



City of Edina, Minnesota
DEPARTMENT OF ADMINISTRATION
 4801 West 50th Street • Edina, Minnesota 55424-1394
 (952) 927-8861 Fax (952) 826-0390 TTY (952) 826-0379

DATE RECEIVED

OFFICE USE ONLY

EMPLOYMENT APPLICATION

(one application needed for each position)

We welcome you as an applicant for employment with the City of Edina. It is the city's policy to provide equal opportunity in employment. The City will not discriminate on the basis of race, age, religion, national origin, marital status, disability, sex, sexual orientation, status with regard to public assistance, or any other basis protected by law.

Some information contained and requested in this application is considered public data under the Minnesota Government Data Practices Act, including veteran status, relevant test scores, rank on eligibility list, job history, education, training, and work availability. As an applicant for employment, your name is considered private until you become a finalist for employment with the City. You are considered a finalist

if and when you are selected for an interview by the hiring authority. Typically, the other information contained and requested in this application is considered private data under the Minnesota Government Data Practices Act, and will be used only in conjunction with your possible employment. Please furnish complete information so we may accurately and completely assess your qualifications. Your application will be evaluated in comparison to the requirements of the position for which you are applying. If the City of Edina hires you, some of the information contained on this application form (such as previous employment experience and educational background) will become public data.

Please print clearly or type.

Personal Information					
Name	Last	First	Middle	Previous	
Present Address	Street	City		State	Zip Code
Permanent Address	Street	City		State	Zip Code
Telephone	Home	Work	Cell	May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email					

Work Preferences	
Position for which you are applying (or type of work in which you are interested):	<i>Are you interested in...</i> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> PAID ON CALL <input type="checkbox"/> VOLUNTEER Date Available for work: _____

General Information	
Are you legally eligible to work in the United States in the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No (proof of citizenship or work eligibility will be required as a condition of employment)	
Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," state date of birth:
Previously employed by the City? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what position?	

Education

School Name and Location	Graduate	Degree, Diploma or Certificate and Major/Minor Type	Academic Standing Grade Average, eg, (3.2/4.0)
High School last attended	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vocational, Technical School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (skilled trade training, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any job related academic honors, extra-curricular activities and professional memberships.			

Special Skills/Training/Licenses

CLERICAL SKILLS	What is your present speed per minute? Keyboard _____	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State: _____ Class: _____	
	List software you are proficient in and work you have used it for:		
SKILLED TRADE SKILLS, LICENSES, CERTIFICATIONS	Do you have experience in a skilled trade? If so, please describe the extent/nature of experience.		
	Have you completed an apprenticeship in a skilled craft? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what craft?	Where did you complete it?
	List all machines and equipment you have operated:		
	List all current licenses and/or certifications together with an identification of the granting authority:		
	Do you have advanced First Aid, EMS First Responder, Crash Injury Management (CIM), or EMT certification: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:		

Additional Job Related Experience, Volunteer Work and/or Training

Describe any additional experience or training that qualifies you for this job.

Employment History

Please give accurate, complete and part-time employment record. Start with present or most recent employer.

Company Name:	Telephone: ()
Address	Employed <i>(State month and year)</i> From To
Name of Supervisor May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$
State job title and list your duties/responsibilities beginning with the duty that consumed the greatest proportion of your time.	Reason for leaving

Company Name:	Telephone: ()
Address	Employed <i>(State month and year)</i> From To
Name of Supervisor May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$
State job title and list your duties/responsibilities beginning with the duty that consumed the greatest proportion of your time.	Reason for leaving

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State job title and list your duties/responsibilities beginning with the duty that consumed the greatest proportion of your time.	Reason for leaving

**If you need additional space, please continue on a separate sheet of paper.
Be certain to complete all four pages of this application. Applications must be signed to be considered.**

Availability

Dates Available for Employment: Start _____ Finish _____

Willing to Work Weekends? Yes No. Willing to Work Both Days and Evenings? Yes No

Work Availability: 10-20 Hours 20-40 Hours 40-50 Hours

Able to Work Before/After Established Dates? Yes No If Yes, When? _____

Police and Fire Department (Please Respond)

Are you currently licensed? Yes No

If so, License Number _____

If you are currently licensed, status of license?

Active Inactive Part-time Other _____

Criminal History Background Checks

The City of Edina conducts criminal history background checks on all regular full-time and positions which work directly with children or vulnerable adults, positions which involve driving as part of the duties, emergency medical services staff and positions which work directly with financial records and cash receipts.”)

For sworn police positions, felony convictions (and certain other convictions mandated by the state licensing board for police) will automatically disqualify you from further consideration. For non-police positions, the city will look at the type of conviction and whether it is directly related to the job for which you are applying.

Candidates for positions working with children will not be selected if they have been convicted of any crime

listed in the Child Protection Worker Act (Minnesota Statutes 299C.61 & 62). Generally, this includes child abuse crimes, murder, manslaughter, felony level assault or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct, and prostitution-related crimes.

Before any applicant (other than applicants for positions within the police or fire department or for emergency medical services positions) is rejected on the basis of criminal conviction, he or she will be notified in writing and will be given any rights afforded by Minnesota Statutes Chapter 364. This includes the right to show evidence of rehabilitation.

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. I agree and understand that any false statements or omission of information contained in this application or any supplemental materials I submit may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I authorize investigation of any information contained in the application for employment and/or supplemental materials I have submitted in consideration for employment, as may be needed to arrive at an employment decision. I authorize any or all education institutions and prior employers listed in the application for employment to provide information they may have concerning me as it may relate to consideration of my application for employment. I release those parties from any and all liability or claims for damage that may result from such.

Applicant's Signature _____ Date _____

VETERAN'S PREFERENCE

Complete this form ONLY if you are a veteran AND are claiming veteran's preference

NOTE: Copy of DD214 must be attached.

Does not apply to all positions.

You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at (651) 430-6895.

City of Edina operates under a point preference system which awards points to qualified veterans to supplement their application. Five (5) points are granted to non-disabled veterans on open competitive examinations; ten (10) points are added if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA)

To qualify for preference for a **competitive exam**, you must have been 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, **or** after having served the full period called or ordered for federal active duty **and** be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If your DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

NAME (LAST) (FIRST)	SOCIAL SECURITY NUMBER	POSITION FOR WHICH YOU APPLIED
ADDRESS (STREET) (CITY) (STATE) (ZIP)	PHONE NUMBER	Closing Date: ARE YOU A US CITIZEN OR RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

Veteran (5 points) (DD214 or DD215 must be submitted to receive points):

Honorably discharged veteran YES NO

FOR DISABLED VETERANS (10 points): (DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

Percent of Disability: _____ %

Have you ever been promoted in the City of Edina employment? YES NO

FOR SPOUSES OF DECEASED VETERANS (5 points, 10 if the veteran was disabled):

(Attach DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of activity duty must be submitted to receive points.

You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: _____ Have you remarried? YES NO

FOR SPOUSES OF DISABLED VETERANS (10 points):

(DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

Due to the veteran's service-connected disability the veteran is unable to qualify for this position because:

(be specific) _____

AFFIDAVIT: I hereby claim Veteran's Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required veterans preference verification documents and submit them to City of Edina by the required application deadline date.

Signature

Date