

# CITY OF CHISHOLM

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

POSITION APPLIED FOR:

DATE OF APPLICATION:

ARE YOU INTERESTED IN: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

DATE AVAILABLE FOR WORK: \_\_\_\_\_

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS:

Street

City

State

Zip Code

TELEPHONE NUMBER (s) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

Do You Have A Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

Issuing State: \_\_\_\_\_ Driver's License # \_\_\_\_\_

ARE YOU OF LEGAL AGE TO WORK? \_\_\_\_\_ BIRTH DATE (optional) \_\_\_\_\_

ARE YOU A U.S. CITIZEN OR LEGALLY ABLE TO WORK IN THE UNITED STATES? \_\_\_\_\_

WERE YOU PREVIOUSLY EMPLOYED BY US? \_\_\_\_\_ APPROX. DATE \_\_\_\_\_

.....  
CLAIM FOR VETERANS PREFERENCE? Yes \_\_\_\_\_ No \_\_\_\_\_

(If claiming Veterans Preference, please fill out "Veterans Preference Form" attached.)

# EDUCATION

(INCLUDE DATES OF ATTENDANCE FOR ALL)

HIGH SCHOOL NAME AND LOCATION \_\_\_\_\_

\_\_\_\_\_

Highest Grade Completed 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_

Did You Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

.....

COLLEGE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Highest Year Completed 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Did You Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

MAJOR/MINOR COURSES OF STUDY \_\_\_\_\_

\_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

.....

OTHER EDUCATION \_\_\_\_\_

COUSE OF STUDY \_\_\_\_\_

Did You Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

**Include only those positions, which have held in the last 5 years.**

**Start with your present or last job.**

**Include any job-related military service assignments and volunteer activities.**

**You may exclude information that indicates race, color, religion, gender, national origin, handicap, or other protected status.**

		Work Performed
Employer	Length of Employment	
Address		
Telephone Number (s)		
Job Title	Supervisor	
Reason for Leaving		

		Work Performed
Employer	Length of Employment	
Address		
Telephone Number (s)		
Job Title	Supervisor	
Reason for Leaving		

		Work Performed
Employer	Length of Employment	
Address		
Telephone Number (s)		
Job Title	Supervisor	
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

# REFERENCES

NAME:	ADDRESS:	PHONE #

Do you have any special skills or qualifications relating to this position?

---



---



---

List any job related licenses or certificates that you may have.

---



---



---

Why do you want to work for the City of Chisholm?

---



---



---



---

## SIGNATURE STATEMENT

Please read the following statement. If it is accurate, please sign this application form.

Applications that are not signed will not be considered as properly completed.

I certify that all of the information given on this job application form is true, complete, and correct to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. By signing this form, I am acknowledging that any false or misleading information supplied by me, shall be grounds for not hiring me. I am also acknowledging that any false or misleading information supplied by me, shall be grounds for automatic discharge from employment should this fact be discovered after I have been hired.

Dated: \_\_\_\_\_

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

# Claim for Veteran's Preference

Complete this form ONLY if you are a veteran AND claiming veteran's preference!  
If you do not meet the eligibility requirements outlined below, do not complete this section.

## MN Statue, Section 197.447 VETERAN DEFINED

A citizen of the United States or a resident alien who has been separated under honorable conditions from any branch of the armed forces of the United States after having served on duty for 181 consecutive days, or by reason of disability incurred while serving on active duty, or who has active military service certified under Section 401, Public Law Number 95-202. The active military service must be certified by the United States Secretary of Defense as active military service and a discharge under honorable conditions must be issued by the Secretary.

### ACTIVE DUTY INFORMATION

**Note: A photocopy of your DD214 Form must accompany this claim sheet.**

Have you (or your disabled or deceased spouse) served on active duty without interruption for 181 days or more?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Type of separation:

\_\_\_\_\_ Honorable \_\_\_\_\_ Medical \_\_\_\_\_ Other

\_\_\_\_\_ Honorable release from active duty and transfer to reserves

Are you receiving or are you eligible to receive a monthly veteran's pension based on length of military service?

\_\_\_\_\_ Yes \_\_\_\_\_ No

### FOR DISABLED VETERANS:

Note: Letter from VA of proof of disability must be submitted.

Permanent: \_\_\_\_\_ Yes \_\_\_\_\_ No Percent of Disability: \_\_\_\_\_%

### FOR SPOUSES OF DECEASED VETERANS:

Note: A photocopy of marriage certificate and spouse's death certificate must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.

Date of Death: \_\_\_\_\_ Have you remarried? \_\_\_\_\_ Yes \_\_\_\_\_ No

### FOR SPOUSES OF DISABLED VETERANS:

Note: Letter from VA in proof of disability must be submitted by the closing date of applications in order to receive points.

Spouses present occupation: \_\_\_\_\_

### AFFIDAVIT:

I hereby claim veteran's preference for this position, and certify that all of the information given is true, complete, and correct to the best of my knowledge.

I hereby authorize the Veterans Administration to release information necessary to process this application to the City.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ATTACH A COPY OF YOUR D.D. FORM 214 (PROOF OF HONORABLE VETERAN'S SERVICE)**