

# CITY OF CHAMPLIN

11955 Champlin Drive  
Champlin MN 55316

## Employment Application



### POSITION APPLIED FOR:

#### APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available to Start		Type of Work:		Full Time	Part Time      Seasonal
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you been employed here before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

#### EDUCATION

High School		Address			
		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Additional Training:					

#### REFERENCES

*Please list three professional references.*

Full Name		Relationship
Company		Phone (      )
Address		
Full Name		Relationship
Company		Phone (      )
Address		
Full Name		Relationship
Company		Phone (      )
Address		

**PREVIOUS EMPLOYMENT (DO NOT USE "SEE RESUME" – ATTACH ADDITIONAL SHEETS IF NECESSARY)**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
Reason for Leaving			

May we contact your previous supervisor for a reference? YES  NO

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
Reason for Leaving			

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Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
Reason for Leaving			

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Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
Reason for Leaving			

May we contact your previous supervisor for a reference?    YES     NO

**ADDITIONAL TRAINING/RELEVANT PROFESSIONAL MEMBERSHIPS**


**DRIVERS LICENSE/RELEVANT PROFESSIONAL LICENSES**

Drivers License No.	State Issued In	Class
Professional License	Expiration Date	
Professional License	Expiration Date	

## DISCLAIMER AND SIGNATURE

I certify that the information provided in this employment application is true and complete to the best of my knowledge. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with the City of Champlin, any employment relationship with the City of Champlin is considered "employment at will". This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any and all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements.

I have read, understand and agree to the above statements.

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 this position.
- **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 your application.

## NOTE:

- The City of Champlin is an equal opportunity employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a disability, or any other protected status under applicable federal, state or local law. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify the Administration Department at (763) 421-8100.
- A public employer may not inquire into or consider the criminal record or criminal history of an applicant for public employment until the applicant has been selected for an interview by the employer. An applicant for employment with the City of Champlin and selected for an interview may be required to undergo a criminal history background check. A conviction will not necessarily disqualify you from employment with the City; circumstances of the conviction will be taken into consideration. If you are selected for an interview, you will be required to provide an authorization for release of information that is necessary to conduct a background check.

**ALL APPLICANTS MUST FILL OUT THIS FORM TO BE CONSIDERED FOR A POSITION. EVEN IF YOU ARE NOT A VETERAN, YOU MUST CHECK "NO" BELOW AND SIGN AND DATE THE FORM**

**CITY OF CHAMPLIN  
VETERANS PREFERENCE APPLICATION**

NAME: \_\_\_\_\_

Are you applying for Veterans Preference Points? \_\_\_\_\_ YES \_\_\_\_\_ NO

**VETERANS PREFERENCE REQUESTED:**

- Veteran** (*DD214 or DD215 must be attached*)
- Disabled Veteran** (*DD214 and Letter from VA of proof of disability must be attached*)
- Spouse of Disabled Veteran** (*DD214 and Letter from VA of proof of disability must be attached*)
- Spouse of Deceased Veteran** (*Attach DD214 or DD215, photocopy of marriage certificate and spouse's death certificate. If you have remarried or were divorced from the veteran, you are ineligible.*)

*Your preference points application cannot be considered without supporting documentation (see above).*

**AFFIDAVIT:** I hereby claim Veterans' Preference for this position and swear/affirm that 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 Champlin.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your military service and for your interest in employment with the City of Champlin. Please contact our office at (763) 421-8100 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference in public employment.

## VETERANS PREFERENCE

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans, subject to the provisions of MN Statute 197.447.

The veteran must:

- a) be a U.S. Citizen or resident alien,
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
  - i) served on active duty for at least 181 consecutive days, or
  - ii) have been discharged by reason of service connected disability, or
  - iii) have completed the minimum active duty requirement of federal law, as defined by CFR Title 38, Section 3.12a (i.e. having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
  - iv) certified service and verification of “veteran status” granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans’ preference points. You are required to supply the following information:

1. Attach a copy of the DD214 or DD215. This copy must state the nature of the discharge (i.e. honorable, general, medical, under honorable conditions). **DD214 “Member-1” copy will not be accepted.**
2. Disabled veterans must also supply a Military/United States Department of Veterans’ Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference, per MN Statute 197.455.
3. A spouse of a deceased veteran applying for preference points must supply their marriage certificate, the veteran’s DD214 or DD215, a death certificate, verification of their marriage at the time of veteran’s death, and that the spouse has not remarried.