



CITY OF FALCON HEIGHTS

2077 W. Larpenteur Ave Falcon Heights, MN 55113
651-792-7600 | www.falconheights.org

EMPLOYMENT APPLICATION

All persons are welcome to apply with the City of Falcon Heights. Your application will be considered in competition with others for the position in which you are interested. Please furnish complete information as outlined in this application. Submission of an incomplete application may disqualify you from consideration for employment. All information contained in or connected with this application will be considered for use only in conjunction with your possible employment with the City of Falcon Heights. You may attach additional information which you believe qualifies you for the position for which you are applying.

The City of Falcon Heights is an Equal Opportunity Employer and encourages applications from all candidates regardless of race, color, creed, religion, national origin, marital status, sex, sexual orientation, age or disability.

Position Applying For:		
How did you hear about this position:		
Temporary _____	Part-Time _____	Date Available:
Regular _____	Full-Time _____	

Last Name	First Name	Middle Name
Address	City	State
		Zip Code
Day Telephone #	Evening Telephone #	
Email Address		

Are you 18 years of age or older? Yes No

Are you authorized to work in the United States? Yes No

EDUCATION

Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		High School Name & Location _____	
Type of School	Name & Location	Major	Degree, Certificate or Credits Earned
College/University			
College/University			
Graduate School			
Technical/Vocational			
Other			

EMPLOYMENT HISTORY

List complete employment history, beginning with your most recent first. Include paid and unpaid experience.

Employer	Address		Phone #
Supervisor's Name & Title		Phone #	May We Contact? ____ Yes ____ No
Dates Employed (Mo/Yr) From _____ To _____	Hours Worked Per Week	Job Title	If not, why?
Reason For Leaving			Last Salary
Specific Duties			

Employer	Address		Phone #
Supervisor's Name & Title		Phone #	May We Contact? ____ Yes ____ No
Dates Employed (Mo/Yr) From _____ To _____	Hours Worked Per Week	Job Title	If not, why?
Reason For Leaving			Last Salary
Specific Duties			

Employer	Address		Phone #
Supervisor's Name & Title		Phone #	May We Contact? ____ Yes ____ No
Dates Employed (Mo/Yr) From _____ To _____	Hours Worked Per Week	Job Title	If not, why?
Reason For Leaving			Last Salary
Specific Duties			

Employer	Address		Phone #
Supervisor's Name & Title		Phone #	May We Contact? ____ Yes ____ No
Dates Employed (Mo/Yr) From _____ To _____	Hours Worked Per Week	Job Title	If not, why?
Reason For Leaving			Last Salary
Specific Duties			

LICENSES

If relevant, list other current registrations, licenses or certificates you have. Include date first issued and expiration of current issuance.

Registration, Licenses, Certificates	Date Issued	Expiration Date

MILITARY

Branch of Service: _____

Period of Active Duty: From _____ To _____ Rank at Discharge: _____

Describe your duties and any special training:

VETERAN'S PREFERENCE POINTS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their training and experience examination results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for preference points, you must: 1) Be separated under honorable conditions from any branch of the armed forces of the United States after having served an 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 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. 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 DD214 and FL-802 or death certificate.

Veteran's Preference Application

Veteran: ___self ___spouse If spouse, veteran's name: _____

Branch of service: _____ Dates 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? ___yes ___no

Do you have a compensable service-related disability? ___yes ___no

Type of preference requested: ___veteran ___disabled

veteran ___spouse of veteran ___spouse of disabled veteran

Supporting documentation: ___is attached

___will be submitted within 7 days of application deadline

Give any information or reason which you believe qualifies you for this position.

REFERENCES

Please give the names of three persons (not related to you) who can testify to your character and qualifications.

Name& Occupation	Address	Phone Number

IMPORTANT NOTICE TO ALL APPLICANTS

Minnesota law requires that you be informed of the purpose and intended uses of the information you provide to the City of Falcon Heights during the application or during employment. Any information about yourself that you provide to the City of Falcon Heights during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, you are required to provide the information requested in the Employment Application, if you wish to be considered for employment. If you do not supply the information requested, it may mean that your application is not considered. The information may be provided to: 1) Persons authorized to have access to the information under state or federal law; and 2) Persons authorized by court order to have access to the information; and 3) Persons to whom you consent in writing to have access to the information. All individuals in the City who need to know the information will have access.

In connection with this application for employment, I authorize the City of Falcon Heights 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 references or my records maintained by an educational institution relating to academic performance such as transcripts. I understand that the City of Falcon Heights may also perform a background check through the Minnesota Bureau of Criminal Apprehension or other sources. Moreover, I hereby release the City of Falcon Heights 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 declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information above. I also understand that this application is not an offer nor a contract for employment.

Applicant's Signature _____ Date _____

CITY OF FALCON HEIGHTS
2077 W LARPEN TEUR
FALCON HEIGHTS, MN 55113

INFORMED CONSENT

Date: _____

The following named individual has made application with the City of Falcon Heights for employment.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle Name (full) (please print): _____

Maiden, Alias or Former Name (please print): _____

Date of Birth: _____ Sex (M or F): _____
Month/Day/Year

Drivers License or ID # _____ State _____

I authorize the Ramsey County Sheriff's Office to disclose all criminal history record information, from the Bureau of Criminal Apprehension, to the City of Falcon Heights for the purpose of employment with the aforementioned city.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature:

Signature of Applicant

Date