



# APPLICATION FOR EMPLOYMENT

Office Use Only  
Date Received by City:  
  
 P.C.S.

What position are you applying for?	Available Start Date:
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**PERSONAL INFORMATION**

Last	First	Middle
<b>NAME</b>		

Street	City	State	Zip Code
<b>ADDRESS</b>			

Home Phone No.	Cell Phone No.	Work Phone No.
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Do you legally have the right to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No - Date of birth:	E-mail Address:
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Employment Condition Desired <input type="checkbox"/> Full-time <input type="checkbox"/> On-call <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal	Have you previously been employed by the city? <input type="checkbox"/> No <input type="checkbox"/> Yes – Date & position:	Do you have any relatives working for the city? <input type="checkbox"/> No <input type="checkbox"/> Yes - Name & relationship:  <i>(If yes, see Notice to Applicant section)</i>
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**EDUCATION**

School Name & Location	Did you Graduate?	Certificate/Diploma/Degree Earned	Major/Minor
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		
College/University/Technical School			
College/University/Technical School			
College/University/Technical School			

**MAIL OR FAX FULLY COMPLETED APPLICATION TO:**

**CITY OF MINNETONKA**  
Human Resources  
14600 Minnetonka Boulevard  
Minnetonka, MN 55345

FAX: (952) 939-8243  
or  
(952) 939-8244

For more information, call (952) 939-8200 or visit our Web site at [www.eminnetonka.com](http://www.eminnetonka.com)

## WORK EXPERIENCE

➤ LIST WORK EXPERIENCE BEGINNING WITH MOST RECENT

➤ Fill out completely, do not write "see resume"

<b>NAME &amp; ADDRESS OF EMPLOYER</b>			
Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hours/Wk	Last Salary \$	
Dates of Employment	<i>From</i> _____ <i>To</i> _____	<i>TOTAL YEARS</i>	<i>MONTHS</i>
<i>Do not specify dates for employment over 7 years ago; however, do specify total years and months you worked that job.</i>			
Reason for Leaving			
Primary Responsibilities			
_____			
_____			
_____			
Supervisor's Name	<i>Title</i>	<i>Phone No.</i>	

<b>NAME &amp; ADDRESS OF EMPLOYER</b>			
Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hours/Wk	Last Salary \$	
Dates of Employment	<i>From</i> _____ <i>To</i> _____	<i>TOTAL YEARS</i>	<i>MONTHS</i>
<i>Do not specify dates for employment over 7 years ago; however, do specify total years and months you worked that job.</i>			
Reason for Leaving			
Primary Responsibilities			
_____			
_____			
_____			
Supervisor's Name	<i>Title</i>	<i>Phone No.</i>	

<b>NAME &amp; ADDRESS OF EMPLOYER</b>			
Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hours/Wk	Last Salary \$	
Dates of Employment	<i>From</i> _____ <i>To</i> _____	<i>TOTAL YEARS</i>	<i>MONTHS</i>
<i>Do not specify dates for employment over 7 years ago; however, do specify total years and months you worked that job.</i>			
Reason for Leaving			
Primary Responsibilities			
_____			
_____			
_____			
Supervisor's Name	<i>Title</i>	<i>Phone No.</i>	

## WORK EXPERIENCE - continued

<b>NAME &amp; ADDRESS OF EMPLOYER</b>			
Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hours/Wk	Last Salary \$	
Dates of Employment	<i>From</i> _____ <i>To</i> _____	TOTAL YEARS	MONTHS
<i>Do not specify dates for employment over 7 years ago; however, do specify total years and months you worked that job.</i>			
Reason for Leaving			
Primary Responsibilities			
_____			
_____			
_____			
Supervisor's Name	Title	Phone No.	

<b>NAME &amp; ADDRESS OF EMPLOYER</b>			
Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hours/Wk	Last Salary \$	
Dates of Employment	<i>From</i> _____ <i>To</i> _____	TOTAL YEARS	MONTHS
<i>Do not specify dates for employment over 7 years ago; however, do specify total years and months you worked that job.</i>			
Reason for Leaving			
Primary Responsibilities			
_____			
_____			
_____			
Supervisor's Name	Title	Phone No.	

May we contact your PRESENT employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, explain _____	
	<input type="checkbox"/> Yes, but not until job is offered.		
May we contact your PAST employer(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, explain _____	

ADDITIONAL INFORMATION RELEVANT TO POSITION
<b>Volunteer and unpaid work experience</b> (Do not specify organization)
_____
<b>Familiarity with word processing, data management, spreadsheet, or other software programs</b>
_____
<b>Current licenses and certificates</b>
_____
<b>Current professional memberships</b>
_____
<b>Other experience or training that qualifies you for this position</b>
_____
<b>If position will involve driving a city vehicle, please indicate:</b>
Driver's License No. _____ State _____ Class _____

## ELECTION OF VETERAN'S PREFERENCE

Do you wish to claim a Veteran's Preference?

NO  YES

If yes, 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. Veteran's Administration or 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.

*If you elect to use a veteran's preference, you will be required to present documentation establishing your right to claim the preference.*

## THE CITY OF MINNETONKA IS AN EQUAL OPPORTUNITY EMPLOYER

The city does not discriminate on the basis of race, color, creed, national origin, sex, religion, age, disability, affectional preference, marital status, political affiliation or belief, or status with regard to public assistance in employment. Accommodations will be provided, upon request, to allow individuals with disabilities to participate in the application process for any job openings.

## NOTICE TO APPLICANT

- The information that you are asked to provide in this application is classified as either public or private by Minnesota law. The public information is available to anyone who asks for it. The private information is available only to you, someone you have authorized, city staff who have a need to know it, and other state and federal agencies who have a need to know it, such as the Internal Revenue Service and the Social Security Administration. Your name will remain private until you are a finalist for a position.
- You are not legally required to provide the requested information. Racial, gender, and disability data is voluntary and will not be used in any way in the employment selection process. Failure to provide any of the other requested information may disqualify you from consideration for employment. Except as noted, the requested information will be used to determine your qualifications for employment.
- Relationship to other City Personnel. Except for spouses, no person will be appointed as a regular, temporary, or seasonal employee who is a member of the immediate family (children, parents, siblings, grandparents, grandchildren, parents-in-law, children-in-law, brothers-in-law, sisters-in-law, similar step family members) or is the aunt, uncle, niece or nephew of any elected official, any regular City employee, or any appointed official. No spouse will be appointed as a regular, temporary, or seasonal employee if the other spouse has the authority to appoint, supervise, evaluate, or discipline the position or if the position is classified as confidential.
- All materials submitted in support of an application are normally retained with the application and are not returned.

**I understand that I may be rejected from consideration or dismissed from employment if in connection with this application I provide false information, fail to provide material information, or fail to provide required proofs.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## THIS PAGE WILL BE SEPARATED FROM YOUR APPLICATION PRIOR TO RECRUITMENT REVIEW

### EQUAL OPPORTUNITY/AFFIRMATIVE ACTION DATA

The purpose of collecting the data below is to comply with State and Federal Equal Opportunity Employment reporting and other legal requirements. Periodic reports are made to the government using the following information.

**This form will be filed separately from your application and it will not be used in our recruitment evaluation process.** The following information is requested for reporting purposes only.

Please note that your cooperation in providing the following data is **voluntary** and inclusion or exclusion of data will not affect any recruitment selection process.

<b>POSITION APPLIED FOR</b>			<b>DATE</b>
<b>AGE</b> (Check One)	<b>SEX</b> (Check One)	<b>RACE/ETHNIC GROUP</b> (Check One)	<b>DO YOU HAVE A DISABILITY?</b> (Check One)
<input type="checkbox"/> 17 or under	<input type="checkbox"/> Female  <input type="checkbox"/> Male	<input type="checkbox"/> African American	<input type="checkbox"/> No  <input type="checkbox"/> Yes (Have a physical, sensory, or mental impairment which substantially limits a major life activity or have a history of such impairment.)
<input type="checkbox"/> 18 – 39		<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> 40 or over		<input type="checkbox"/> Asian or Pacific Islander	
	<input type="checkbox"/> Caucasian		
		<input type="checkbox"/> Hispanic	
		<input type="checkbox"/> Other	

### HOW DID YOU LEARN OF THIS POSITION?

(Check One)

<input type="checkbox"/> Walk-In	<input type="checkbox"/> City Facility Posting
<input type="checkbox"/> Sun Sailor Publication	<input type="checkbox"/> City Web site
<input type="checkbox"/> Star Tribune Publication	<input type="checkbox"/> City JobLine
<input type="checkbox"/> League of Minn. Cities Publication/Website	<input type="checkbox"/> City Cable Channel
<input type="checkbox"/> OTHER Publication – Name:	<input type="checkbox"/> OTHER Website – Name:
<input type="checkbox"/> Minnesota Job Bank	<input type="checkbox"/> P.O.O.L.
<input type="checkbox"/> Employee Referral	<input type="checkbox"/> College Posting – Name:
<input type="checkbox"/> OTHER SOURCE – Name:	

### PRE-EMPLOYMENT REQUIREMENTS

If you are a finalist for this position, you may be required to participate in the following job-relevant background and skill reviews, at the employer's expense, to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not reasonable accommodations are necessary for you:

- Verification of past employment and education
- Credit history
- Four-hour Career Assessment
- Driving background check
- Criminal history background check
- Drug testing
- Physical exam
- Skills testing
- Agility

# CITY OF MINNETONKA SHARED VALUES

## Adaptable Learning & Innovation

- We support on-going learning, recognizing and growing from our mistakes, and strive to continually improve both as individuals and as an organization.
- We support individual and organizational flexibility which encourages active innovation and reasonable risk-taking.
- Every day we have an opportunity to use our individual talents to do great work.

## Authentic Communication

Our communication processes allow for:

- meaningful two-way communication (active listening);
- people to be “in the know”;
- open-minded responses to feedback;
- healthy disagreements; and
- being direct in a respectful way.

## Healthy Human Relationships

- We take personal responsibility for our own actions and for doing what we say we are going to do.
- We enjoy a healthy atmosphere of trust and respect by being trustworthy and respectful.
- We are fair and reasonable in our dealings with each other, our customers, and throughout the organization.
- Our work environment supports the need to balance our careers with family and other important facets of our lives.
- We are committed to our own emotional and physical health.
- We will strive to maintain a healthy and safe working environment.

## Contagious Enthusiasm

- Our climate supports a workplace that emanates positive energy and that is enjoyable (i.e., fun).
- We don't take ourselves too seriously.

## Outcome Focused Teamwork

- We clearly understand what outcomes are expected of us.
- Our work reflects our focus on excellence and on providing exceptional customer service.
- Teamwork and cooperation are the norm in our organization.

## Shared Success

- We equally share responsibility for achieving quality results.
- We freely celebrate our successes in our workplace.
- Meaningful recognition and rewards for excellent service occur frequently and often spontaneously.



*Excellence with Integrity*  
*...doing the right thing, at the right time, for the right reason*