



## CITY OF WEST ST. PAUL

1616 Humboldt Avenue  
West St. Paul, Minnesota 55118  
(651) 552-4100 TDD: (651) 322-2323

### APPLICATION FOR EMPLOYMENT

#### NOTICE TO APPLICANTS - WELCOME

The City of West St. Paul appreciates your interest in a position with the City. Your application will be considered in competition with others for the position you have listed on this form. The City is committed to the policy that all persons shall have equal access to its programs facilities and employment without regard to race, color, creed, religion, national origin, marital status, disability, sexual orientation, status with regard to public assistance, political affiliation, sex or age.

Please be advised that in accordance with Minnesota Statute the following information is considered public data: veteran status; job history; education and training; and work availability. Applicants' names are considered private data except at such time that an applicant is considered as a finalist for public employment. Should you become an employee of the City of West St. Paul, this application will become a part of City personnel records and as such will be subject to all uses and restrictions consistent with the Minnesota Data Practices Act.

#### NOTICE TO APPLICANTS - INSTRUCTIONS FOR COMPLETING APPLICATION

1. Fill out a separate application for each job if applying for more than one.
2. Read the Job Announcement carefully to be sure you meet all minimum requirements.
3. Applications are accepted only for the job posted and **MUST BE RECEIVED (NOT POSTMARKED)** by the City of West St. Paul by 4:00 p.m. on the closing date. The City of West St. Paul cannot be responsible for failure of other agencies or postal services to forward applications by the deadline.
4. All material submitted in support of your application becomes the property of the City of West St. Paul and cannot be returned. Work samples, letters of recommendation, etc., should not be submitted at the time of application.

#### INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
City State Zip Email: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Check one: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal

Date Available: \_\_\_\_\_ Pay Requested: \_\_\_\_\_

#### STATEMENT OF INTEREST:

Give a brief statement of why you are interested and feel qualified for the position(s):

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**PROMOTING AND PRESERVING A COMMUNITY OF EXCELLENCE  
BY THE ETHICAL, RESPONSIVE, EFFICIENT AND INNOVATIVE PROVISION OF  
SERVICES AA/EOE**

**EDUCATION:**

Types of School	Name and Address of School	Major Area of Study	Did You Graduate?	Degree Obtained
High School				
Technical School				
College				
Graduate School				
Military				

- List applicable courses, seminars, workshops, training, and acquired skills:  
\_\_\_\_\_
- List applicable professional or technical organizations and level of participation:  
\_\_\_\_\_
- List applicable office machines you have experience operating:  
\_\_\_\_\_
- List word processing/computer experience and what software and hardware programs you know:  
\_\_\_\_\_
- How many words per minute do you type? \_\_\_\_\_
- List applicable vehicles, equipment, and machinery you have experience operating:  
\_\_\_\_\_
- List current applicable licenses, registrations or certificates:  
\_\_\_\_\_
- If applying for a position which may require driving a City-owned vehicle, please indicate your driver's license type:  
Class A \_\_\_\_\_ Class B \_\_\_\_\_ Class D \_\_\_\_\_  
Please indicate endorsements: \_\_\_\_\_
- Can you communicate using American Sign Language or speak and write in a language other than English? If yes, describe.\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY (Include all relevant experience as applicants are rated on amount and type of experience. If experience is 10 years or older, do not complete the date portion.)**

List complete employment history, beginning with most recent experience first. Attach additional sheets if necessary.

May we contact your present employer for verification and reference?  Yes  No  
May we contact your former employers for verification and reference?  Yes  No

1. Company Name \_\_\_\_\_ City, State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Current/Final Salary \_\_\_\_\_  
Company Phone \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Number and Positions Supervised \_\_\_\_\_  
Job Title and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Company Name \_\_\_\_\_ City, State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Current/Final Salary \_\_\_\_\_  
Company Phone \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Number and Positions Supervised \_\_\_\_\_  
Job Title and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Company Name \_\_\_\_\_ City, State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Current/Final Salary \_\_\_\_\_  
Company Phone \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Number and Positions Supervised \_\_\_\_\_  
Job Title and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Company Name \_\_\_\_\_ City, State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Current/Final Salary \_\_\_\_\_  
Company Phone \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Number and Positions Supervised \_\_\_\_\_  
Job Title and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Have you ever been involuntarily terminated from employment?  Yes  No If so, state name and address of company and reason for termination (do not include lay-off or reduction in force.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- Have you worked for the City of West St. Paul before?  Yes  No What position? \_\_\_\_\_  
 Start date \_\_\_\_\_ End date \_\_\_\_\_
  
- Are you a U.S. Citizen, or otherwise legally eligible to work in the United States?  Yes  No
  
- Are you under 18 years of age?  Yes  No If under 18, state date of birth \_\_\_\_\_

**REFERENCES:**

Provide the following data for those persons whom we may contact for additional professional or education references.

Name	Professional Relationship	Telephone #

**READ CAREFULLY AND SIGN**

The City has the right to verify information provided in the 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. False information or misrepresentation may also subject me to the penalty provisions of M.S. § 43A.39. I acknowledge that none of the statements made in this application are intended to be, nor should be construed as a contract between the City and myself.

In connection with this application for employment, I authorize the City of West St. Paul 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 academics performance such as transcripts. Moreover, I hereby release the City of West St. Paul and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

I hereby authorize persons, schools, my current employer, previous employers and organizations named in this application to provide any and all information regarding my employment, also any other information, whether personal or otherwise that may or may not be on record. I release such employers and individuals from all liability for damages whatsoever that may arise from furnishing this information.

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION  
(READ ONLY)**

This application is to assist in the process of referring you for possible employment. Certain information requested 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 the Department of Finance, 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 Manager by letter.

<b><u>Private Data</u></b>	<b><u>Why We Ask For It</u></b>	<b><u>Are you Legally Obligated To Provide It?</u></b>	<b><u>What May Happen If You Don't Provide It</u></b>
Social Sec. No.	To distinguish you from all other applicants and to make processing more efficient.	No, unless hired.	In most cases, nothing, however it will help to ensure that your records are not confused with others.
Name	To distinguish you from all applicants.	Yes	Failure to provide information may be cause for rejecting an application.
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 a form.
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.
Sex, Racial/Ethnic Group, Disability Status, Veteran Status (This Information is Requested on a Separate form.)	To be able to make Equal Opportunity reports as required by law.	No	We will not be able to determine whether our selection processes result in unfair discrimination, or take affirmative action in our hiring.



**CITY OF WEST ST. PAUL ADDENDUM TO APPLICATION**

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**VETERAN'S PREFERENCE**

**COMPLETE THIS FORM ONLY IF YOU ARE A VETERAN  
AND ARE CLAIMING VETERAN'S PREFERENCE**

You must submit a photocopy of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. Disabled veterans must also supply form FL 802 or an equivalent letter from a service retirement board. Spouses applying to preference points must supply their marriage certificate, the veteran's DD214 and L 802 or death certificate.

The City of West St. Paul awards preference points 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.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 above) or the spouse of a disabled veteran who because of the disability is not able to qualify: AND
2. NOT be currently receiving eligible to receive a monthly veterans' 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 are not required to supply this information, but we cannot award veteran's points without it.

\_\_\_\_\_  
Name (Last) (First) (Middle) Position Title

\_\_\_\_\_  
Address Phone No.

Are you a U. S. Citizen  Yes  No

**Active Duty Information:** (Note: a photocopy of your DD214 form must accompany this claim sheet).

- Have you (or your disabled or deceased spouse) served on active military duty without interruption for 181 days or more?  Yes  No
- Are you receiving or are you eligible to receive a monthly veteran's pension based exclusively on length of military service?  Yes  No

**For Disabled Veterans:** (Letter from VA as proof of disability must be submitted to receive points):

- Permanent  Yes  No Currently existing  Yes  No

**For Spouses of Disabled Veterans:**

- Spouses present occupation \_\_\_\_\_

(NOTE: Letter from VA in proof of disability must be submitted to receive points.)

AFFIDAVIT I hereby claim veteran's preference for this vacancy and certify that all the information given is true, complete and correct to the best of my knowledge.

I hereby authorize the Veterans Administration to release information necessary to process this application to the City of West St. Paul Personnel Department.

\_\_\_\_\_  
Signature Date

