

CITY OF HUTCHINSON



APPLICATION FOR EMPLOYMENT

We welcome you as an applicant for employment. It is our policy to provide equality of opportunity in employment. This policy prohibits discrimination on the basis of race, creed, color, age, religion, sex, sexual orientation, marital status, status with regard to public assistance, national origin, physical, genetic information, or mental disability in all aspects of our personnel policies, programs, practices and operations.

Please complete the application form in its entirety, and please print plainly/legibly.

PERSONAL INFORMATION

Name: _____ Date: _____
Last First Middle

Permanent Address: _____ City: _____ State: _____ Zip: _____

Other Address (if applicable): _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Daytime/Cell Phone: _____ Email: _____

Are you 18 years or older? Yes No Are you legally eligible to work in the U. S.? Yes No

Position applied for: _____

Date available for work: _____

EDUCATION

Highest grade completed (Please circle)	High School				College				Graduate School				
	9	10	11	12	13	14	15	16	1	2	MA	PHD	JD
High School	Name			Address					Did you graduate/receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				

SCHOOLS

Type	Name/Location	Dates Attended		Degree	Major/Course of Study
		From	To		
College/University					
Graduate					
Other					

Please summarize coursework and training related to the position for which you are applying:

EMPLOYMENT

Have you held **previous employment** with **THE CITY OF HUTCHINSON** ? Yes No

If yes, what position and when? _____

EMPLOYMENT – cont.

List present and previous employment, beginning with your most recent:

Name and Address of Company and Type of Business	From		To		Starting Pay Rate	Ending Pay Rate	Name of Supervisor
	MO	YR	MO	YR			

Position Held:

Describe the work you performed:

Telephone:

Reason for leaving:

May we contact this employer for information regarding your prior work experience? Yes No

Name and Address of Company and Type of Business	From		To		Starting Pay Rate	Ending Pay Rate	Name of Supervisor
	MO	YR	MO	YR			

Position Held:

Describe the work you performed:

Telephone:

Reason for leaving:

May we contact this employer for information regarding your prior work experience? Yes No

Name and Address of Company and Type of Business	From		To		Starting Pay Rate	Ending Pay Rate	Name of Supervisor
	MO	YR	MO	YR			

Position Held:

Describe the work you performed:

Telephone:

Reason for leaving:

May we contact this employer for information regarding your prior work experience? Yes No

VOLUNTEER OR COMMUNITY ACTIVITIES

ORGANIZATION	ACTIVITY	PHONE #

Answer this question only if the position for which you are applying requires a driver's license.

Do you have a valid driver's license? Yes No If yes, which State? _____ Class? _____

PROVIDE ADDITIONAL INFORMATION, if any, the City of Hutchinson should be aware of in considering your employment.

Please read the following carefully and sign this application

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. I agree and understand that any false statements or omission of information contained in this application or any supplemental materials I submit may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I acknowledge that none of the statements made in this application are intended to be, nor should be construed as a contract between the City and myself.

I authorize the City of Hutchinson to verify the information I have provided in this Employment Application.

I hereby authorize all current and previous employers to release job-related information to the City of Hutchinson. However, I understand that if, in the Employment Record section, I have answered "No" to the question, "May we contact your present employer?", contact with my current employer will not be made without my specific authorization.

Signature

Print Name

Date

NOTICE OF DRUG AND ALCOHOL TESTING POLICY

The City of Hutchinson (the City) has adopted a Drug and Alcohol Testing Policy. Generally, the Policy prohibits the use and possession of drugs and alcohol at work. It also prohibits being at work under the influence of drugs or alcohol. The Drug and Alcohol Testing Policy applies to all employees and job applicants. Copies of the Policy have been distributed to all employees and are also available from the City's management. All employees are asked to read and become familiar with the City's Policy.

You have the right to refuse to be tested for drugs or alcohol; however, such refusal may result in your discharge.

POLICE AND FIRE APPLICANTS

You are being asked to supply background data relative to your application for employment with the Hutchinson Police/or Fire Department. Such data will be used to determine your fitness for the position. The information will be shared with the Civil Service Commission, (if applicable) members of the police/fire department staff and the City administrative staff. You may refuse to supply the requested information, your refusal may adversely affect your employment application.

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Hutchinson is required to inform you of your rights as they pertain to the 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.

Minnesota Statutes 13.01 to 13.87 on Government Data Practices require that you be informed that the following information which you are asked to provide on the application for employment is considered private data: 1. Name, 2. Home address, 3. Home phone number, 4. Disability type. Your name, however, may become public upon consideration as a finalist for a job opening.

We ask this information for the following reasons: to distinguish you from all other applicants and identify you in our personnel files; to enable us to verify that you are the individual who makes the application; to enable us to contact you when additional information is required, send you notices and/or schedule you for interviews; to determine if you meet the minimum age requirements (if any); to conduct proper investigations if you are applying for a position; to determine whether or not your conviction record may be a job related considering affecting your suitability for the position you applied for; to enable us to ensure your rights to equal opportunities and to meet affirmative action goals; to meet federal and state reporting requirements; and to make processing more efficient. The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in the City of Hutchinson and the policies, rules, and regulations promulgated pursuant thereto.

FURNISHING SOCIAL SECURITY NUMBERS, DATE OF BIRTH (unless a minimum age is required), SEX, AGE GROUP, AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

Private data is available only to you and to other persons in the City of Hutchinson Offices who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this.

Witness my signature that I fully understand the contents of this warning.

Signature of Applicant

Date: _____



Human Resources
111 Hassan St. SE
Hutchinson, MN 55350

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their application results. Points are awarded subject to the provisions of Minnesota Statutes 43 A.11. 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 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 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 a Service Retirement Board. Spouses applying for preference points must supply their marriage certificate, the Veteran's DD214 and FL-802 or death certificate.

NAME: _____ **POSITION APPLIED FOR:** _____

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? YES NO

If yes, your DD214 or other required documentation must be received no later than seven (7) days after the application deadline.

Veteran's Preference Points Application

Veteran: <input type="checkbox"/> Self <input type="checkbox"/> Spouse		If spouse, veteran's name:	
Branch of Service:		Period of Active Duty From: _____ To: _____	
Rank at Discharge:	Type of discharge	Date of Final Discharge:	Service No.:
Are you receiving or eligible for a military pension? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preference Requested: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Spouse of Deceased Veteran			

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.

Supporting documentation: is attached will be submitted within 7 days of application deadline

APPLICANT'S SIGNATURE: _____

DATE: _____

For Office Use Only
 5 Points
 10 Points



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 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 Hutchinson appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Please indicate the position(s) for which you are applying: _____

Please indicate how you heard about this position: _____

Please place a check in the appropriate blanks:

Gender: _____ Male _____ Female

With which racial / ethnic group do you identify?

_____ Asian or Pacific Islander

_____ African American (Black)

_____ Hispanic

_____ Native American or Alaskan Eskimo

_____ Caucasian (White)

_____ Other (please indicate): _____

Disability status, defined as:

1. Has physical, sensory or mental impairment (condition) which materially (significantly) limits one or more life activities;
2. Has a record of such an impairment (condition);
3. Is regarded as having such an impairment (condition).

Based on the above information, do you claim Disability status?

_____ Yes _____ No