.
6. I understand that it is my responsibility to notify the City of Dayton in writing of any changes to the information reported on this application.

Signature

Date

Name (please print)

****This page is required****



City of Dayton
 12260 S. Diamond Lake Rd
 Dayton, MN 55327

Office: (763) 427-4589
 Fax: (763) 427-3708

Application for Veterans Preference Points

Eligibility:

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their application results. Points are awarded subject to the provisions of Minnesota Statute 43A.11. 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, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran 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:

If you are not applying for Veterans Preference, please fill out the position you are applying for, check N/A box, sign and date. 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 forms 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.

Name of The Position You Are Applying For: _____

Veteran: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> N/A		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:		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"/> Spouse of Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled Veteran			

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.

Supporting documentation: _____ is attached _____ will be submitted within 7 days of application deadline.

Applicant's Signature: _____ **Date:** _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The purpose of collecting the data requested below is to comply with State and Federal Equal Opportunity Employment reporting and other legal requirements. Periodic reports are made to the government using the following information. The following information is voluntary and confidential. The City of Dayton appreciates your cooperation in our efforts. **If you do not wish to disclose this information, please fill out the position applying for, date, and check that option.**

Position Applying For: _____

Date: _____

I Do Not Wish to Disclose This Information

Age Group: 16-25 26-39 Over 40

Gender: Female Male

Please Indicate Which Best Describes Your Race/Ethnicity Below.

African American (Black)

American Indian or Alaskan Native

Asian or Pacific Islander

Caucasian (White)

Hispanic

Other (Please indicate: _____)

How Were You Made Aware of This Employment Opportunity?

Newspaper (Please specify) _____

Employment agency (List Name) _____

Employee referral

Posting in City Hall or job line

Internet

Other (Please specify) _____

Disability Status, Defined As:

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

Based on the above information, do you claim Disability status? Yes No

This form is removed from the application when received in our office. It will be filed separately from your application and will not be used in our recruitment evaluation process.

City of Dayton
12260 S. Diamond Lake Rd
Dayton, MN 55327
Phone (763) 427-4589