



IMPORTANT NOTICE

The City of Bloomington requires a **HANDWRITTEN SIGNATURE** on all employment applications. Job seekers **MUST SUBMIT A PAPER COPY** of this application; electronic submissions will not be accepted.

This form can be filled out and printed using Adobe Acrobat Reader.

THE PRINTOUT MAY BE YOUR ONLY RECORD of the data you entered. If you have Acrobat Reader 7 or later, you may be able to save the form with your entries.

Tip

Turning off the **+** symbol next to the fields

The Text Field Overflow symbol appears as a plus sign next to form fields and can cover text when the file is printed. For best results, turn this preference off.

1. Choose *File > Save* to save the file to your computer. Then open Acrobat Reader and the file.
2. Choose *Edit > Preferences (Windows)* or *Acrobat > Preferences (Mac OS)*, and select Forms on the left. Unclick the third check box down, "Show text field overflow indicator."

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 Bloomington is an Affirmative Action Employer. It is our policy to provide equal employment opportunities to all. The City of Bloomington does not discriminate on the basis of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, status with regard to public assistance, or membership or activity in a local commission. Individuals are evaluated and selected on the basis of merit.

Personal information

Name	Last	Full first	Full middle	Social Security Number	
Present address	Street		City	State	Zip
Permanent address <i>(If different from above)</i>	Street		City	State	Zip
Telephone numbers	Home	Cell	Business		
E-mail address <i>(If applicable)</i>					

Work preference

Type of work you are interested in or position for which you are applying	Date available
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary/seasonal <input type="checkbox"/> Other <i>(Please explain)</i> _____	

Human Resources Department use only

Date received	Action	Notification

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Education and training

Highest grade completed
(Please circle)

High school
9 10 11 12

College
13 14 15 16

Graduate school
1 2 MA PHD JD

Last high school Name

Address

Did you graduate? Yes No

Schools

Type	Name/location	Dates attended		Credits completed		Degree received?	Type of degree earned	Major/minor	Average grade
		From	To	Quarter	Semester				
College/university						<input type="checkbox"/> Yes <input type="checkbox"/> No			
College/university						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Vocational						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other						<input type="checkbox"/> Yes <input type="checkbox"/> No			

Summarize course work and training related to the position for which you are applying

What trade/professional licenses or certificates do you hold? *(Please provide a photo copy, if required.)*

Activities – with a direct bearing on your qualifications for the position

Membership in civic, professional, social or other organizations

Include offices held. Exclude organizations indicating race, creed, religion, color, sex, sexual orientation, national origin, marital status, political affiliation, membership or activity in a local human rights committee, age or disability in their name or character.

Current

Past

Employment history – present employer

Are you presently employed? Yes No

May we contact your present employer? Yes No

Employer

Address

Supervisor Name

Title

Telephone number

Full time?
 Yes
 No

Job title

Dates employed From To
(Month/year)

Base salary/wage Start Current or end

Nature of duties

Reason for leaving or seeking change of position

Employment history continued – List most recent employer first

Employer		Address				Full time?	
Supervisor	Name	Title		Telephone number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Job title	Dates employed <i>(Month/year)</i>		From	To	Base salary/wage	Start	End
Nature of duties							
<hr/>							
Reason for leaving or seeking change of position							

Employer		Address				Full time?	
Supervisor	Name	Title		Telephone number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Job title	Dates employed <i>(Month/year)</i>		From	To	Base salary/wage	Start	End
Nature of duties							
<hr/>							
Reason for leaving or seeking change of position							

Employer		Address				Full time?	
Supervisor	Name	Title		Telephone number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Job title	Dates employed <i>(Month/year)</i>		From	To	Base salary/wage	Start	End
Nature of duties							
<hr/>							
Reason for leaving or seeking change of position							

Employer		Address				Full time?	
Supervisor	Name	Title		Telephone number		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Job title	Dates employed <i>(Month/year)</i>		From	To	Base salary/wage	Start	End
Nature of duties							
<hr/>							
Reason for leaving or seeking change of position							

Additional work experience

Relating to the type of employment you are seeking. Include full time, temporary and part time positions. Indicate dates, employer and job title.

General information

The primary reason for filing this application is to gain employment. However, please state briefly what prompted you to seek employment with the City.

What hours are you available for work? Do you have a secondary job at this time? Yes No

Do you have the legal right to work in the U.S.? Yes No Do you have relatives, other than a spouse, in our employ? Yes No

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

Do you have a valid driver's license? Yes No License number _____ Class A B C D

How many traffic tickets for moving violations have you received in the past five years? Number _____ Nature of offense _____

Please answer the following only if they relate to the qualifications of the position for which you are applying.

What office equipment do you operate? _____ Typing speed _____ wpm

What equipment do you operate that would relate to the duties of this position? _____

Other information pertinent to your employment _____

Please sign this application and read the following carefully

- 1. 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.
- 2. I authorize the City of Bloomington to verify the information I have provided in this Employment Application.
- 3. I hereby authorize all current and previous employers to release job-related information to the City of Bloomington. 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.
- 4. I understand that prior to selection, the City of Bloomington may conduct a criminal history background check pursuant to the limitations of *Minnesota Statutes Chapter 364*.

Signature Printed name Date

Remember:

1. Read the job announcement carefully to be sure you meet all of the requirements.
2. Read and sign page 4 of the application.
3. If applicable, MAKE NOTE OF THE EXAMINATION TIME AND PLACE, AS NO FURTHER NOTICE WILL BE MAILED TO YOU.
4. Include with your application all requested proofs of education, licenses or registrations.
5. Make sure the application is received by the Bloomington Human Resources Office by 4:30 p.m. on the last day for filing as stated on the job announcement.
6. Your eligibility for the position and/or your eligibility to take the examination for this position will be determined by the information you provide. Be as complete and specific as possible.

Data privacy notice

The information you supply on this employment application will be used to assess your qualifications for the position for which you are applying. You are not legally required to provide the information, but we will not be able to consider your application without it. The information is requested to distinguish you from other applicants; to identify you in our employment files; to determine if you meet the minimum qualifications of the position for which you are applying; and to contact you for employment interviews.

The following information on this application will be considered private data on individuals pursuant to the Minnesota Government Data Practices Act: your name, home address, home phone number, and Social Security Number. If you are certified as eligible for an employment vacancy, your name will become public data. If you are hired by the City of Bloomington, all information you supply on this application will become public, except your home street address, home phone number, and Social Security number.

The information you voluntarily provide on the separate form "Confidential Equal Employment Opportunity Information" will be at all times considered private data. It can only be accessed by you or a city official who has a bona fide need for it to comply with affirmative action and equal opportunity mandates.

Notes to applicants

Eligibility for employment – The United States Department of Immigration and Naturalization requires verification of identity and employment eligibility of each person hired within 72 hours of employment. City recruiting and hiring decisions shall not be based upon citizenship.

If selection for this position requires you to appear for testing and you fail to comply, your application will not be considered.

Disability accommodation

Persons with disabilities who require a reasonable accommodation to compete in the application process, please contact Human Resources at 952-563-8710 or TTY: 952-563-8740.

CONFIDENTIAL

Equal Employment Opportunity Information

The following is confidential. It will not adversely affect your employment candidacy with the City or your status as an employee after appointment. All additional information requested, as it relates to your disabled status, will be maintained as separate and confidential medical records. The voluntary information you provide will be used to determine how effective our recruitment efforts are in reaching all segments of the population and to validate our selection and placement methods. We would appreciate your cooperation in our efforts to ensure Affirmative Action and Equal Employment Opportunity.

Name	Last	First	Social Security Number		Date of birth
Address	Street	City	State	Zip	Phone
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Position for which you are applying		Date of application

With which racial/ethnic group do you identify?

- African-American American Indian or Alaskan Eskimo Asian
 Caucasian Hispanic or Latino Native Hawaiian or other Pacific Islander

Several conditions qualify an individual for disabled status.

Do you have any of the following disabilities?

- A. No B. Amputee C. Visually impaired D. Cardiac E. Hearing impaired F. Diabetes
 G. Epilepsy H. Paralysis I. Back problems J. Other *Explain* _____

Recruitment information

How did you hear about the position for which you are applying?

- City of Bloomington Human Resources office job posting
 From City of Bloomington employee
 College, technical or high school
 Newspaper *Specify* _____
 City of Bloomington web site _____
 Other Internet site *Specify* _____
 Minority group referral source *Specify* _____
 Women's referral source *Specify* _____
 Disabled referral source *Specify* _____
 Bulletin board postings *Specify* _____
 Minnesota State Employment Agency
 Other *Specify* _____

Please read Data Privacy Notice page

VETERAN PREFERENCE QUESTIONNAIRE

(Must be completed by all applicants and submitted with your completed application form.)

City of Bloomington, Minnesota

This questionnaire is to determine your status as a veteran under the Veteran's Preference Statute, Minnesota Statutes, 43A.11.

Veteran's Preference Statutes provide a 10 point preference to those individuals who have attained a passing score on the entrance exam and who have received an Honorable Discharge or Separation after serving more than 180 consecutive days in the military service for purposes other than training. (Fifteen [15] points if a disabled veteran.)

Please check the statement which best describes your current Veteran's status:

- _____ I am not a Veteran (please complete items 1-4 and sign and date the bottom of this form).
- _____ I am a Veteran (please complete items 1-10 and sign and date the bottom of this form).
- _____ I am the spouse of a deceased Veteran (please complete items 1-10 and sign and date the bottom of this form).
- _____ I am the spouse of a disabled Veteran who is unable to use the preference due to the disability (please complete items 1-10 and sign and date the bottom of this form).

1. Name _____ 2. S.S. # _____

3. Address _____
(City) (State) (Zip Code)

4. Position for which applying _____

5. If you achieve the minimum passing rating, do you wish to apply your veteran's preference bonus points?

Yes _____ No _____

6. If a spouse of a deceased or disabled veteran, list veteran's name: _____

7. Period of active duty: From: _____ To: _____
(Do not include short training periods of active duty with a reserve unit. You must have served with a unit that was on active duty, not one on reserve status.)

8. Branch of Service: _____ Service No.: _____

9. Rank at discharge: _____ Type of separation or discharge: _____
(Honorable, General, Etc.)

10. Service connected disability: Type _____ Percent _____

It is necessary for you to provide the City with a copy of your form DD-214. 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 DD-214 and FL-802 or death certificate.

Your veteran's preference points cannot be considered without supporting documentation. If the documentation is not attached, it must be received in the Human Resources Office no later than 7 calendar days after the deadline date for the position.

My supporting documentation: is attached will be submitted within 7 calendar days

I swear that the above statements are true and accurate to the best of my knowledge and belief.

(Signature)

(Date)