

# Application for Employment

An Equal Opportunity Employer

**City of Chisholm**  
 316 W Lake Street  
 Chisholm, MN 55719  
 (218) 254-7900  
 (218) 254-7955  
[www.ci.chisholm.mn.us](http://www.ci.chisholm.mn.us)

*Please complete by printing in ink or typing. Application must be signed for employment consideration.*

## Personal Information

Name: (Last) (First) (Middle)	
Street Address	
City, State, Zip	
Phone Number	Alternate Phone
Email	

Title of position applying for:	
Today's Date:	Status Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal
Date Available for work:	

Are you a U.S. Citizen or legally eligible to work in the United States? <i>Proof of citizenship or work eligibility may be requested.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid driver's license? (for driving/operating positions only) <i>If yes, please check type:</i> Class A      Class B      Class C      Class D	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been asked to resign or fired from a job? <i>If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you P.O.S.T. Eligible? <i>If no, when will you be P.O.S.T. Eligible? _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a P.O.S.T. License? <i>If yes, what is your P.O.S.T. number? _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Educational Information

School Name	Address	Course of study	Degree
High School:			
College:			
College:			
Graduate School:			
Technical or Certificate Programs:			

List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position. Include licenses or certificates that may relate to this position:

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# Employment Experience

List present or most recent employer first. Please note "see resume" is not an acceptable response for any entries on this application. Resumes will only be considered in addition to, but not in lieu of, this application.

Company		<b>Dates Employed</b>		Job Title:
		From	To	
Address				Supervisor:
City				
State, Zip		<b>Job Duties:</b>		
Telephone (    )				
May we contact?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Contact Name:	Contact Telephone:			
Reason for leaving:				

Company		<b>Dates Employed</b>		Job Title:
		From	To	
Address				Supervisor:
City				
State, Zip		<b>Job Duties:</b>		
Telephone (    )				
May we contact?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Contact Name:	Contact Telephone:			
Reason for leaving:				

Company		<b>Dates Employed</b>		Job Title:
		From	To	
Address				Supervisor:
City				
State, Zip		<b>Job Duties:</b>		
Telephone (    )				
May we contact?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Contact Name:	Contact Telephone:			
Reason for leaving:				

# Applicant Acknowledgement and Authorization

Please read carefully before signing:

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

With my signature below, I am providing the City of Chisholm authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact your current employer?," contact with my current employer will not be made without my specific authorization.

I acknowledge that I have received a copy of the job description summary for the position for which I am applying. I further acknowledge my understanding that employment with the City of Chisholm is "at will", and that employment may be terminated by the City of Chisholm or me at any time, with or without notice.

I understand that if offered a position with the City of Chisholm, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the City of Chisholm in writing of any changes to information reported in this application for employment.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**THE CITY OF CHISHOLM IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.**

## 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)

Private Data	Why we ask for it	Are you legally obliged to provide it?	What may happen if I don't provide it.
Social Security #	To distinguish you from all other application and to make processing more efficient	No	In most cases nothing. However, it will help to ensure that your records are not confused with others
Name	To distinguish you from all other applicants	Yes	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.

ALL OTHER INFORMATION ON THE APPLICATION FORM IS PUBLIC. THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE.

If you have any questions regarding your rights as a subject of data, please contact the City of Chisholm Payroll Department at address: 316 West Lake Street, Chisholm MN 55719. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**

# Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Chisholm appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) for which you are applying:

Gender:  Male  Female

With which racial/ethnic group do you identify?

- Black or African American
- Hispanic or Latino
- American Indian or Alaskan Native through Tribal affiliation or community recognition
- Caucasian/White
- Asian
- Native Hawaiian or other Pacific Islander
- Two or more races

Check if any of the following are applicable:

- Veteran
- Not a Veteran
- Vietnam Era Veteran
- Disabled Veteran
- Disabled Individual

# Veterans' Preference

**COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE NOTE: COPY OF "MEMBER COPY 4" VETERAN'S DD214 MUST BE ATTACHED (Veteran is defined by Minn. Stat. § 197.447)**

**You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "member Copy 4" of your DD214, contact your County Veterans' Service Office.**

the full period called **or** ordered for federal, active duty **and** be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

The City of Chisholm operates under a point preference system, which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; Fifteen (15) points are awarded if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five ( 5) points. Disabled veterans eligible for such preference may use the five points preference only for the first promotion after securing employment with the City of Chisholm.

To qualify for preference for a **competitive exam**, you must have earned a passing score and been 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, **or** after having served

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

Name (Last)	(First)	(MI)	Social Security Number	Position For Which You Applied
Address (Street)			Phone Number	Closing Date: Are you a US Citizen or Resident Alien? <input type="checkbox"/> YES <input type="checkbox"/> NO
	(City)	(State)	(Zip)	

**VETERAN (10 points):**

("Member Copy 4" of DD214 or DD215 must be submitted to receive points)  
Honorably discharged veteran  Yes  No

**DISABLED VETERAN (15 points):**

("Member Copy 4" of DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points)  
Percent of Disability: \_\_\_\_\_%  
Have you ever been promoted within the City of Chisholm employment?  Yes  No

**SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):**

("Member Copy 4" of DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty 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

**SPOUSE OF DISABLED VETERAN (15 points):**

("Member Copy 4" of DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)  
How does Veteran's disability prevent performance of a stated job "requirement?" Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

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**AFFIDAVIT:** I hereby claim Veterans' Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to the City of Chisholm by the required application deadline.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
  - i. served on active duty for at least 181 consecutive days, or
  - ii. have been discharged by reason of service connected disability, or
  - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
  - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the "Member Copy 4" of your DD214 or DD215. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions. ("DD214 "Member-1" copy will not be accepted.)
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per Minn. Stat. §§ 197.455 and 197.447.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, USDVA verification that veteran died on or as a result of active duty, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of Chisholm. Please contact our office at (651) 281-1200 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.