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Albany MN 56307-0370

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR	Date available for work	Date of application

Last Name	First Name	Middle Name	
Home Phone No.		Work Phone No.	County
Street Address	City	State	Zip Code

Employment condition desired (check one)

- Regular
- Full-time
- Temporary
- Part-time

Has the City of Albany previously employed you? YES NO

If yes, date _____

Position _____

Education: Did you graduate from high school or receive a GED? YES NO

School: _____ Years of education: 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Colleges, Universities, Technical schools attended	Graduated	Certificate/ degree	Course of Study
	Yes No		
	Yes No		
	Yes No		
	Yes No		
	Yes No		

The City of Albany is non-discriminatory on the basis of race, color, sex, religion, age, and handicapped status in employment or the provisions of service.

Employment History:

Experience and training ratings are determined by this information - please be complete.
 List your present or most recent experience first. (Attach additional sheets if necessary.)

EMPLOYMENT FIRM		ADDRESS		PHONE NO.	YOUR TITLE	
SUPERVISOR		SUPERVISOR'S TITLE		NO. & TYPE OF POSITIONS YOU SUPERVISED		
LENGTH OF EMPLOYMENT	MONTH & YEAR EMPLOYMENT STARTED	MONTH & YEAR EMPLOYMENT ENDED	HOURS PER WEEK	LAST SALARY	REASON FOR LEAVING	
May we contact your present employer? YES NO If NO, explain:						

EMPLOYMENT FIRM		ADDRESS		PHONE NO.	YOUR TITLE	
SUPERVISOR		SUPERVISOR'S TITLE		NO. & TYPE OF POSITIONS YOU SUPERVISED		
LENGTH OF EMPLOYMENT	MONTH & YEAR EMPLOYMENT STARTED	MONTH & YEAR EMPLOYMENT ENDED	HOURS PER WEEK	LAST SALARY	REASON FOR LEAVING	

EMPLOYMENT FIRM		ADDRESS		PHONE NO.	YOUR TITLE	
SUPERVISOR		SUPERVISOR'S TITLE		NO. & TYPE OF POSITIONS YOU SUPERVISED		
LENGTH OF EMPLOYMENT	MONTH & YEAR EMPLOYMENT STARTED	MONTH & YEAR EMPLOYMENT ENDED	HOURS PER WEEK	LAST SALARY	REASON FOR LEAVING	

Relevant current professional memberships, registrations, or licenses. (Include date when first issued.)

Job-relevant volunteer and unpaid work experience

Kind of volunteer activity (Do not specify organization)	Major responsibilities	No. of hours per month	Years of service performed

Briefly state why you are interested and why you feel you are qualified for this position:

<p>Clerical applicants ONLY: WORD PROCESSING/COMPUTER EXPERIENCE</p> <p>Typing speed ____ WPM No. of years ____ List software & Hardware _____</p>
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List four people, other than relatives, who can be contacted regarding your qualifications, work habits, and character.

NAME	PRESENT ADDRESS	PHONE NO.	POSITION & RELATION TO YOUR JOB

The City has the right to verify information provided in the application. I may be discharged if there are any misrepresentations on this application, 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 of Minn. Stat. Sec 43A.39.

In connection with this application for employment, I authorize the City of Albany, and any agent acting on its behalf, to conduct any 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 Albany and any agent 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 I understand the information below.

DATE _____ SIGNATURE (Do not print) _____

IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION

Minnesota Law affects you as an applicant for employment with the City of Albany. The following data is public information and is accessible to anyone: Veteran’s Status, relevant test scores, rank on eligibility, job history, education and training, and work availability. All other identifiable information is considered private, including, but not limited to your name, home address and phone number. If you are selected as a finalist, your name will become public information. You are a finalist if you are selected to be interviewed by the Employer. The information requested on the application is necessary, either to identify you or to assist in determining your suitability for the position. You may legally refuse, but refusal to supply the requested information will mean that your application may not be considered. If you are selected for employment with the City, the following additional information becomes public: your name; actual gross salary and range; contract fees; actual gross pension; the value and nature of your benefits; the basis and amount of any added remuneration, such as expenses or mileage reimbursement; your job title; job description; the dates of your first and last employment with the City; the status of any complaints or charges against you while at work; the final outcome of any disciplinary action taken against you, specific reason for it, and all supporting documentation about your case; terms of any agreement settling administrative or judicial proceedings; your work location and work phone number; your badge number; honors/awards received; payroll time sheets; and your city and county of residence. Anything not listed above which is placed in your application folder or your personnel files is private information by law. For further information, refer to MN Statute Ch. 13.43 as amended.

Read Carefully and Sign

I hereby authorize the entities and persons listed above to release to the City of Albany, and any agent acting on its behalf, data classified as private. The data which I authorize to be released consists of private data, as defined by Minnesota Statute Ch. 13.02 subd. 12, and has been or will be collected by the City of Albany and/or its agents and/or representatives. The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which is in any way related to my employment. I fully understand that the purpose of permitting the City of Albany to have access to this information is to determine my suitability for employment.

This authorization shall be valid for one (1) year, but I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the Administrative Assistant. I also acknowledge that a photocopy of this authorization may be used instead of the original and that photocopy shall be considered as valid as the original.

I hereby declare that all statements made in this application are true and complete to the best of my knowledge and belief.

I understand that any false information on or omission of information from this application, or failure to present the required proofs, upon discovery will be cause for rejection or dismissal if employed. The City of Albany has the right to verify all information provided in this application.

I release all parties from any and all liability and claims for damage whatsoever that may result from there from.

I understand that employment with the City of Albany is “at-will” and either the City of Albany or I may terminate that employment at any time, with or without notice.

Applicant’s Signature

Date

**CITY OF ALBANY
ADDENDUM TO APPLICATION FORM**

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veteran's to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. 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 U.S. 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 U.S. 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 or eligible to receive a 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 are not required to supply this information, but we cannot award veteran's points without it.

YOU MUST SUPPLY A COPY OF YOUR DD214 OR DD215. DISABLED VETERANS MUST ALSO SUPPLY A USDVA RATINGS DECISION THAT SUPPORTS/VERIFIES THE FACT THAT THE INJURY WAS INCURRED WHILE ON, OR AS A RESULT OF ACTIVE DUTY SERVICE. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 OR DD215 AND USDVA VERIFICATION THAT VETERAN DIED ON OR AS A RESULT OF ACTIVE DUTY, AND DEATH CERTIFICATE IF APPLICABLE, AND VERIFICATION THAT SPOUSE HAS NOT REMARRIED.

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 BONUS POINTS? YES NO

If you answered yes, your DD214 or DD215 or other documentation must be received no later than seven (7) calendar days after the application deadline for the position.

VETERAN'S PREFERENCE POINTS APPLICATION

VETERAN: <input type="checkbox"/> SELF <input type="checkbox"/> 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 NUMBER:
ARE YOU RECEIVING OR ELIGIBLE FOR A MILITARY PENSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE A COMPENSABLE SERVICE-RELATED DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREFERENCE REQUESTED: <input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE OF DISABLED VETERAN <input type="checkbox"/> DISABLED VETERAN <input type="checkbox"/> SPOUSE OF DECEASED VETERAN			

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
 WILL BE SUBMITTED WITHIN 7 DAYS OF APPLICATION DEADLINE

FOR OFFICE USE ONLY:

- 10 points
 15 points