

RETURN TO:	CITY OF ARLINGTON 204 SHAMROCK DRIVE ARLINGTON, MN 55307	DATE RECEIVED:
ATTN:	CITY ADMINISTRATOR	TIME:

Dear Applicant:

We welcome you as an applicant for employment. Your application will be considered with others. It is our policy to provide equality of opportunity in employment. This policy prohibits discrimination on the basis of race, color, religion, national origin, political affiliation, disability, marital status, sex, age or criminal convictions which are not related to this position you are applying for in all aspects of our Personnel Policies, programs, practices and operations. This policy applies to full, part-time, temporary and seasonal employment.

MN Statutes 13.01 – 13.87 (1983) on data privacy require that you be informed that the following information which you are asked to provide is considered public and may be released on request: job history, education and training, and work availability. Your name will become public data when you are certified as eligible for appointment to a vacancy. All other data is considered private and is available only to you and city officials who have a bona fide need for it. Data may be released for the purpose of judicial or administrative rules pertaining to the conduct of legal actions or with a specific statute. You are not legally obligated to provide private data. However, failure to do so may result in rejection of your application.

PLEASE print in INK or use TYPEWRITER.

Title or Kind of work applying for: _____ Permanent _____ Part-time _____ Temporary _____ Seasonal

_____ Date Available: _____

(Job Title)

Name (Last)	(First)	(Middle)	Cell Phone Number
Address		Home Phone Number	Work Phone Number
City		State	Zip Code

Are you under age 18? Yes No

If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal in accordance with the Immigration Reform and Control Act of 1986.

EDUCATION/TRAINING

How many years of school have you had? 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Types of Schools	Name and Address of School	Degree or Certificate	Major
High School			
College or University			
College or University			
Graduate School			
Technical			
Technical			

List any correspondence courses, special courses, seminars, workshops, and training programs you attended that might relate to this position. Please review the job description before answering this question.

If relevant, list other current registrations, licenses or certifications you have. Include date first issued and expiration of current issuance:

If relevant, please indicate

_____ Driver's License Number _____ State _____ Class

Typing Ability: ____ Yes ____ No _____ WPM Shorthand Ability: ____ Yes ____ No _____ WPM

Can you operate: Dictating Equipment ____ Yes ____ No Speedwriting: ____ Yes ____ No _____ WPM

Personal Computer/Word Processor ____ Yes ____ No Type _____

Other office equipment you can operate: _____

TO BE COMPLETED BY APPLICANTS FOR LABOR & SKILLED TRADE POSITIONS ONLY

Apprenticeship(s) served or trades learned : _____

Capable of operating the following equipment: _____

EMPLOYMENT HISTORY – Please list past employers beginning with your most recent employment. If necessary, list other employers on back of application.

Present or last employer		Address		City	State
Your supervisor's name				Phone #	May we contact Yes No
Dates Employed (mo/yr) From To	Total # yrs/mos. employed	Hours worked per week	Job Title		
Reason for leaving					Last Salary
Specific Duties					
Second last employer		Address		City	State
Your supervisor's name				Phone #	May we contact Yes No
Dates Employed (mo/yr) From To	Total # yrs/mos. employed	Hours worked per week	Job Title		
Reason for leaving					Last Salary
Specific Duties					

Employment History, Continued

Third last employer		Address	City	State
Your supervisor's name			Phone #	May we contact Yes No
Dates Employed (mo/yr) From To	Total # yrs/mos. employed	Hours worked per week	Job Title	
Reason for leaving				Last Salary
Specific Duties				
Fourth last employer		Address	City	State
Your supervisor's name			Phone #	May we contact Yes No
Dates Employed (mo/yr) From To	Total # yrs/mos. employed	Hours worked per week	Job Title	
Reason for leaving				Last Salary
Specific Duties				
Fifth last employer		Address	City	State
Your supervisor's name			Phone #	May we contact Yes No
Dates Employed (mo/yr) From To	Total # yrs/mos. employed	Hours worked per week	Job Title	
Reason for leaving				Last Salary
Specific Duties				

UNSALARIED EXPERIENCE

Volunteer Organization	Street	City	State
Position Held	Duties Performed:		
Immediate Supervisor	Phone No.		
Dates of Participation	Hours Per Week	Skills Learned:	
Volunteer Organization	Street	City	State
Position Held	Duties Performed:		
Immediate Supervisor	Phone No.		
Dates of Participation	Hours Per Week	Skills Learned:	

List additional information on back of application. _____

City of Arlington

APPLICANT TRACKING RECORD

Please Read Before Completing This Form

The information requested below is voluntary and will be used to assist the City of Arlington in monitoring Equal Employment Opportunity and Affirmative Action programs as required by law. Refusal to complete this questionnaire will not affect your opportunities for employment. The information on this questionnaire is confidential and is kept in a file separate from your employment application.

NAME: _____

POSITION APPLIED FOR: _____

SEX: FEMALE MALE

RACE/ETHNIC GROUP: (check one)

WHITE

BLACK

ASIAN OR PACIFIC ISLANDER

AMERICAN INDIAN OR ALASKAN NATIVE

HISPANIC

DISABLED/HANDICAPPED: Disabled/handicapped means any person who has a physical or mental impairment that materially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

I consider myself to be disabled/handicapped:

Yes No

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 veterans 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 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.

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.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS YES NO

If you answered "yes," your DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

VETERAN'S PREFERENCE POINTS APPLICATION

Veteran _____ Self _____ 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 No.: _____				
Are you receiving or eligible for a military pension? _____ Yes _____ No		Do you have a compensable service-related disability? _____ Yes _____ No					
Preference Requested: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">_____ Veteran</td> <td style="text-align: center;">_____ Disabled Veteran</td> </tr> <tr> <td style="text-align: center;">_____ Spouse of Disabled Veteran</td> <td style="text-align: center;">_____ Spouse of Deceased Veteran</td> </tr> </table>				_____ Veteran	_____ Disabled Veteran	_____ Spouse of Disabled Veteran	_____ Spouse of Deceased Veteran
_____ Veteran	_____ Disabled Veteran						
_____ Spouse of Disabled Veteran	_____ Spouse of Deceased 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 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

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

FOR OFFICE USE ONLY

5 points _____
 10 points _____

