CITY OF HANCOCK

APPLICATION FOR EMPLOYMENT

We welcome you as an applicant for employment. Your application will be considered with others in competition for this vacancy. It is the policy of the City of Hancock to provide equality of opportunity in employment. This policy prohibits discrimination on the basis of race, color, religion, national origin, political affiliation, disability, marital status, sexual orientation, sex or age in all aspects of the City's personnel policies, programs, practices and operations. This policy applies to all phases of full-time, part-time, temporary and seasonal employment. The information contained in this application will be governed by the Minnesota Government Data Practices Act—see attached "Tennessen Warning." Please furnish us with complete information. You are encouraged to attach any additional information which you believe qualifies you for the position.

| Type of work you are applying for: | | Date available | | |
|------------------------------------|---|----------------|-----------------|-------|
| Personal Information | on: | | | |
| Name | | | | |
| Address | | | | |
| City | State | Zip | Phone_ | |
| Driver's License# | | | | |
| Class | State of Issue | | | |
| Please list any endo | rsements: | | | |
| Educational Information | ation: | | | |
| High School | Circle last grade completed: 9 10 11 12 | | | |
| Post Secondary Info | rmation (please include | e degree or c | ertificate rece | ived) |
| School: | Degree: | | | |
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Conviction Information: No person shall be disqualified from

public employment solely or in part because of prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly relate to the position of employment sought. In determining the effect of the conviction, the City shall consider the requirements of Minnesota Statutes, Chapter 364, Applicants who are finalists for certain positions will be subject to a criminal background investigation.

Please list your employment history- most recent first:

| Employer's Name | Employer's Address And Phone | Position Held and wage | Duties Performed | Immediate Supervisor | |
|--|---------------------------------|---------------------------|-------------------------|----------------------|--|
| | AMU FRORE | and wage | | | |
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| May we contact your prese | ent employer?Yes _ | No | | | |
| If no, please explain: | | | | | |
| References: | | | | | |
| Name: | Address: | | Phone: | | |
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| Are you legally eligible to work in the U.S.?YesNo | | | | | |
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| KNOWLEDGE, SKILLS AND ABILITIES | | | | |
|--|--|--|--|--|
| COMPUTER EXPERIENCE:YesNo If yes, please list computer software programs and hardware you are skilled with: | | | | |
| | | | | |
| LIST OTHER OFFICE EQUIPMENT YOU CAN OPERATE: | | | | |
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| LIST ANY SPECIAL COURSES, SEMINARS, WORKSHOPS, AND/OR TRAING YOU ATTENDED THAT RELATE TO THE JOB YOU ARE APPLYING FOR: | | | | |
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| | | | | |
| IF RELEVANT, LIST OTHER REGISTRATIONS, LICENSES OR CERTIFICATES YOU | | | | |
| HAVE: Type: Date Issued: Date Expired: | | | | |
| Type:Date Issued:Date Expired: | | | | |
| FOR LABOR & SKILLED TRADES—List the equipment you are capable of operating: | | | | |
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| PLEASE USE THIS SECTION TO ADD ANY ADDITIONAL INFORMATION YOU DEEM RELEVANT TO BETTER ASSESS YOUR SUITABLITY FOR THE POSITION APPLIED FOR: | | | | |
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| Veterans Preference Points Instructions: | | | | |
|---|--|--|--|--|
| Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statute 43A.11. To be eligible for veterans preference points, you must: | | | | |
| Be separated under honorable conditions from any branch of the armed forces oft eh United States 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 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 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 points without it. | | | | |
| You must supply a copy of your DD214. Disabled veterans must also supply Form P1-802 or an equivalent letter from a service retirement board. Eligible spouses applying for preference points must supply their marriage certificate, the veteran's DD214 and FL0892 or death certificate. If you supply the supporting documentation by separate mail, your name and the position applied for must be included. Applicant's Full Name Position Applying For | | | | |
| Are you applying for veteran's bonus points? Yes No | | | | |
| If you answered "yes" you must complete the following Veterans Preference Application: Your DD214 or other documentation must by received by the Clerk/Treasurer no later than seven calendar days after the application deadline. | | | | |
| Veterans Preference Application: | | | | |
| Veteran: Self Spouse If Spouse, veteran's name: | | | | |
| Branch of Service: Period of Active Duty From:To: | | | | |
| Supporting documentation is attached Will be submitted within 7 days | | | | |
| Signature: | | | | |
| I understand the City of Hancock has the right to verify information provided in the application. If there are any misrepresentations on this application or my resume or made by me in an interview, which may be discovered now or anytime in the future, I may be discharged for cause without severance pay of any kind. False information or misrepresentation may also subject me to the penalty provisions of M.S. 43A. 39. | | | | |
| In connection with this application for employment, I authorize the City of Hancock 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 Hancock and any agent acting on its behalf from any and all liability by reason of requesting such information from any person. | | | | |
| I declare that any and all statements made in this application or information provided are true and complete and hereby acknowledge that I have read and understand the information contained herein. | | | | |
| Date | | | | |

21) Legal

Signature _____

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Hancock is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public; the personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment at the City of Hancock. All data collected is considered private except for the following:

Your Veteran's status Relevant test scores Your job history Your education and training Your work availability

Your name is considered to be private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of the City of Hancock.

Private data is available only to you, to appropriate city employees, and others as provided by state and federal laws who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment that is not designated in this notice as private data.

The information you give about yourself is needed to identify you and to assist the City of Hancock in determining your suitability for the position for which you are applying.

| I declare that I have read and understand the Minnesota Data Practices Act. | ne information given above regarding the |
|---|--|
| | |
| APPLICANT SIGNATURE | |