



24. Work Experience *(Experience and ratings are determined by this information; please be complete.)* List complete employment history, beginning with most recent position. Include paid and unpaid experience. Attach additional sheets if needed. **DO NOT USE "SEE RESUME" OR SIMILAR STATEMENT.**

Employing Firm _____ Address _____ Phone Number _____ Your Title _____ Supervisor _____ Supervisor's Title _____ Number of Positions You Supervised _____	Length of Employment From (Month/Year) _____ To (Month/Year) _____ Total (Years/Months) _____  Hours Worked Per Week _____  Last Salary/Wage _____  Reason for Leaving or Seeking Other Employment _____ _____ _____  May we contact this employer? Yes      No																						
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25. Military Service

Dates of Duty \_\_\_\_\_ Branch of Service \_\_\_\_\_

Current Draft or Reserve Status \_\_\_\_\_ Beginning and Ending Rank \_\_\_\_\_

26. Veteran's Preference

Veteran's Preference Statutes provide a five point preference (ten points if a disabled veteran with a disability rated at 50% or more) to individuals who attain a passing score and have received an Honorable Discharge or separation after serving more than 180 consecutive days in the military services for purposes other than training. If this applies to you and you wish to exercise Veteran's Preference, please indicate below. Veteran's Preference may not be claimed by any veteran who is receiving, or is eligible to receive, a monthly veteran's pension benefit based exclusively on length of service.

Do you wish to claim veteran's preference?    Yes    No    If interviewed, you will be required to supply the City with a copy of your Form DD-214.

Date of Entry for Active Duty \_\_\_\_\_  
(Do NOT include short training periods of active duty with a reserve unit. You must have served with a unit on active duty, not on reserve status.)

Place of Entry (City/State) \_\_\_\_\_

Branch of Service \_\_\_\_\_

Date of Separation or Discharge from Active Duty \_\_\_\_\_

Type of Separation or Discharge (Honorable, General, etc.) \_\_\_\_\_

Service Connected Disability (Type/Percent) \_\_\_\_\_

27. References. List three references you have known at least one year who can attest to your work qualities.

Name	Relationship to You	Address	Telephone Number

28. Authorization to Collect, Use, and Release Information

As an applicant for a position with the City of Brooklyn Park, I hereby expressly authorize the collection, use and release of any and all information concerning me, including information of a confidential or privileged nature, which relates to my employment.

I hereby release the City of Brooklyn Park, with which I am seeking employment, from any liability that may result from releasing information requested. I also expressly authorize the release by my present and past employers (**Please list those we may contact**). \_\_\_\_\_

\_\_\_\_\_ including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless the above stated prior employer(s) from any liability whatsoever arising out of its release of information pursuant to this release.

I understand that this Authorization may be revoked in writing by me at any time, and in no event will it be valid for more than one year from its stated date.

\_\_\_\_\_  
(Applicant's Full Printed Name) (Applicant's Signature)

29. Drug and Alcohol Testing

The City of Brooklyn Park has adopted a drug and alcohol testing policy. The purpose of this policy is to provide for a safe public and employment atmosphere, as set forth by Minnesota State Statute 181.951. As a job applicant for any City position, you are subject to testing under the policy and may be required to undergo testing after you have received a conditional offer of employment. You may legally refuse to undergo a drug or alcohol test. If you refuse, the City's conditional offer of employment may be withdrawn. If you undergo an initial screening test with a positive test result, a confirmatory test verifying that result must be performed. You have the right to explain a confirmatory test's positive result within three working days after receiving notice. You have the right to request and pay for a confirmatory retest of the original sample within five working days after receiving notice. If the confirmatory retest does not confirm the original positive test result, no adverse personnel action based on the confirmatory test may be taken against you. A job applicant who receives a positive test result, fails or refuses a confirmatory test, does not request in writing a confirmatory retest within five working days after notice, may be refused employment and will be notified of the reason for such refusal. Except as otherwise noted, the job applicant has no additional right of appeal within the City of Brooklyn Park. The full Drug and Alcohol Testing personnel policy is available for review in the Human Resources Office at City Hall, 5200 85th Avenue North, during regular business hours.

30. Auxiliary Aids and Assistance

If, due to a disability, you need assistance in completing an application or if you anticipate you will need auxiliary aids or service in the selection process, please notify the Human Resources Office at (763) 493-8012 or (763) 493-8392 TDD.

31. Signature

To the best of my knowledge, the information included in this application is accurate and true. I understand misrepresentation or omission of facts in connection with my application may be sufficient cause, in and of itself, for dismissal whenever discovered.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TENNESSEN WARNING** — Information requested on your application defined by State Statute as public may be released on request and includes job history, education and training, and work availability. Your name is private except when you are certified as eligible for appointment to a vacancy. Certain other information requested on your application is private and may be released only to you or to governmental entities authorized access by law (MS 13.04 Subd. 2.) Private data contained above:

- **NAME:** Used to identify you in relation to other applicants. You are legally required to provide your name. Failure to provide this information may result in a delay in processing or rejection of your application.
- **LOCAL/PERMANENT ADDRESS/HOME TELEPHONE:** Used to contact you regarding your application's status. You are not legally required to provide this information. Failure to provide this information may result in a delay in processing or notifying you of your application's status.
- **LICENSE INFORMATION:** Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in your rejection as an applicant for these positions.
- **AGE RANGE:** Used to accurately certify applicants for certain types of work according to State law. You are legally required to provide this information. Failure to provide this information may result in rejection of your application.
- **CITIZENSHIP STATUS:** Used to certify applicants for work in the United States as determined by laws of the United States Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of application.

## Equal Opportunity/Affirmative Action Data

As an employer with an Affirmative Action program, we comply with governmental regulations, including Affirmative Action responsibilities where they apply.

The purpose of collecting the data requested below is to comply with state and federal Equal Opportunity Employment reporting and other legal requirements. It is for periodic government reporting purposes only. This form will be filed separately from your application and will not be used in our recruitment evaluation process. Inclusion or exclusion of data will not affect any recruitment selection decisions.

Your cooperation in providing the data is **voluntary**.

Name: (Last, First, Middle)		
Address:		
City:	State:	Zip:

Position Applying For:	Today's Date:	
Birth Date: (Month/Day/Year)		
Check One:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Check One of the Following: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> African/American	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other
Check if any of the following are applicable:		
<input type="checkbox"/> Disabled Individual	<input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled Veteran
How were you made aware of this employment opportunity?		
<input type="checkbox"/> Newspaper (provide name): _____		
<input type="checkbox"/> Employment Agency (provide name): _____		
<input type="checkbox"/> City of Brooklyn Park Web Site		
<input type="checkbox"/> City Employee (provide name): _____		
<input type="checkbox"/> Other (provide source): _____		