

(507) 634-7071  
(507) 634-4737 fax  
www.cityofkasson.com

401 5<sup>th</sup> St SE  
Kasson, MN 55944

# ***EMPLOYMENT APPLICATION***



## **City of Kasson**

The City of Kasson welcomes you as an applicant. As an equal opportunity employer, the City of Kasson considers applicants for all positions without regard to race, color, creed, age, religion, national origin, gender, disability, status with regard to public assistance, sexual orientation, marital or veteran status or any other legally protected status.

### **Application Guidelines**

To ensure that your application will be accurately processed:

- Complete a separate application for each position you are applying for.
- Make sure the application is completed in its entirety. Incomplete applications may lose credit or be removed from further consideration. **Resumes will not be accepted in lieu of a completed application.**
- Applications will not be accepted after the closing date and time of the job announcement.
- For jobs with an experience and training rating, your score will be determined by an evaluation of the job related experience and training you describe on the application form.
- Your application and all attachments become the property of the City of Kasson and will not be returned.

## Personal Information

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s) – day / evening \_\_\_\_\_

Email address \_\_\_\_\_

Have you ever been employed with us before? (If so, when?) \_\_\_\_\_

Are you available to work: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary \_\_\_ Seasonal

Date Available: \_\_\_\_\_ Are you over age 18? \_\_\_ Yes \_\_\_ No

Are you fluent in a language, including sign language other than English and if so which?: \_\_\_\_\_

Do you have any standing misdemeanor or felony convictions? \_\_\_ If yes, explain \_\_\_\_\_

## DRIVERS LICENSE(S)

Drivers License #: \_\_\_\_\_ License Class (A,B,C,D) \_\_\_\_\_

State License Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## EDUCATION

Educational Institution	Name and Address of Institution	Course (Major/Minor)	Level of Education	Did you Graduate? (Y/N)	List Diploma or Degree Awarded
High School					
College					
College					
Other (Specify)					

## Other Licenses

Please list any other licenses, registrations, certificates or profession memberships that are required or pertinent to the position for which you are applying. If this licensing, etc., is required for the position, and you fail to include a photocopy of it with your application form, your name will be removed from further consideration for the position. If this licensing is not required for the position but you feel it is relevant and may be an item for which we are awarding points, a photocopy **must** be included with your application for credit to be awarded.

License or Certificate	Licensing Agency	Expiration Date	License Number

## Work/Volunteer Experience

List all work and volunteer experience, most recent to be listed first. If you need additional space please continue on a separate sheet of paper. **While resumes are welcome, please do not write "see resume".**

Employer \_\_\_\_\_ Dates of employment \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_  
May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No Why? \_\_\_\_\_  
Supervisor's name/title: \_\_\_\_\_  
Supervisor's phone number \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Your position/job title \_\_\_\_\_ Salary \_\_\_\_\_  
Principal duties/responsibilities:

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Employer \_\_\_\_\_ Dates of employment \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_  
May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No Why? \_\_\_\_\_  
Supervisor's name/title: \_\_\_\_\_  
Supervisor's phone number \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Your position/job title \_\_\_\_\_ Salary \_\_\_\_\_  
Principal duties/responsibilities:

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Address \_\_\_\_\_  
May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No Why? \_\_\_\_\_  
Supervisor's name/title: \_\_\_\_\_  
Supervisor's phone number \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Your position/job title \_\_\_\_\_ Salary \_\_\_\_\_  
Principal duties/responsibilities:

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Employer \_\_\_\_\_ Dates of employment \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_  
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Supervisor's name/title: \_\_\_\_\_  
Supervisor's phone number \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
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Principal duties/responsibilities:

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Principal duties/responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Address \_\_\_\_\_  
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Supervisor's name/title: \_\_\_\_\_  
Supervisor's phone number \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Your position/job title \_\_\_\_\_ Salary \_\_\_\_\_  
Principal duties/responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Experience/Equipment**  
Describe any additional experience or training that qualifies you for this job and any software/hardware or office equipment you are familiar with. (Be Specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional References**

List people who know you well, preferably from a work environment and not an acquaintance or relative.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

## Tennessee Warning

In accordance with the Minnesota Government Data Practices Act, the City of Kasson is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public; the personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment at the City of Kasson. All data collected is considered private except for the following:

1. Your veteran's status
2. Relevant test scores
3. Your rank on our eligibility list
4. Your job history
5. Your education and training
6. Your work availability

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of the City of Kasson. 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, to appropriate city employees, and others as provided by state and federal law who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data.

Except for race, sex, age and disability data, the information you give us about yourself is needed to identify you and to assist the City of Kasson Human Resource office in determining your suitability for the position for which you are applying. Race, sex, age and disability data are used in summary form by the City to monitor protected class employment and to meet federal, state and local reporting requirements.

## Applicant Certification

1. I certify that answers given herein are true and complete to the best of my knowledge.
2. I authorize investigation of any and all information which may concern my current and previous employment record, including results of state or federally mandated drug and/or alcohol tests. I hereby release my present and former employers to release job related information to the City of Kasson, or its agent on its behalf. However, I understand that if, in the Employment Experience section, I have answered "No" to the question "May we contact this employer?" contact with the employer will not be made without my specific authorization.
3. I understand that this application is not intended to be a contract of employment, and that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time.
4. I understand the above statement "Tennessee Warning" regarding the Minnesota Government Data Practices Act (MN Statutes 13.04 and 13.43).
5. I certify that I am fully aware of the essential functions of the position for which I am applying and am capable of carrying them out with or without reasonable accommodations.
6. I understand that providing false information on this application may result in dismissal from any position gained on the basis of that false information.
7. I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the City Council and that until such approval that the City shall not be liable for any reliance on any oral or written offers of employment made to me.

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Signature of Applicant

Date

Please return this application to: City of Kasson, Human Relations, 401 5<sup>th</sup> St SE, Kasson, MN 55944  
(507) 634-7071, Fax (507) 634-4737 or email to [cityhall@cityofkasson.com](mailto:cityhall@cityofkasson.com)

## Veterans Preference

You are not required to supply this information, but we cannot award veteran points without it.

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 the provisions of Minnesota Statutes 43A.1. 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(as defined above); or be 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 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 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.

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

Are you applying for veteran's preference points?  Yes  No

Supporting documentation:  is attached  will be submitted within 7 days.

Veteran:  self  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?:  Yes  No

Do you have a compensable service-related disability?  Yes  No

**Affirmative Action Applicant Information/Equal Employment Opportunity**

Position applied for \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Other: \_\_\_\_\_ Age \_\_\_\_\_

**Racial/Ethnic Identification:** If you are multi-racial, please choose one race you most closely identify with

\_\_\_\_\_ White

\_\_\_\_\_ Black/African-American

\_\_\_\_\_ Asian/Pacific Islander

\_\_\_\_\_ American Indian/Alaskan

\_\_\_\_\_ Hispanic