

Founded
1868

Incorporated
1876



234 2nd Street North
P.O. Box 108
Delano, MN 55328

Dear Applicant:

We welcome you as an applicant for employment. It is our policy to provide equality of opportunity in employment. We do not discriminate against any protected class as governed by State and Federal Law. This policy applies to full, part-time, temporary and seasonal employment. Please read the "Notice to Applicants" on the back. Failure to provide the data required for this application may result in rejection of your application.

PLEASE print in INK or use TYPEWRITER.

Position you are applying for: _____ Date of Application: _____

Department: _____ Date Available: _____

Kind of work applied for: Full-time: _____ Part-time: _____ Temporary: _____ Seasonal: _____

NAME (Last)	(First)	(Middle)	Social Security No. (Optional)		
STREET ADDRESS	CITY	STATE	ZIP	PHONE NO. DAY & EVENING	

Are you under 18? Yes ___ No ___ If yes, state date of birth _____

Are you willing to work overtime if required? Yes ___ No ___

Are you a United States Citizen OR, if not, do you have permission to work in this country? Yes ___ No ___

Did you graduate from high school or receive a GED? Yes ___ No ___
School Name and Address

Type of School	Name and Address of School	From	To	Diploma, Degree, Certificate or Credits Earned	Major
College or University					
College or University					
Graduate School					
Technical/Vocational					
Technical/Vocational					

List Drivers License Number				State
Class A	Class B	Class C	CDL	Expiration Date
List any Endorsements				

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

Registrations, Licenses, Certificates	Date of issue	Date of Expiration

EMPLOYMENT HISTORY – Please list past employers beginning with your most recent employment. (Fill in all boxes.)

Present or Last Employer		Address		City	State
Supervisor's Name and Title			Phone No.	May we contact: YES NO Reason:	
Dates Employed (MO/YR) FROM TO		FULL TIME PART TIME	# Hours/Week	Last Salary	
Job Title			Reason for Leaving		
Specific Duties:					

Present or Last Employer		Address		City	State
Supervisor's Name and Title			Phone No.	May we contact: YES NO Reason:	
Dates Employed (MO/YR) FROM TO		FULL TIME PART TIME	# Hours/Week	Last Salary	
Job Title			Reason for Leaving		
Specific Duties:					

Present or Last Employer		Address		City	State
Supervisor's Name and Title			Phone No.	May we contact: YES NO Reason:	
Dates Employed (MO/YR) FROM TO		FULL TIME PART TIME	# Hours/Week	Last Salary	
Job Title			Reason for Leaving		
Specific Duties:					

Present or Last Employer		Address		City	State
Supervisor's Name and Title			Phone No.	May we contact: YES NO Reason:	
Dates Employed (MO/YR) FROM TO		FULL TIME PART TIME	# Hours/Week	Last Salary	
Job Title			Reason for Leaving		
Specific Duties:					

MILITARY – Complete this section only if you served in the U.S. Armed Forces

Describe your duties and any special training	Branch of Services	
	Period of Active Duty From	To
	Rank of Discharge	
	Type of Discharge	Date of Final Discharge

UNSALARIED EXPERIENCE

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

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

List any relatives currently employed by the City of Delano and their relationship:

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

PERSONAL REFERENCES (Not Relatives or Former Employers)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

CONVICTION INFORMATION

No person shall be disqualified from public employment solely or in part, because of prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly related to the position of employment sought. In determining the effect of conviction the City shall consider the requirements of Minnesota Statutes, Chapter 364. Applicants who are finalists for certain positions will be subject to a criminal background investigation.

Have you ever been convicted as an adult for a criminal violation?	YES	NO
If yes, date and place	Nature of offense	Disposition
If yes, date and place	Nature of offense	Disposition

I certify that I have read the attached "Notice to Applicant" regarding the Minnesota Data Practices Act (MN Statutes 1301 – 1390), and understanding my rights as a subject of data. I hereby certify that all answers to the above questions are true and I agree and understand any false statements contained in this application may cause rejection of this application or termination of employment. I authorize that a transcript may be requested where necessary to verify any education record. I authorize all current (unless noted otherwise) and previous employers to release any information in their files pertaining to my employment history.

I understand that if offered a position, I must submit to and pass a drug screen and depending on position, may be required to submit to and pass a physical examination by a City designated doctor. I also agree that in the event I am employed by the City, I will submit to further physical examinations when requested by the City.

I hereby understand and acknowledge that, unless defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicants Signature

Date

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VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

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:

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 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-B02 or an equivalent letter from a Service Retirement Board. Spouse applying for preference points must supply their marriage certificate, the Veteran's DD214 and FL-B02 or death certificate.

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

If "Yes" your DD214 or other documentation must be received no later than five (5) calendar days after the application deadline.

Veteran's Preference Points Application

Veteran Self Spouse		If Spouse, veterans 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: Veteran _____ Spouse of Disabled Veteran _____ 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 five (5) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely matter.

Supporting documentation: Is attached _____ Will be submitted w/in 5 days of application deadline _____

Applicants Signature: _____

Position applied for: _____

Return this form with application.

NOTICE TO APPLICANT

The Minnesota Government Practices Act (Minnesota Statutes 13.01 – 13.90) has two sections that affect applicants seeking employment with the City of Delano.

First, under “Rights of Subjects of Data,” (MN 13.04) when an applicant is asked to provide personal data, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequence arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal Law to receive the data you provide.

Second, under “Personal Data” (MN Statute 13.43) the following data as an applicant for employment by a public agency is automatically public:

- Your veteran’s status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligible list; and
- Work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment.

If you are hired, the following additional data about you will be public:

- Your name;
- Your City and County of residence;
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- Your job title and job description;
- The dates of your first and last employment with us;
- The status of any complaints or charges against you while you work for the City of Delano, whether or not they resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- Your work location and work telephone number;
- Your education and training background;
- Honors and awards you have received;
- Payroll time sheets or other comparable data that are only used to account for your work time for payroll purposes; except to the extent that release of time sheet data would reveal employee’s reasons for the use of sick or other medical leave or other non-public data and;
- Your previous work experience.

All data concerning you which is placed in your personnel file and which is not listed above is private data. This private data will be available to you and to those members of City Staff needing it to process City records. In addition, the following persons or organizations are authorized by State and Federal Law to receive this data if they so request.

- The Bureau of Census;
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor Organizations and the Bureau of Mediation Services;
- Data may also be made available through court order;

With the exception of the optional data request, the data you provide is needed to identify you and to assist in determining your suitability for the position for which you are applying. The optional data is used in summary form by the City’s Affirmative Action Program to monitor protected class employment and meet Federal, State and Local reporting requirements. Furnishing the optional data requested about yourself is voluntary.

NOTICE REGARDING SOCIAL SECURITY NUMBER: This information will be used for payroll taxes, insurance purposes, and kept in the employee’s data record.

NOTICE TO MINORS: Minors from whom private or confidential data is collected have the right to request the parental access to the private data be denied.