



CITY OF KENYON EMPLOYMENT APPLICATION INSTRUCTIONS

◆ PLEASE READ AND FOLLOW THESE INSTRUCTIONS ◆

General Information

- ❖ **IMPORTANT!** You must complete all parts of the application. Read the job announcement carefully before you apply. Announcements may contain special instructions and requirements.
- ❖ Complete a separate application for each job unless the announcement states otherwise. Type or print clearly in dark ink. Applications in pencil will not be accepted. Legible photocopies are acceptable.
- ❖ We cannot be responsible for failure of other agencies or postal services to forward applications by the deadline. Applications will not be accepted after the closing date indicated on the job announcement.
- ❖ If your application is incomplete or does not clearly show the experience and/or training required, your application may be rejected.
- ❖ **Resumes will not be accepted in lieu of a completed application.** Do not submit work samples or letters of recommendation with the application.
- ❖ For jobs with an experience and training rating, your score will be determined by an evaluation of the job related experience and training you describe on the application form. Pay close attention to your education information, work experience, licenses, volunteer data and other related information. **BE COMPLETE.**
- ❖ Your application and all attachments become the property of the employer and will not be returned.

~~ KEEP A COPY OF YOUR COMPLETED APPLICATION ~~

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private, that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. § 13.43, Subd. 2). If you are employed, the data will be available to the Department of Finance, the Internal Revenue Service and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify by letter the personnel representative of the government body to which you are applying.

~~ NOTICE TO APPLICANTS ~~

YOUR RIGHTS AS A SUBJECT OF DATA:

In accordance with the MN Government Data Practices Act, we must inform you of your rights as a subject of data. The data you give us about yourself is needed to identify you and assist in determining your suitability for the position(s) for which you are applying. You are not legally required to supply any of the data we ask for on this application, but if you choose to withhold data other than race, sex, age, disability or Social Security Number, we cannot consider you for employment. If you do provide the data, your application will be considered, and if you are employed, the information you have given us will become a part of your employee record.

The information we collect about you is classified as either PUBLIC or PRIVATE. Public means that it is available to anyone who asks to see it. Private means that the information is available only to the person the information is about and to the staff who must see it in the normal course of conducting City business and as otherwise provided by law. The following collected on you as an applicant is PUBLIC:

1. Veteran's Status	3. Rank on our eligible list	5. Education and Training
2. Test Scores	4. Job History	6. Work availability

Your name is considered PRIVATE until you are certified eligible for appointment to a vacancy or considered as a finalist (selected to be interviewed). The names of finalists are PUBLIC. Data collected on or in response to this employment application that is classified as "private" may be shared with City personnel who determine your suitability and ranking for the position in which you apply for. It may be shared with a labor union if applicable; with the Public Employee Retirement Association (PERA); or other organizations at your request. It may also be shared as required by current or future laws.

CITY OF KENYON EMPLOYMENT APPLICATION

709 2ND STREET KENYON MN 55946
PHONE: 507-789-6415 FAX: 507-789-5604



APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State			ZIP
Home Phone			Cell Phone			
Email Address			Fluent in a language, including sign language other than English?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, which:
Position Applied for						
May we contact you at work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
If position involves driving, please indicate the driver's license number:				State and Class:		

EXPERIENCE AND TRAINING POINTS ARE DETERMINED BY THE FOLLOWING ITEMS:

EDUCATION

High School		Address				
Did you graduate or receive a GED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
College			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Grad. School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

RELEVANT CURRENT PROFESSIONAL MEMBERSHIPS, REGISTRATIONS, CERTIFICATIONS OR LICENSES: (INCLUDE DATE FIRST ISSUED)

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Hourly Wage or Annual Salary	\$	
Responsibilities			
Number and Type of Positions you Supervised:			
From	To	Reason for Leaving	
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain why:			

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Hourly Wage or Annual Salary	\$	
Responsibilities			
Number and Type of Positions you Supervised:			
From	To	Reason for Leaving	
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain why:			

JOB RELEVANT VOLUNTEER AND UNPAID WORK EXPERIENCE:

KIND OF VOLUNTEER ACTIVITY (DO NOT SPECIFY ORGANIZATION)	MAJOR RESPONSIBILITIES	NO. HOURS PER MONTH	HOW LONG?

OFFICE EQUIPMENT, WORD PROCESSING/COMPUTER EXPERIENCE:

(Please describe all computer software/hardware you are familiar with.)

DESCRIBE ANY ADDITIONAL EXPERIENCE OR TRAINING THAT QUALIFIES YOU FOR THIS JOB. (BE SPECIFIC)

In accordance with the Immigration Reform and Control Act of 1986, this employer hires only U. S. Citizens and lawfully authorized alien workers. 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.

REFERENCES

Give the names of at least three people outside of relatives who can be contacted regarding your qualifications, work habits and character.

Full Name		Present Address	
Position & Relation to your work		Phone	
Full Name		Present Address	
Position & Relation to your work		Phone	
Full Name		Present Address	
Position & Relation to your work		Phone	

VETERANS PREFERENCE POINTS (MUST BE COMPLETED BY ALL APPLICANTS.)**Veteran's Preference Points 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.aa. 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 (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 veterans' 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. Eligible 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," you must complete the information below. Your DD214 or other documentation must be received in our office no later than 7 calendar days after the application deadline for the position to guarantee points are awarded in a timely manner.

Veteran _____ Self _____ Spouse		If Spouse, veteran's name:	
Branch of Service:	From	To	
Rank at Discharge	Type of Discharge		
Date of Final Discharge	Service No.:		
If other than honorable, explain			
Are you receiving or eligible for a military pension?		Do you have a compensable service-related disability?	

Preference Requested: Veteran Disabled Veteran Spouse of Disabled Veteran Spouse of Deceased Veteran

Your preference points application cannot be considered without supporting documentation (see instructions).
Supporting documentation: is attached will be submitted within 7 days

The City of Kenyon does not discriminate on the basis of handicapped status in the admission or access to, or treatment of, or employment in its programs or activities. It is the policy of the City of Kenyon to provide reasonable accommodations to known physical and mental limitations of qualified handicapped applicants and employees in order for them to perform the essential functions of the job in question.

APPLICANT STATEMENT

In accordance with Minnesota Statutes, Section 13.4, I have been informed of and understand my rights as a subject of data. I understand this employer has the right to verify information provided in the application. If there are any misrepresentations on this application or my resume or made by me in an interview, which may be discovered now or anytime in the future, I may be discharged for cause without severance pay of any kind. False information or misrepresentation may also subject me to the penalty provisions of M.S. § 43A.39.

In connection with this application for employment, I authorize this employer and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance (such as transcripts).

Moreover, I hereby release this employer and any agent acting on its behalf from any and all liability by reason of requesting such information from any person.

- Yes
- Yes, but not present employer until job is offered.
- No (We may be unable to hire you without this information.)

DISCLAIMER AND SIGNATURE

I certify that any and all statements in this application or information provided are true and complete and hereby acknowledge that I have read and understand the information contained herein.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

THE CITY OF KENYON IS AN EQUAL OPPORTUNITY EMPLOYER