

# Application for Employment

**City of Glyndon**  
**36 3<sup>rd</sup> St. SE – PO Box 223**  
**Glyndon, MN 56547**  
**218-498-2578 / 218-498-2579 FAX**

Please Print in **BLUE** Ink.

1. Title of Specific Position For Which You Are Applying:		2. Today' Date		3. Date Available For Work	
4. Last Name		First Name		Middle Name	
				5. Email Address	
6. Home Phone:			7. Cell Phone:		
8. Street Address:			9. Mail Address:		
10. City, State and Zip Code:					
12. Do you have any relatives, other than a spouse, working for the City of Glyndon? Yes No (circle one)			If yes, relationship to you _____ By which department are they employed _____		
13. Employment Condition Desired (circle those that apply)  Full-Time Part-Time Seasonal/Temporary			14. Has the City of Glyndon previously employed you? Yes No (circle one) If yes, list date(s) and/or position held:		
15. Please list your driver's license number, the state issued in, and the class.  Number: State: Class:					
16. Education: Did you graduate from high school or receive a GED? Yes No (circle one) How many years of schooling have you completed (circle one) 7 8 9 10 11 12 13 14 15 16 17 18 19 20					
TYPE OF SCHOOL	NAME AND LOCATION	# YEARS COMPLETED	MAJOR AREA OF STUDY	DEGREE/DIPLOMA RECEIVED	
High School					
Trade/Business/Vocational					
Undergraduate Study					
Graduate Study					
Apprenticeship(s)					
17. Please list any first aid and/or CPR training and certifications you currently hold, including the date first issued  _____					

18. Please list relevant professional memberships, registrations or licenses. Include date first issued.

\_\_\_\_\_

19. List office machines you can efficiently operate. (Fiscal, Administrative or Clerical positions only)

\_\_\_\_\_

20. List software programs you are proficient in and indicate your number of years of experience with each. (Fiscal, Administrative or Clerical positions only)

\_\_\_\_\_

21. Work Experience. (*Experience and ratings are determined by this information: please complete.*) List complete employment history, beginning with most recent first. **DO NOT USE "SEE RESUME"**. Attach additional sheets if needed.

Company \_\_\_\_\_

Name of last Supervisor \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Start Date \_\_\_\_\_

Last Job Title \_\_\_\_\_ End Date \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer? Yes No (circle one)

Describe your work in this job:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company \_\_\_\_\_

Name of last Supervisor \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Start Date \_\_\_\_\_

Last Job Title \_\_\_\_\_ End Date \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer? Yes No (circle one)

Describe your work in this job:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continue on next page with work experience.

Company \_\_\_\_\_  
 Name of last Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Start Date \_\_\_\_\_  
 Last Job Title \_\_\_\_\_ End Date \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 May we contact this employer? Yes No (circle one)

Describe your work in this job:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

22. Military Service:

Date of Duty \_\_\_\_\_ Branch of Service \_\_\_\_\_  
 Current Draft or Reserve Status \_\_\_\_\_ Ending Rank \_\_\_\_\_

23. Veteran's Preference:

Veterans Preference Statutes provide a five-point preference (ten points if a disabled veteran with a disabled rated at 50% or more) to those individuals who attained a passing score and who have received an Honorable Discharge or separation after serving more than 180 consecutive days in the military services for purpose other than training. If this applies to your particular situation and you wish to exercise your Veterans Preference at this time, please indicate so below. Any Veteran, who is receiving or is eligible to receive, a monthly veteran's pension benefit based on length of service may not claim Veteran's Preference.

Do you wish to claim veteran's preference at this time: Yes No (circle one)

If appointed, you will be required to supply the City with a copy of your Form DD-214

Date of Entry for Active Duty \_\_\_\_\_ Place Entry (City/State) \_\_\_\_\_

(Do NOT include short training periods of active duty with reserve unit. You must have served with a unit that was on active duty, not on reserve status.)

Branch of Service \_\_\_\_\_ Date of Separation or Discharge from Active Duty \_\_\_\_\_

Type of Separation or Discharge (Honorable, General, etc.) \_\_\_\_\_

Service-Connected Disability (Type/Percent) \_\_\_\_\_

24. Reference: List three references that you have known for at least one year, who can attest to your work qualities.

Name	Relationship to You	Address	Telephone Number

25. Authorization to Collect, Use and Release Information:

As an applicant for a position with the City of Glyndon, I hereby expressly authorize the collection, use and release of any and all information concerning me, including information of a confidential or privileged nature, which relates to my employment. I hereby release the City of Glyndon, with which I am seeking employment, from any liability, which may result from releasing information requested. I also expressly authorize the release by my present and past employers. (PLEASE LIST THOSE WE MAY CONTACT) (cont. on next page)

including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless the above stated prior employer(s) from any liability whatsoever arising out of its release. I understand that this Authorization may be revoked in writing by me at any time, and in no event will be valid for more than one year from its stated date.

\_\_\_\_\_  
(Applicant's Full Printed name)

\_\_\_\_\_  
(Applicant's Signature)

**Auxiliary Aids and Assistance**

If, due to a disability, you need assistance in completing an application or if you anticipate that you will need auxiliary aids or service in selection process, please notify the City Clerk.

**26. Signature:**

To the best of my knowledge, the information included in the application is accurate and true. I understand that misrepresentation or omission of facts in connection with my application may be sufficient cause for dismissal whenever discovered.

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

**27. Tennessee Warning Notice:**

Information requested on your application is defined by State Statute as public and may be released on request and include job history, education, training, and work availability. Your name is private except when you are certified as eligible for appointment to a vacancy. Certain other information requested on your application is private and only to you or to governmental entities authorized access by law (MS15.165, Subd 2.) Private data contained above:

- NAME/SOCIAL SECURITY NUMBER (SSN): Used to identify you in relation to other applicants. You are legally required to provide your name but not your SSN. Failure to provide this information may result in a delay in processing or rejection of your application.
- LOCAL/PERMANENT ADDRESS/HOME TELEPHONE: Used to contact you regarding your application's status. You are not legally required to provide this information. Failure to provide this information may result in a delay in processing or notifying you of your application's status.
- LICENSE INFORMATION: Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in your rejection as an applicant for these positions.
- CITIZENSHIP STATUS: Used to certify applicants for work in the United States as determined by laws of the United States Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application.

**JOB APPLICANT DATA AUTHORIZATION / RELEASE FORM**

I, \_\_\_\_\_, am an applicant for a position with the City of Glyndon.

I hereby authorize the Glyndon Police Department and/or their designee to procure all information, oral and written that may be required in connection with my employment application. I fully understand that the information required may include, but not be limited to, data reflected on or related to my education, employment, military, financial, arrest/conviction records, and any video and audio recordings concerning me. I further authorize the City and/or their designee to conduct a background investigation into my personal history.

I fully understand that the above-referenced background investigation may entail solicitation of information from, and may include contact with the Social Security Administration, all former and current employers, academic institutions, military agencies, financial institutions, law enforcement agencies, friends, relatives, and former and current neighbors.

I hereby consent to the release of any and all data, oral or written, regarding me that may be required by the City of Glyndon and/or their designee and hereby expressly release any party providing said data from any and all liability. I further waive my right to have certain data protected from disclosure under any and all Federal or State statutory provisions to the extent I am authorized to do so.

I hereby authorize and grant my informed consent to permit you to make photocopies for the City of Glyndon and/or their designee of data that concerns me and is in your possession.

In giving my consent, I understand that the data gathered shall be used for the limited purpose of evaluating my application with the City of Glyndon. Upon collection, the data shall be subject to classification under the Minnesota Data Practices Act, and if classified as public, may be subject to release by the City of Glyndon without my consent.

The City of Glyndon requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

The original or copy of this authorization reflecting my signature is valid for a period of one year from the date below. I reserve the right to cancel this authorization prior to expiration by providing written notice to the City of Glyndon, where I have applied.

\_\_\_\_\_  
Applicant's Printed Full Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Dated

## Data Practice Notice to All Applicants

The Minnesota Government Data Practice Act requires that you be informed of the purposes of and intended uses of the information you provide to the City of Glyndon during the application process or during employment. Any information about yourself that you provide to the City of Glyndon during the application process will be used to identify you as an applicant and to assess your qualifications for employment with the City. If you wish to be considered for employment, you are required to provide the information requested in the Application for Employment. If you refuse to supply information requested by the City, it may mean your application will not be considered.

You are hereby advised that, under Minnesota law, the following information given by an applicant is considered to be Public:

- Veteran status
- Rank on our eligible list
- Education and training
- Job history
- 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 Glyndon. "Finalist" means an individual who is selected to be interviewed by the appointing authority, prior to selection.

Race and sex data are used in summary form to comply with statutes and regulations regarding equal opportunity employment. Furnishing race and ethnic data about yourself, as well as your gender and social security number is voluntary.

I certify that I have read the "Notice to Applicant" regarding the Minnesota Government Data Practices Act (MN Statute Chapter 13) and understand my rights as a subject of data.

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Signature (Do not print)

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Date

# Equal Employment Opportunity Information

All applicants for a position with the City of Glyndon are requested to complete this form. Completion is **VOLUNTARY** and **CONFIDENTIAL**. This form will remain separate from your employment application and will not be used in any way during the interviewing or hiring process. It will be used by the Human Resources Department to compile summary data for the purpose of completing necessary government reports related to equal opportunity employment and for the City's use in monitoring its recruitment process. This form should be returned under separate cover.

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 blank:

Gender:

- Male  
 Female  
 Transgender  
 Non-binary/non-conforming  
 Prefer not to respond

With which racial/ethnic group do you identify?

- Asian  
 Native Hawaiian or Other Pacific Islander  
 Black or African American  
 Hispanic or Latino  
 American Indian or Alaska Native  
 White  
 Two or More Races – All persons who identify with more than one of the above  
 Other (Please indicate: \_\_\_\_\_)

A person can show that he or she has a disability in one of three ways:

- A person may be disabled if they have a physical or mental condition that substantially limits a major life activity (such as walking, talking, seeing, hearing, or learning).
- A person may be disabled if they have a history of a disability (such as cancer that is in remission).
- A person may be disabled if they are believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if they do not have such an impairment).

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