



City of Chaska
 ONE CITY HALL PLAZA
 CHASKA, MINNESOTA 55318-1962

Date Received _____

EMPLOYMENT APPLICATION

The City welcomes you as an applicant for employment. It is our policy to provide equality of opportunity in employment. This policy prohibits discrimination on the basis of race, color, creed, religion, national origin, political affiliation, disability, public assistance, marital status, gender, sexual orientation, age (18 and over) or criminal convictions which are not related to the positions you are applying for in all aspects of our personnel policies, programs, practices and operations. This policy applies to regular, temporary, seasonal, and internship employment. Failure to provide the data required for this application may result in rejection of your application. If you have a job-related disability and require a reasonable accommodation to compete in the application process, please contact Human Resources at 1 City Hall Plaza, telephone number (952) 448-9200.

Personal Information

Name	Last	First	Middle	Social Security Number
Present Address	Street	City	State	Zip Code
Permanent Address (if different from above)	Street	City	State	Zip Code
Date of Application	Home Phone Number	Business Phone Number		
Are you at least 18 years old? Yes No	If not, give date of birth: (mm/dd/yy)		May we contact you at work?	Yes No

Work Preference

Position for which you are applying				
Work status desired	Full Time	Regular	Seasonal	
(choose one)	Part Time	(choose one)	Temporary	Internship
Date Available	Salary Expected			

EDUCATION AND TRAINING

Last grade completed (Please Check)	High School	College	Graduate School
	9 10 11 12 13	14 15 16	1 2 MA PHD JD
Last High School	Name	Address	
			Did you graduate?
			Yes No

SCHOOLS

Type	Name/Location	Credits Completed		Degree or Certificat	Major/Minor
		Quarter	Semester		
College/ University					
College/ University					
Graduate					
Vocational					
Other					

Summarize additional related coursework and training completed

MEMBERSHIP IN CIVIC, PROFESSIONAL, SOCIAL, OR OTHER ORGANIZATIONS

Include offices held. Exclude organizations indicating race, creed, color, religion, gender, sexual orientation, national origin, marital status, political affiliation, age or disability in their name or charter.

Current	Date
_____	_____
_____	_____
_____	_____
_____	_____

SPECIAL SKILLS

Can you operate a computer?	Yes	Please list software:
	No	
List other office equipment you can operate:		
Do you have experience in a skilled trade? If so, please describe the extent/nature.		
List any relevant equipment you are trained or licensed to operate:		
Do you hold Trade/Professional licenses? If so please list and provide a photocopy:		

EMPLOYMENT HISTORY

List most recent employer first (attach additional sheets as necessary)

Current Employer		Address			
Supervisor Name		Position		Telephone Number	
Position	Dates Employed <i>(Month/Year)</i>	From	To	Hours Worked/Week	Last Salary
Number and type of positions you supervised:					
Principal Responsibilities - Be Complete					
Reason for Leaving May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No					
Employer		Address			
Supervisor Name		Position		Telephone Number	
Position	Dates Employed <i>(Month/Year)</i>	From	To	Hours Worked/Week	Last Salary
Number and type of positions you supervised:					
Principal Responsibilities - Be Complete					
Reason for Leaving May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No					
Employer		Address			
Supervisor Name		Position		Telephone Number	
Position	Dates Employed <i>(Month/Year)</i>	From	To	Hours Worked/Week	Last Salary
Number and type of positions you supervised:					
Principal Responsibilities - Be Complete					
Reason for Leaving May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No					
Employer		Address			
Supervisor Name		Position		Telephone Number	
Position	Dates Employed <i>(Month/Year)</i>	From	To	Hours Worked/Week	Last Salary
Number and type of positions you supervised:					
Principal Responsibilities - Be Complete					
Reason for Leaving May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No					
Employer		Address			
Supervisor Name		Position		Telephone Number	
Position	Dates Employed <i>(Month/Year)</i>	From	To	Hours Worked/Week	Last Salary
Number and type of positions you supervised:					
Principal Responsibilities - Be Complete					
Reason for Leaving May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No					
Volunteer Work Experience					
List any relevant additional volunteer experience:				Dates	From To

GENERAL INFORMATION

Briefly state why you are interested and why you feel you are qualified for this position.

Have you worked for the City of Chaska before? Yes No

Do you have the legal right
to work in the U.S.?

Date and Position

Yes No

Do you have relatives, other than a spouse in our employ? No If Yes, please list:

REFERENCES

Provide the following data for three people (not relatives) whom we may contact regarding your work habits and qualifications.

Name	Address	Phone Number

Important Facts Concerning Information Provided on Your Application

Minnesota Law affects you as an applicant for employment with the "City". The following data is public information and is accessible to anyone: Veteran's Status, relevant test scores, rank on eligibility, job history, education and training, and work availability. All other identifiable information is considered private, including, but not limited to your name, home address and phone number. If you are selected as a finalist, your name will become public information. You are a finalist if you are selected to be interviewed by the City. The information requested on the application is necessary, either to identify you or to assist in determining your suitability for the position. You may legally refuse, but refusal to supply the requested information will mean that your application may not be considered. If you are selected for employment with the City, the following additional information becomes public: your name; actual gross salary and range; contract fees; actual gross pension; the value and nature of your benefits; the basis and amount of any added remuneration, such as expenses or mileage reimbursement; your job title; job description; the dates of your first and last employment with the City; the status of any complaints or charges against you while at work; the final outcome of any disciplinary action taken against you, specific reason for it, and all supporting documentation about your case; terms of any agreement settling administrative or judicial proceedings; your work location and work phone number; your badge number; honors/awards received; payroll time sheets; and your city and county of residence. Anything not listed above which is placed in your application folder or your personnel files is private information by law. For further information, refer to MN Statute Ch. 13.

Read Carefully and Sign

In connection with this application for employment, I hereby authorize the entities and persons listed above to release to the City and any agent acting on its behalf data classified as private. The data which I authorize to be released consists of private data, as defined by Minnesota Statute Ch. 13.02 subd. 12, and has been or will be collected by the City and/or its agents and/or representatives. The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which is in any way related to my employment. I fully understand that the purpose of permitting the City to have access to this information is to determine my suitability for employment. This authorization shall be valid for one (1) year, but I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the Administrative Assistant. I acknowledge that I may obtain a photocopy of this authorization by providing written notice to the Administrative Assistant. I also acknowledge that a photocopy of this authorization may be used instead of the original and that photocopy shall be considered as valid as the original. I understand that any false information on or omission of information from this application, or failure to present the required proofs, upon discovery will be cause for rejection or dismissal if employed. I understand the City has the right to verify all information provided in this application and I release the City and any agent acting on its behalf from any and all liability whatsoever that may result from such verification. Finally, by typing my initials on the signature line below, I declare that all information provided by me in this application is true and complete to the best of my knowledge and that I have read and understand the provisions on this page and agree to be bound by them.

Applicant's Signature

Date

VETERAN'S PREFERENCE

Complete this form **ONLY** if you are claiming Veterans' Preference

The City of Chaska awards a ten (10) point preference to those individuals who have received an honorable discharge or separation after serving more than 181 consecutive days in active military service other than training. A fifteen (15) point preference is given to disabled veterans. Veteran's preference may not be claimed by any veteran who is receiving, or is eligible to receive veteran's pension benefit based exclusively on length of military service.

Name: _____ City: _____ State: _____ Zip: _____

Position Applied For: _____

Do you wish to claim a Veteran's Preference?

Yes No

If so, please check the preference you are claiming:

- I am a Veteran
- I am a disabled Veteran
- I am the spouse of a disabled Veteran
- I am the spouse of a deceased Veteran

You must submit a photocopy of your DD214 or other military documents that lists the character of your discharge. Claims not accompanied by proper documentation will not be processed.

Signature

Date

APPLICANT DATA RECORD

(completion is voluntary)

As an employer with an Affirmative Action Program, we comply with government regulations, including affirmative action responsibilities where they apply. The information requested will be used to meet government reporting requirements. This data is kept in a confidential file separate from your employment file and is not given to staff members making hiring decisions. Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

Name: _____ City: _____ State: _____ Zip: _____

Position Applied For: _____

Department: _____

Years of Experience in Identical or Similar Position: _____

Years of Experience in Related Position: _____

How Did You Learn About This Position?

St. Paul Pioneer Press
 Minneapolis Star Tribune
 Community Newspaper

Educational Institution
 State Job Service
 Called or Visited

Friend/Relative
 Posted Announcement
 Other

Optional Section

Age Group: Under 40 40-55 Over 55

Date of Birth: _____

Sex: Male Female

Race/Ethnic Group: White Hispanic African-American Asian/Pacific Islander American Indian / Alaskan Native

Disabled Status: Yes No