



**The City of Vadnais Heights**  
 800 East County Road E  
 Vadnais Heights, MN 55127

**(651) 204-6013 Phone**  
**(651) 204-6113 Fax**

**APPLICATION FOR EMPLOYMENT**

Applicants who require reasonable accommodation for the application and/or interview process should notify the Assistant City Administrator

Today's Date \_\_\_\_\_

**Please print in ink.**

<b>GENERAL INFORMATION</b>			
Name (Last)	(First)	(Middle)	Phone No.
Street Address	City	State	Zip Code
Cell Phone No.	Email Address		

Specific position applied for \_\_\_\_\_ Date available \_\_\_\_\_

Type of work applied for: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_

Are you 18 years of age or older? Yes  No

Are you legally authorized to work in the United States? Yes  No   
 (Proof of eligibility documentation must be provided at time of hire as required by law.)

<b>EDUCATION</b>				
School Name and Location	High School	Technical College	College	Graduate School
Years completed	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Title or Type of Diploma/Degree/Certificate				

The City of Vadnais Heights is an Equal Opportunity Employer

**SPECIAL SKILLS/TRAINING**

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences. Do not include experiences which would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, Vietnam-era veteran status, special disabled veteran status, status with regard to public assistance, membership or activity in a local commission, disability or age.

Attach another sheet to this application if additional space is needed.

**EMPLOYMENT HISTORY**

Please list past employers beginning with your most recent employment.

Present or Last Employer	Address	City	State
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Supervisor's Name and Title	Phone No. (    )
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Dates Employed (Mo./Yr.) From                      To	Hours worked per week	Job Title
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May we contact this Employer? Yes      No	Reason for Leaving
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Specific Duties

Second Last Employer	Address	City	State
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Supervisor's Name and Title	Phone No. (    )
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Dates Employed (Mo./Yr.) From                      To	Hours worked per week	Job Title
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May we contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving
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Specific Duties

Third Last Employer		Address	City	State
Supervisor's Name and Title		Phone No. (    )		
Dates Employed (Mo./Yr.) From                      To	Hours worked per week		Job Title	
May we contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for Leaving		
Specific Duties				

Fourth Last Employer		Address	City	State
Supervisor's Name and Title		Phone No. (    )		
Dates Employed (Mo./Yr.) From                      To	Hours worked per week		Job Title	
May we contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for Leaving		
Specific Duties				

**\* Please attach a separate sheet for addition information and Employers.**

<b>MILITARY</b>
Describe your duties and any special training related to the position for which you are applying.

**REFERENCES**

Please provide the names of three business references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

<b>Name</b>	<b>Phone Number</b>	<b>Address</b>	<b>Years Known and in What Capacity</b>
1.			
2.			
3.			

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I certify that all of the information that I have provided in this employment application is accurate and complete. I further understand any false or misleading information provided by me in any application or interview(s) may result in rejection of my application or termination of employment.

I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between the City and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice and the City has the right to terminate my employment at any time, for any or no reason, with or without notice. The City's policies and procedures including employment at-will, cannot be modified in any way without express written intent to do so by the City Council.

I understand that an offer of employment is contingent on providing sufficient documentation necessary to establish my identity and eligibility to work in the United States and the successful completion of a drug/alcohol test and pre-employment physical.

I understand that the City has a business-related need to evaluate my application for employment, and in so doing, to investigate my background and qualifications. I therefore authorize the City and any agent acting on its behalf to conduct such investigations and to request bona fide copies of documents, records or other information pertaining to me. I hereby authorize any individual, organization or institution to answer any questions and provide bona fide copies of documents, records or other information pertaining to me to the City and its representatives.

I hereby release the City and its representatives as well as prior employers, supervisors, company personnel and schools from any and all liability of whatsoever nature by reason of requesting or releasing such information, documents or records pertaining to me.

I acknowledge that I have read, understand and agree with all of the information provided in this form.

\_\_\_\_\_  
Signature (Do Not Print)

\_\_\_\_\_  
Date

## Data Practices Notice to All Applicants

The Minnesota Government Data Practices Act requires that you be informed of the purposes of and intended uses of the information you provide to the City of Vadnais Heights during the application process or during employment. Any information about yourself that you provide to the City of Vadnais Heights during the application process will be used to identify you as an applicant and to assess your qualifications for employment with the City. If you wish to be considered for employment, you are required to provide the information requested in the Application for Employment. If you refuse to supply information requested by the City (other than race, and sex), it may mean your application will not be considered.

You are hereby advised that, under Minnesota law, the following information given by an applicant is considered to be public:

- Veteran status
- Rank on our eligible list
- Education and training
- Relevant test scores
- Job history
- Work availability

As an applicant, your name is considered *private* until you are certified as eligible for appointment to a position or when applicants are considered by the appointing authority to be finalists for a position with the City of Vadnais Heights. “Finalist” means an individual who is selected to be interviewed by the appointing authority prior to selection.

Race and sex data are used in summary form to comply with statutes and regulations regarding equal opportunity employment. Furnishing race and ethnic data about yourself, as well as your gender, is voluntary.

I certify that I have read the “Notice to Applicant” regarding the Minnesota Government Data Practices Act (MN Statute Chapter 13) and understand my rights as a subject of data.

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Signature (Do not print)

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Date

## Applicant Flow Survey

All applicants for a position with the City of Vadnais Heights are requested to complete this form. Completion is *voluntary*. This form will remain separate from your employment application and will not be used in any way during the interviewing or hiring process. It will be used by the Human Resources Department to compile summary data for the purpose of completing necessary government reports relative to equal opportunity employment and for the City's use in monitoring its recruitment process. *This form should be returned under separate cover.*

Name		Date
Title of Position		
City	County	State
Race/Ethnic Category (Check One) <input type="checkbox"/> White (Not of Hispanic Origin) <input type="checkbox"/> Black (Not of Hispanic Origin) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
How did you learn about this job? <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Public Employment Agency <input type="checkbox"/> Minneapolis Tribune <input type="checkbox"/> St. Paul Pioneer Press <input type="checkbox"/> Vadnais Press <input type="checkbox"/> White Bear Press <input type="checkbox"/> Other Local Newspapers <input type="checkbox"/> College/Technical School <input type="checkbox"/> High School <input type="checkbox"/> Walk-In <input type="checkbox"/> City of Vadnais Heights Employee <input type="checkbox"/> Minority Group Referral <input type="checkbox"/> Other Source, Be Specific	Name _____ Name _____  Name _____ Name _____ Name _____ Name _____ Name _____	

### Veteran's Preference Form

Preference points are available to qualified veterans and spouses of deceased or disabled veterans to recognize the training and experience received while serving in the military (43A.11)

To qualify for preference, you must have served on active duty in any branch of the Armed Forces of the United States for 181 consecutive days or more, or have separated by reason of disability incurred while serving on active duty and have been honorably discharged; you must be a citizen of the United States or a resident alien and currently not receiving or eligible to receive a monthly veteran's pension based exclusively on length of service; or be the spouse of a deceased veteran or of a disabled veteran who because of disability is unable to qualify.

Name of Veteran (Last)	(First)	(Middle)
Name of Applicant (Last)	(First)	(Middle)
Do you wish to claim a veteran's preference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, please check the preference you are claiming:		
<p>_____ Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorable discharge by reason of disability incurred while on active duty). Please attach DD214.</p> <p>_____ Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces, which disability is currently existing). Please attach DD214 and Form FL-802 or equivalent letter from a Service Retirement Board.</p> <p>_____ Spouse of deceased veteran. Have you remarried? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Spouse's death _____. Please attach DD214, marriage license and death certificate.</p> <p>_____ Spouse of disabled veteran who is unable to use preference due to disability. Please attach DD214, marriage license, FL-802 or equivalent letter from a Service Retirement Board. Are you currently receiving or eligible to receive a monthly pension based exclusively on length of military service? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		

As noted above, you must submit a copy of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation or received after the indicated close date will not be processed. Note: This claim form will be separated from your application during the recruitment process.

I hereby claim Veteran's Preference and affirm that the information given on this document is true and correct.

\_\_\_\_\_  
Signature (Do not print)

\_\_\_\_\_  
Date

***Please return this with your application***