

City of Breezy Point  
8319 County Rd 11  
Breezy Point, MN 56472



## **APPLICATION FOR EMPLOYMENT**

For this application to be considered, you **MUST**: 1) type or print all answers; 2) supply all requested information, resumes may be attached, but will not be accepted in lieu of this application, **SEE RESUME** is not an acceptable response; 3) complete a separate application for each position applied for; 4) attach a completed application supplement, if required for the position; 5) provide comprehensive employment information for the past 3 positions and any relevant work experience in the past 10 years, use additional copies of the work experience page if needed. The information you provide will be used to determine your qualifications for employment or eligibility for evaluation.

POSITION APPLYING FOR: \_\_\_\_\_

Name: \_\_\_\_\_  
(first, middle initial, last)

Email  
Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Have you worked for the City of Breezy Point before? Yes ☐ No ☐  
If yes, when and in what position? \_\_\_\_\_

Can you provide evidence necessary or required to substantiate your eligibility to work in MN? Yes ☐ No ☐

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

CDL - Yes ☐ No ☐ Endorsements: \_\_\_\_\_

***It is the policy of the City of Breezy Point to provide equal opportunity to all employees and applicants in accordance with applicable equal opportunity laws and regulations. The city will not discriminate on the basis of race, color, creed, sexual orientation or preference, status with public assistance or other basis protected by law.***

## **EDUCATION and TRAINING**

### **High School Education**

Name and location of High School: \_\_\_\_\_

Did you receive a high school diploma or GED?    Yes ☐ No ☐

### **Post-Secondary Education**

College/Trade School	City/State	# of Credits Earned or Certificate/Degree (s) Earned	Major/Minor

### **KNOWLEDGE, SKILLS AND ABILITIES SECTION**

Computer Experience: Yes ☐ No ☐ If yes, please list computer software programs you are skilled with:

\_\_\_\_\_  
\_\_\_\_\_

List other office equipment which you can operate: \_\_\_\_\_

\_\_\_\_\_

List any special courses, seminars, workshops and/or training you have attended that relates to the position you are applying for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If relevant, list other memberships, licenses or professional certificates which you have.

Type: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Type: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Type: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

This space may be used to add any additional information which you deem relevant to better assess your suitability for the position applied for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **EMPLOYMENT HISTORY**

Beginning with your current or most recent employer, provide employment experiences and opportunities that support your application for this position. You may exclude any organization which may indicate race, age, color, religion, national origin, disability or other protected status. You are encouraged to include all job related military service assignments and volunteer activities. Indicate the types and number of employees supervised, budget size, size of area serviced and other quantitative information.

EMPLOYER NAME: _____	<u>EMPLOYMENT DURATION</u>
ADDRESS: _____	START DATE _____
CITY, STATE, ZIP: _____	END DATE _____
TELEPHONE NUMBER: _____ Area Code      Number	
POSITION TITLE: _____	
SUPERVISOR'S NAME: _____	MAY WE CONTACT THIS EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>
DESCRIBE DUTIES AND RESPONSIBILITIES: _____ _____ _____ _____	
REASON FOR LEAVING: _____	

EMPLOYER NAME: _____	<u>EMPLOYMENT DURATION</u>
ADDRESS: _____	START DATE _____
CITY, STATE, ZIP: _____	END DATE _____
TELEPHONE NUMBER: _____ Area Code      Number	
POSITION TITLE: _____	
SUPERVISOR'S NAME: _____	MAY WE CONTACT THIS EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>
DESCRIBE DUTIES AND RESPONSIBILITIES: _____ _____ _____ _____	
REASON FOR LEAVING: _____	

EMPLOYER NAME: _____	<u>EMPLOYMENT DURATION</u>
ADDRESS: _____	START DATE _____
CITY, STATE, ZIP: _____	END DATE _____
TELEPHONE NUMBER: _____	
Area Code      Number	
POSITION TITLE: _____	
SUPERVISOR'S NAME: _____	MAY WE CONTACT THIS EMPLOYER?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
DESCRIBE DUTIES AND RESPONSIBILITIES: _____	
_____	
_____	
_____	
REASON FOR LEAVING: _____	

EMPLOYER NAME: _____	<u>EMPLOYMENT DURATION</u>
ADDRESS: _____	START DATE _____
CITY, STATE, ZIP: _____	END DATE _____
TELEPHONE NUMBER: _____	
Area Code      Number	
POSITION TITLE: _____	
SUPERVISOR'S NAME: _____	MAY WE CONTACT THIS EMPLOYER?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
DESCRIBE DUTIES AND RESPONSIBILITIES: _____	
_____	
_____	
_____	
REASON FOR LEAVING: _____	

<b>ATTACH ADDITIONAL COPIES OF THIS SHEET IF NECESSARY</b>
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## **UNPAID OR VOLUNTEER EXPERIENCE**

Please describe any unpaid or volunteer experience relevant to the position for which you are applying (You may exclude, if you wish, information which would reveal race, sex, religion, age or other protected status).

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## **MILITARY EXPERIENCE** Yes ☐ No ☐ **BRANCH** \_\_\_\_\_

If applicable describe the duties you performed while a member of the U.S. Armed Forces.

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## **REFERENCES**

Provide name, current address and telephone number of at least three references who are not related to you and are not previous employers.

Name	Address	City, State, Zip	Telephone, including area code
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Name	Address	City, State, Zip	Telephone, including area code
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Name	Address	City, State, Zip	Telephone, including area code
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All employment offers are conditioned upon the applicant passing a criminal background check. Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work sought. However, making false statements or withholding information will cause you to be barred from employment or removed from employment.

## **CERTIFICATION**

I certify that all answers provided herein are true, complete and correct to the best of my knowledge, information and belief, and I have not knowingly withheld information requested. I understand that some of the information contained in this application is public information and may be disclosed upon request. This information includes your name, educational achievements, work experience, veteran's status and other information deemed public by Minnesota Statutes, Chapter 13.

I hereby authorize the City of Breezy Point to solicit and receive, without encumbrance, verification of information contained in this application for employment from any and all sources that are necessary, in the opinion of the City, to verify information contained in this application. Verification may include but is not limited to criminal investigation, credit investigation and character references. I authorize the references I have listed to disclose any information related to my work record and my professional experience with them, without giving me prior notice of such disclosure. I hereby waive any and all claims or causes of action of any nature against any person or entity providing information to the City related to this application for employment. I hereby release and hold harmless the City of Breezy Point and its employees and officers from any claim or cause of action of any nature related to denial of employment, this employment application or any other claim based upon information received from other sources.

I understand that unless otherwise advised in writing or as defined in applicable law, any employment with the City is of an "at will" nature, which means that the City may discharge an employee at any time with or without cause and that as an Employee, I may resign at any time with proper notice to the City. It is understood that this "at will" relationship is not modified by any written document or by conduct of the City unless such change is specifically acknowledged in writing and approved by the City Council of the City of Breezy Point.

In the event of an offer and acceptance of employment with the City of Breezy Point, I understand that false or misleading information provided by me in this application for employment may result in discharge without recourse.

I understand that employment with the City is subject to all personnel policies and rules as may be amended from time to time by the City Council of the City of Breezy Point.

**Signature of Applicant:**\_\_\_\_\_ **Date:**\_\_\_\_\_

## **VETERAN'S PREFERENCE FORM**

Veteran's preference points are awarded to qualified veterans and spouses of totally disabled or deceased veterans to add to their application results. Points are awarded subject to the provisions of MN Statute 43A.11. To be eligible for veteran's preference points you must: Be separated under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability rated at 50% or more, incurred while serving on active duty, and be a citizen of the U.S. 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.

The information which 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 Veteran's Administration. Spouses applying for preference points must supply their marriage certificate, the Veteran's DD214 and FL-802 or death certificate. Attach copies of your documents to substantiate your claim to this form or supply documents within 5 days of Closing Date of this position posting. Veteran's Preference is subject to the provisions of Minnesota Statutes Chapter 43A.11.

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I am not claiming Veteran's Preference for this position.

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

**OR**

I am hereby claiming Veteran's Preference from the City for the position applied for. My claim is for:

- \_\_\_\_\_ Veteran's Preference predicated on military service without disability.
- \_\_\_\_\_ Veteran's Preference predicated on military service with disability.
- \_\_\_\_\_ Spouse of a 50% disabled or deceased veteran with applicable military service.

I certify that the Veteran's Preference claimed on this form is true and correct and that I have attached copies of my DD214 Form or documents from the Veteran's Administration to substantiate my claim. I understand that I must meet the minimum qualifications for the position applied for to receive Veteran's Preference. I understand that my failure to submit documentation to support my claim for Veteran's Preference will disallow any preference points that may be assigned.

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

### **DO NOT WRITE BELOW THIS LINE – CITY USE ONLY**

**Veteran's Preference Points assigned are based on:**

- \_\_\_\_\_ **DD Form 214, Record of Discharge from the Armed Services**
- \_\_\_\_\_ **Documentation from the VA confirming \_\_\_\_\_ % disability.**
- \_\_\_\_\_ **Documentation from the VA confirming spouse of disabled/deceased veteran.**

**Reviewed by:** \_\_\_\_\_ **Approved by:** \_\_\_\_\_ **Points Assigned:** \_\_\_\_\_

**DISABILITY ACCOMMODATION FORM**

**This form must be submitted if you need accommodation for testing or interviewing for this position. Describe the accommodation you may require such as, an interpreter if you are hearing impaired.**

I do not require any special accommodations for testing or interviewing for this position.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I do require an accommodation as follows:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE - CITY USE ONLY**

**We have provided the following accommodations based on the request.**

**We were unable to make the accommodation because and we have notified the applicant on:**



## **Tennessen Warning**

**In accordance with the Minnesota Government Data Practices Act, the City of Breezy Point is required to inform you of your rights as they pertain to private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.**

**The information collected from you or from other agencies as authorized by you is to determine your qualifications for employment with the City of Breezy Point.**

**You are not legally required to provide this information; however, this information may be necessary to determine if you qualify for employment. Disclosure of your Social Security number is voluntary, unless you are employed by the City of Breezy Point. If employed by the City, you must disclose it in order to be in compliance with state and federal tax withholding laws. If you do not supply any of the requested information, the City may not be able to consider you for employment. The use of the data collected is limited to the individuals whose jobs reasonably require access to this information.**

**Persons or officers with whom this information may be shared include:**

- 1. City Administration staff**
- 2. City Council**
- 3. Managers and Supervisors of Departments where job openings occur.**

**Unless otherwise authorized by state statutes or federal law, other government agencies utilizing the reported private data must also treat the information as private.**

**You have certain rights under the Minnesota Government Data Practices Act, including but not limited to, the following:**

- 1. The right to see and obtain copies of data maintained by you.**
- 2. The right to be told the contents and meaning of the data.**
- 3. The right to contest the accuracy and completeness of the data.**

**To exercise any of these rights, contact the Breezy Point City Clerk**

**I have read and understand the above information regarding my rights under the Minnesota Government Data Practices Act.**

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**Signature of Applicant**

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**Date**