

OTHER APPLICANT INFORMATION

AN EQUAL OPPORTUNITY EMPLOYER, it is the policy of the City of Rockville to provide equal opportunity to all employees and applicants for employment. Rockville will not discriminate against or harass any employee or applicant for employment because of race, creed, color, age, religion, national origin, sex, marital status, status with regard to public assistance, national origin, physical or mental disability or sexual orientation. Our employment decisions are made on the basis of individual ability and merit.

DATA PRIVACY: The information on this application is necessary to identify you and to determine your suitability for this position. You must supply this information in order to be considered for employment. Background investigations may be conducted on the top candidates if needed to determine suitability for the position. If a background check is required, you will be notified and asked to sign a release.

EMPLOYMENT EXPERIENCE

List your work history for the last five years. Start with your PRESENT or MOST RECENT position. Additional experience may be listed beyond five years. If included, do not list dates. Give length of employment only.

Employer	Telephone ()	<u>Dates Employed</u> From To	Work Performed
Address			
Job Title		<u>Hourly Rate/Salary</u> Starting Final	
Supervisor			
Reason for Leaving			
Employer	Telephone ()	<u>Dates Employed</u> From To	Work Performed
Address			
Job Title		<u>Hourly Rate/Salary</u> Starting Final	
Supervisor			
Reason for Leaving			
Employer	Telephone ()	<u>Dates Employed</u> From To	Work Performed

Address			
Job Title	<u>Hourly Rate/Salary</u>		
Supervisor	Starting	Final	
Reason for Leaving			

Employer	Telephone	<u>Dates Employed</u>		Work Performed
	()	From	To	
Address				
Job Title		<u>Hourly Rate/Salary</u>		
Supervisor		Starting	Final	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

If you are currently working, may we contact your PRESENT employer about your work?
 _____ Yes _____ No

Other licenses:

Please list and provide a copy of any other licenses, registrations, or certifications that are required or pertinent to the position you are applying for:

License or Certificate: _____ Agency _____
 Expiration Date: _____ License # _____

License or Certificate: _____ Agency _____
 Expiration Date: _____ License # _____

License or Certificate: _____ Agency _____
 Expiration Date: _____ License # _____

Guidelines of the employment process and completing application form:

- Complete a separate application form for each position opening you apply for, following instructions completely and signing your application where required.
- Contact the City of Rockville’s City Clerk’s office in writing and request that a previously completed application be used to apply for the current opening
- You are responsible for updating the information contained on a previous application, so that we may accurately evaluate your qualification.
- Be specific and complete when filling out the Employment History section; incomplete applications will be removed from further consideration.

- Resume may be attached to the completed application.
- Interviews will be conducted by the Department Head and/or City Council
- Applications received after the closing date will not be accepted.
- If you have any questions concerning completion of your employment application or the employment procedures for Rockville, call the City Clerks Office at (320) 251-5836.

Professional References:

List people you know well, preferably from a work environment. Do not refer to an acquaintance or relative.

Name: _____ Address: _____

Home Phone: _____ Work phone: _____ Occupation: _____

Name: _____ Address: _____

Home Phone: _____ Work phone: _____ Occupation: _____

Name: _____ Address: _____

Home Phone: _____ Work phone: _____ Occupation: _____

Education

	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills & Extra-Curricular Activities				

Membership in Civic and Professional Organizations

Please describe:

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

*If you need more space, use the last page of the application or attach additional sheets. Although you must fully complete this application, you may **also include a job resume** or other description of your work and volunteer and personal experiences that are relevant to this position. If a questionnaire is included as an application supplement for the position, it must be completed for you to be considered.*

Honors received (school and community):

State any additional information you feel may be helpful to us in considering your application.

Give name, address & telephone number of three (3) references who are not related to you.

List any correspondence courses, special courses, seminars, workshops, training and skills acquired that might relate to this position. Please review the job description before answering this question.

TO BE COMPLETED BY APPLICANTS FOR CLERICAL, ADMINISTRATIVE AND FISCAL POSITIONS ONLY

Business machines and experiences: _____

YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 13.01 through 13.87 (1983) on data privacy require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address and Home Phone Number.

This means it is available only to you, the City of Rockville officials and their representatives who have a bona fide need for it. This data will be used to identify you within the hiring process. Refusal to supply requested information may mean your application will not be considered.

Your name is considered private until you become a finalist for employment with the City of Rockville. You are considered a finalist when and if you are selected to come to the final selection interview prior to selection.

Under Minnesota law, the following information about you must be made available to any member of the public who requests it: veteran status, relevant test scores, rank on eligibility list, job history, education and training, and work availability.

EMPLOYEE CERTIFICATION

Please be sure to sign this application and read the following statements carefully:

1. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in rejection of my application or dismissal if I am hired.
2. I authorize the City of Rockville and its agents and/or representatives to verify this information to determine whether or not I am qualified for the position for which I am applying.
3. I understand that only the City Council has the authority to make employment agreements.
4. I hereby authorize all current and previous employers and schools to release to the City of Rockville data classified as private. The data which I authorize to be released consists of private data as defined by M.S. 1302, Subd. 12 and has been or will be collected by the City of Rockville and/or its agents and/or representatives. This information includes all data which has been collected, created, received, retained or disseminated in whatever form which is in any way related to employment.

I fully understand that the purpose of permitting the City of Rockville to have access to this information is to determine my suitability for employment for the position of _____.

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

VETERAN'S PREFERENCE POINTS APPLICATION 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 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 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
2. Subd. #3 Veteran's preference credit under this section may not be used by any veteran who is currently receiving or is eligible to receive a monthly veteran's pension base 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 form a service retirement board. Spouses applying for preference points must supply their marriage certificate, the Veteran's DD214 and FL-802 or Death Certificate.

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 other documentation must be received no later than 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 No.:
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"/> Disabled Veteran <input type="checkbox"/> Spouse of 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 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation: is attached will be submitted within 7 days of application deadline

CHART #1	FOR OFFICE USE ONLY
	<input type="checkbox"/> 5 points
	<input type="checkbox"/> 10 points

Minnesota Government Data Practices Act – Chapter 13 “Tennessean Warning”

Data is requested from the applicant on various forms. The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created or maintained is classified under the Minnesota Government Data Practices Act as Private data **until license approval** when the data becomes **Public**: (13.41, Subd. 4).

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearing and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers.
6. License status.

The following data collected, created or maintained is classified as **Private**: (13.41, Subd. 2).

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Subd. 4.

The following data collected, created or maintained is classified as **Confidential**: (13.41, Subd. 3).

1. Active investigative data relating to the investigation of complaints against any license.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, contracted inspection officials, as required by court order, and City officials who have a bona fide need for it. The City of Rockville may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

Signature of Applicant

Date