

# Application for Employment



**City of Austin**  
500 Fourth Avenue NE  
Austin, MN 55912  
507-437-9940  
www.ci.austin.mn.us

Date Received  
(Internal Use Only)

We welcome your application for employment. Please furnish us with complete information to assist us in giving you full consideration. Additional information, which you believe qualifies you for the position for which you are applying, may be attached to this application.

The City of Austin is an affirmative action employer. It is our policy to provide equal employment opportunities to all. The City of Austin does not discriminate on the basis of race, color, creed, religion, national origin, sex, disability, age, marital status or status with regard to public assistance. Individuals are evaluated and selected on the basis of merit.

## PERSONAL INFORMATION

Name:				
Last	First	Middle		
Present Address:				
Street	City	State	Zip Code	
Permanent Address: (If different from above)				
Street	City	State	Zip Code	
Home Phone Number		Cell Phone Number	Email address	
Are you under 18? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state date of birth: _____				
Are you willing to work overtime if required? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you a United States citizen OR if not, do you have permission to work in this country? Yes <input type="checkbox"/> No <input type="checkbox"/> (Verification will be required.)				

## WORK PREFERENCE

Type of work you are interested in or position for which you are applying:	
Employment Condition desired:	
<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Other (Please explain):	
Date Available:	Have you previously been employed by the City of Austin? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date(s) _____ position _____

## EDUCATION AND TRAINING

Highest Grade Completed:	High School 9 10 11 12	College 13 14 15 16	Graduate School 1 2 MA PHD
Last High School: Name _____ Address _____			Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>

### SCHOOLS

TYPE	NAME/LOCATION	NUMBER OF CREDITS		DEGREE	MAJOR / MINOR	AVERAGE GRADE
		QUARTER	SEMESTER			
COLLEGE/ UNIVERSITY						
COLLEGE/ UNIVERSITY						
GRADUATE						
TECHNICAL						

List any correspondence courses, special courses, seminars, workshops and training programs you attended that might be related to this position. Please review the job description before responding.

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### Complete this section if position requires a valid driver's license.

Please indicate whether you have any of the following licenses.

- Minnesota Class A Driver's License No. \_\_\_\_\_
- Minnesota Class B Driver's License No. \_\_\_\_\_
- Minnesota Class D Driver's License No. \_\_\_\_\_
- Other (List State, Class and No.) \_\_\_\_\_
- Expiration Date \_\_\_\_\_

If relevant, list other current registrations, licenses or certificates you have. Include date first issued and expiration of current license.

Registration, Licenses, Certificates	Date of Issue	Date of Expiration

### To be completed by applicants for clerical positions only.

Typing ability:  Yes  No \_\_\_\_\_ WPM      Can you operate dictating equipment:  Yes  No

Personal Computer:  Yes  No

Please list computer applications that you are familiar with: \_\_\_\_\_

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Other office equipment you can operate: \_\_\_\_\_

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### To be completed by applicants for labor and skilled trade positions only.

Apprenticeship(s) served or trades learned: \_\_\_\_\_

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Capable of operating the following equipment: \_\_\_\_\_

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**ACTIVITIES – with a direct bearing on your qualifications for the position.**

*Exclude organizations indicating race, creed, religion, color, sex, national origin, marital status, political affiliation, age or disability in their name or character.*

**Membership in Civic, Professional, Social or other organization (show offices held)**

Current:

Past:

**EMPLOYMENT HISTORY – Please list past employers beginning with your most recent employment.**

Are you presently employed?  Yes  No

May we contact your present employer?  Yes  No

Employer

Address

Fulltime?

Yes

No

Supervisor: Name

Title

Telephone Number

Job Title:

Date Employed: From To  
(month/year)

Nature of Duties:

Reason for leaving or seeking change of position:

Employer

Address

Fulltime?

Yes

No

Supervisor: Name

Title

Telephone Number

Job Title:

Date Employed: From To  
(month/year)

Nature of Duties:

Reason for leaving or seeking change of position:

Employer

Address

Fulltime?

Yes

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(month/year)

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No

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Job Title:

Date Employed: From To  
(month/year)

Nature of Duties:

Reason for leaving or seeking change of position:

## ADDITIONAL WORK EXPERIENCE

*Relating to the type of employment you are seeking. Include fulltime, temporary and part-time positions. Indicate dates, employer and job titles.*


## UNSALARIED EXPERIENCE

Volunteer Organization	Street	City	State
Position Held	Duties Performed		
Immediate Supervisor	Phone Number		
Dates of Participation	Hours per Week	Skills Learned	
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Position Held	Duties Performed		
Immediate Supervisor	Phone Number		
Dates of Participation	Hours per Week	Skills Learned	

Was any of your education or experience under another name?    Yes    No   If yes, what name?

## CONVICTION INFORMATION

Applicants who are finalists may be subject to a criminal background investigation. A conviction will not automatically disqualify you from employment. Each case is considered on its individual merits and the type of work for which you are applying. However, making false statements or withholding information will cause you to be barred from employment, or removed from employment.

Per Minnesota Statutes, Chapter 364, the City of Austin will require applicants for positions within our police and fire departments to provide information about criminal convictions at the time of application. This will be done through a separate supplemental questionnaire.

## REFERENCES

Please list below the names of three or four people who are not related to you.

Name and Occupation	Years Acquainted	Address	Phone Number

## VETERAN'S PREFERENCE POINTS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam Results. Points are awarded subject to provisions of Minnesota Statutes 43A.11. To be eligible for veterans 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 (as defined by above) or the spouse of a disabled veteran who because of the disability is not able to qualify.

The information you provide on this form will be used to determine your eligibility for veterans' 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 veterans DD214 and FL-802 or death certificate.**

If you supply the supporting documentation by separate mail, your name and position applied for must be included.

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

If you answered "yes," your DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position

### 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 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 7 calendar days after the application deadline for the position in order to guarantee points awarded in a timely manner.

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

**FOR OFFICE USE ONLY**

**10 points** \_\_\_\_\_

**15 points** \_\_\_\_\_

**Please be sure to sign this application and  
read the following statements carefully:**

1. I have read and understand the job announcement for the position for which I am applying.
2. I certify that all the information I have provided on this application is correct and that I have not omitted any information. I understand that giving false information or omitting requested information may disqualify me from further consideration for employment or result in dismissal, if discovered at a later date.
3. I authorize the City of Austin to verify this information to determine whether or not I am qualified for the position for which I am applying.
4. I hereby authorize all current and previous employers to release job-related information to the City of Austin. 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.
5. I understand that criminal history checks may be conducted and that conviction of a crime related to this position may result in my being disqualified for this job opening.
6. I hereby authorize the City of Austin to conduct a criminal history check and have access to such records for purposes of determining my eligibility for employment with the City.
7. I understand that it is my responsibility to notify the City of Austin in writing of any changes to information reported on this application.

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Signature

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Printed Name

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Date