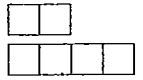




# City of Mendota Heights



Personnel Department • 1101 Victoria Curve • Mendota Heights, MN 55118 • (651) 452-1850 • FAX (651) 452-8940

## APPLICATION FOR EMPLOYMENT

We welcome your application for employment. It will be considered with others for the position you specify. Our policy is to provide equal opportunity in employment, and to prohibit discrimination on the basis of race, color, sex, creed, religion, national origin, age, marital status, disability, political affiliation, or status with regard to public assistance. This policy applies to full-time, part-time, and seasonal and temporary employment.

Please furnish us with complete information. Your opportunity for employment may be reduced if your application is incomplete. We encourage you to attach any additional information which you believe qualifies you for the position. Any materials submitted in support of an application are not normally returned. Do not submit an original document if it is your only copy. Applications must be received by the application deadline or must be postmarked at least one day proceeding the deadline. **LATE APPLICATIONS WILL NOT BE ACCEPTED.**

PLEASE PRINT IN INK OR USE A TYPEWRITER

<b>TITLE OF POSITION FOR WHICH YOU ARE APPLYING:</b>	<b>DATE:</b>
_____	_____

### PERSONAL INFORMATION

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State Zip Code

HOME PHONE NUMBER \_\_\_\_\_ OTHER (DAYTIME) PHONE NUMBER \_\_\_\_\_

May we contact you at work?  Yes  No Are you over age 18?  Yes  No

If position involves driving, indicate Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

### EMPLOYMENT DESIRED

Type of employment desired:  Full-Time  Part-Time  Temporary/Seasonal

Salary desired: \_\_\_\_\_ Date available: \_\_\_\_\_ Are you employed now?  Yes  No

May we contact your present employer?  Yes  No If NO, explain \_\_\_\_\_

Have you been previously employed by the City of Mendota Heights?  Yes  No

Position(s) \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Circle the highest grade completed:

Grade School  
1 2 3 4 5 6 7 8

High School  
9 10 11 12 or GED

College  
13 14 15 16

Post-Graduate  
MA MS PHD LIB

Did you graduate from High School?

Yes  No

Name of School: \_\_\_\_\_

Name and location of college, university technical/vocational/business schools	Course of study	# of years attended	Did you graduate?	Degree received

List any relevant certificates, awards, correspondence courses, special courses, or special training you have taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To be completed by applicants for ADMINISTRATIVE, PROFESSIONAL, FISCAL and CLERICAL positions only:**

Typing ability?  Yes  No      Words per minute \_\_\_\_\_

Business machine operation and experience. In addition to listing typewriter, 10-key, dictaphone, etc., experience, **please include specific information regarding any computer operating experience including specific software programs:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To be completed by applicants for LABOR/MAINTENANCE and SKILLED TRADE POSITIONS only:**

Trades learned, apprenticeships served, current licenses/certificates held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Capable of operating the following equipment:

\_\_\_\_\_

\_\_\_\_\_

**JOB RELEVANT VOLUNTEER OR UNPAID WORK EXPERIENCE**

Kind of Activity	Work Performed	# Hrs./Mo.	From	To

**Employment History**

Please give accurate, complete employment information for the past ten years. List your present or most recent experience **FIRST**. Attach additional sheets if necessary. Even if you have attached a resume, you must complete this section.

Employer's name: _____	Length of employment
Address: _____	From: _____ month year
Phone number: _____ Supervisor: _____	To: _____ month year
Your title: _____ Supervisor's title: _____	Total: _____ years months
Principal responsibilities (be complete): _____ _____	Hours per week: _____
Number and type of positions you supervised: _____ _____	Last salary: _____
	Reason for leaving: _____ _____

Employer's name: _____	Length of employment
Address: _____	From: _____ month year
Phone number: _____ Supervisor: _____	To: _____ month year
Your title: _____ Supervisor's title: _____	Total: _____ years months
Principal responsibilities (be complete): _____ _____	Hours per week: _____
Number and type of positions you supervised: _____ _____	Last salary: _____
	Reason for leaving: _____ _____

Employer's name: _____	Length of employment
Address: _____	From: _____ month year
Phone number: _____ Supervisor: _____	To: _____ month year
Your title: _____ Supervisor's title: _____	Total: _____ years months
Principal responsibilities (be complete): _____ _____	Hours per week: _____
Number and type of positions you supervised: _____ _____	Last salary: _____
	Reason for leaving: _____ _____

Employer's name: _____	Length of employment
Address: _____	From: _____ month year
Phone number: _____ Supervisor: _____	To: _____ month year
Your title: _____ Supervisor's title: _____	Total: _____ years months
Principal responsibilities (be complete): _____	Hours per week: _____
_____	Last salary: _____
Number and type of positions you supervised: _____	Reason for leaving: _____
_____	_____

## CRIMINAL HISTORY BACKGROUND CHECKS

The City of Mendota Heights conducts criminal history background checks on all regular full-time or part-time employees.

For sworn police positions, felony convictions (and certain other convictions mandated by the state licensing board for police) will automatically disqualify you from further consideration. For non-police positions, the city will look at the type of conviction and whether it is directly related to the job for which you are applying.

Candidates for positions working with children will not be selected if they have been convicted of any crime listed in the Child Protection Worker Act (Minnesota Statutes 299C.61 & 62). Generally, this includes child abuse crimes, murder, manslaughter, felony level assault or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct, and prostitution-related crimes.

Before any applicant (other than applicants for positions within the police or fire department) is rejected on the basis of criminal conviction, he or she will be notified in writing and will be given any rights afforded by Minnesota Statutes Chapter 364. This includes the right to show evidence of rehabilitation.

### IMPORTANT FACTS FOR YOU TO KNOW CONCERNING YOUR APPLICATION

Information requested on your application that is defined by Chapter 13, Minnesota Statutes as public may be released on request and include job history, education and training, relevant test scores, and work availability. If you are selected as a finalist for a position, your name will become public information. Other information will be considered private and will be used only in conjunction with your possible employment. Only authorized city personnel with a need to review this data will have access to it.

### READ AND SIGN

I authorize investigation of all statements contained in this application for employment as may be necessary to arrive at an employment decision. I certify that all answers to the above questions are true and understand that any false information on or omission of information from this application (including any additional information required for public safety applications) may be cause for rejection of this application or termination of employment without notice or benefits.

\_\_\_\_\_  
Application's Signature

\_\_\_\_\_  
Date

**EQUAL OPPORTUNITY EMPLOYER**

PLEASE RETURN THIS WITH YOUR APPLICATION

CITY OF MENDOTA HEIGHTS  
ELECTION OF VETERAN'S PREFERENCE

NAME: \_\_\_\_\_  
(First, Middle, Last)

Do you wish to claim a veteran's preference?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please check the preference you are claiming:

\_\_\_\_\_ Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).

\_\_\_\_\_ 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).

\_\_\_\_\_ Spouse of deceased veteran.

\_\_\_\_\_ Spouse of disabled veteran who is unable to use preference due to disability.

NOTE: If you elect to use a veteran's preference, you must attach the documentation establishing your right to claim the preference (DD214 Form).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

