



City of Maple Plain
 1620 Maple Avenue
 P.O. Box 97
 Maple Plain, MN 55359
 Office: (763) 479-0515
 Fax: (763) 479-0519

APPLICATION FOR CITY EMPLOYMENT

APPLICANT INFORMATION

Applicant Name (First, Middle, Last)	
Address	Social Security Number - -
City, State, Zip	Date of Birth / /
Home Phone - -	Daytime/Cell Phone - -
Other Address (if applicable):	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No

WORK PREFERENCE

Position Applying For:	Date Available:	Expected Salary: \$
Desired work status? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Internship		
Are you willing to work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Overtime		

EDUCATION & TRAINING

Highest Grade Completed	High School <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Post-Secondary <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16	Graduate <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> MA <input type="checkbox"/> PhD		
High School (Name/City/State):		Graduate or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type	Name/Location	Dates Attended		Degree	Major/ Course of Study
		From	To		
College					
College					
Graduate					
Technical					
Other					

Briefly summarize course work and training completed related to the position for which you are applying.

SPECIAL SKILLS & TRAINING

List any special skills or training you feel helps explain your qualifications for employment (i.e. machine operation, office equipment, computers, etc.)

List all applicable licenses and certifications you have completed or possess.

EMPLOYMENT HISTORY

List all full-time, part-time, seasonal and temporary employment the past 5 years. Most recent first.

Company Name	Telephone - -
Address	Supervisor
City, State, Zip	Hourly Pay \$ Hours/Week
Dates Employed / to / <input type="checkbox"/> Still employed	Reason For Leaving
Job Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Your Duties:	

Company Name	Telephone - -
Address	Supervisor
City, State, Zip	Hourly Pay \$ Hours/Week
Dates Employed / to / <input type="checkbox"/> Still employed	Reason For Leaving
Job Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Your Duties:	

Company Name	Telephone - -
Address	Supervisor
City, State, Zip	Hourly Pay \$ Hours/Week
Dates Employed / to / <input type="checkbox"/> Still employed	Reason For Leaving
Job Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Your Duties:	

Company Name	Telephone - -
Address	Supervisor
City, State, Zip	Hourly Pay \$ Hours/Week
Dates Employed / to / <input type="checkbox"/> Still employed	Reason For Leaving
Job Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Your Duties:	

Company Name	Telephone - -
Address	Supervisor
City, State, Zip	Hourly Pay \$ Hours/Week
Dates Employed / to / <input type="checkbox"/> Still employed	Reason For Leaving
Job Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Your Duties:	

PROFESSIONAL & COMMUNITY ORGANIZATIONS

Organizations, Offices & Activities	Date(s)
	/ to /

REFERENCES

Provide the following data for three people (not relatives) whom we may contact regarding your work qualifications.

Name	Relationship
Address	Phone Number
City, State, Zip	Email

Name	Relationship
Address	Phone Number
City, State, Zip	Email

Name	Relationship
Address	Phone Number
City, State, Zip	Email

GENERAL INFORMATION

Briefly state why you are interested in the position and why you feel you are qualified for this position.

Valid Minnesota Driver's License? Yes No **If yes, provide number:** **Class:**

Have you had any moving violations in the past 5 years? Yes No **If yes, how many?**
Nature of offense(s):

Since the age of 18 have you ever been convicted of a crime for which jail sentence could have been imposed?
 Yes No
If yes, explain.

By signing this application, I certify the information contained herein 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 Maple Plain to verify the information I have provided in this Employment Application, including employment history, education and other background investigations. I hereby authorize all current and previous employers to release job-related information to the City of Maple Plain.

Signature:

Date: / /

VETERAN'S PREFERENCE

The City of Maple Plain awards a five (5) point preference to those individuals who have received an honorable discharge or separation after serving more than 180 consecutive days in active military service other than training. A ten (10) point preference is given to disabled veterans. Veteran's preference may not be claimed by any veteran who is receiving, or is eligible to receive, veteran's pension benefit based exclusively on length of military service.

Applicant Name (*First, Middle, Last*)

Address

Position Applying For:

City, State, Zip

Applying for Veteran's Preference? Yes No

If yes, applying for: Veteran Disabled Veteran Spouse of Deceased Veteran Spouse of Disabled Veteran

Veteran Self Spouse

If spouse, veteran's name:

Branch of Service:

Position Applying For:

City, State, Zip

Applying for Veteran's Preference? Yes No

Branch of Service:

Rank at Discharge:

Discharge Date: / /

Are you receiving or eligible for military pension?

Yes No

Do you have a compensable service-related disability?

Yes No

Your preference points application cannot be considered without supporting documentation, establishing your right to claim the preference. If the documentation is not attached it must be received by the City no later than seven (7) calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

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

Signature:

Date: / /

APPLICANT DATA RECORD

The following information is being gathered not for employment decisions, but for record keeping and used to evaluate our overall efforts in reaching all segments of the population. Your responses are strictly voluntary and will be kept confidential. This information is not part of the application file and is removed from the application when received by the City. The City of Maple Plain appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position Applying For:

How did you hear of the position?

City Web site League of Minnesota Cities Web site Newspaper:
 Trade/Professional Organization Friend/Relative Other:

Gender

Male
 Female

Age Group

Under 40
 40-55
 Over 55

Disability Status

Male
 Female

Racial/Ethnic Group

Asian/Pacific Islander
 African American
 Hispanic
 Native American/Alaskan Eskimo
 Caucasian (White)
 Other: