



CITY OF MOTLEY

316 Hwy 10 South

Motley, MN 56466

Office: 218-352-6200 Fax: 218-352-6092

APPLICATION FOR EMPLOYMENT

Personal Information				
Last Name		First Name	Middle Name	Today's Date
Street Address		City	State	Zip Code
Home Phone: (____) _____ - _____		Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>		
Cell Phone: (____) _____ - _____				
Other: (____) _____ - _____				
Are you 18 or over? ____Yes ____No				
Title of Position Applying For			Date Available to Work	
Have you been previously interviewed or employed by the City of Motley? ____Yes ____No If Yes, list date(s) and job title(s):				
Do you have any relatives currently working for the City of Motley? ____Yes ____No If Yes, list names and relationship to you:				
Are you employed now? ____Yes ____No If so, may we contact your present employer? ____Yes ____No				

Education				
	Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School				
College				
Graduate School				
Technical or Certificate Programs				

Employment History Please provide the following information for your previous three employers, beginning with the most recent. If you have additional, directly relevant previous work experience, please attach an additional page. Please attach an additional page if necessary, do not use “see attached resume”.

Employer:	Dates Employed: From_____ To_____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Employer:	Dates Employed: From_____ To_____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Employer:	Dates Employed: From_____ To_____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, licensing, etc.)

Please list any special awards, honors, scholarships, membership in any professional organizations, or offices held.

References				
Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

If applicable, please indicate whether you hold the following valid driver's licenses:

Class A ____ Class B ____ Class C ____ Class D ____ License #: _____ State Issued: _____

ACKNOWLEDGMENT & SIGNATURE

The City has the right to verify information provided in this application. I may be discharged if there are any misrepresentations on this application or my resume, or made by me in an interview which may be discovered now or anytime in the future.

In connection with this application for employment, I authorize the City of Motley and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the City of Motley and any agents acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

☐ YES

☐ YES, but not present employer until job is offered.

☐ NO (We may be unable to hire you without this information.)

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information below.

Name of Applicant (printed)

Signature of Applicant

Date

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd. 2). If you become employed by the City, the data will be available to individuals within the City whose work assignments reasonably require access, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the City Clerk by letter.

Private Data	Why We Ask For It	Are You Legally Obligated To Provide It?	What May Happen If You Don't Provide It
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application. ***Once you become a finalist for a position, your name becomes public data.
Date of Birth (when requested on a separate form)	To conduct a check of criminal records for certain positions.	No	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.

ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC; THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE

FOR OFFICE USE ONLY:

Application Received:	Any/all Additional Materials Received:	Veteran's Preference Points (if applicable):	Selected for Interview:

Election of Veteran's Preference – Addendum to Application Form

To qualify for Veterans Preference, the Veteran must meet all of the following:

- 1) Have separated under honorable conditions from any branch of the armed forces of the United States;
- 2) Have served on active duty for 181 consecutive days or more or for the full period ordered to active duty
OR have separated by reason of disability incurred while serving on active duty;
- 3) Be a United States citizen or resident alien;
- 4) Not be eligible for or currently receiving a monthly veteran's pension benefit based on length of military service.

If you meet the above requirements and you wish to claim a veteran's preference, please check the preference you are claiming:

☐ I am a non-disabled veteran (10 points)

☐ I am a disabled veteran with a currently existing, compensable, service-connected disability as judged by the U.S. Veteran's Administration or by the Retirement Board of the Branches of the Armed Forces (15 points)

☐ I am the widow/widower (not remarried) of a deceased veteran (10 points)

☐ I am the spouse of a disabled veteran who cannot work because of the disability (15 points)

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veterans 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 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.

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 seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.

Supporting documentation: ☐ is attached, or ☐ will be submitted within 7 days of application deadline

Signature _____

Date _____