

\*\*\*\*\* You must complete this application fully, even if information is duplicated on any other requested document (e.g. a resume or cover letter). Falsified or misleading statements on this application and addendums may be grounds for disqualifying you from being further considered for employment with the City of New York Mills. \*\*\*\*\*

PERSONAL INFORMATION				
First Name		Last Name		Middle Name
Current Mailing Address			City	State Zip Code
Phone Numbers		E-mail Address		
Home: ( )				
Work: ( )				
Cell: ( )				

Have you filed an application here before?      NO      YES If yes, give date(s)  
 Have you ever been employed here before?      NO      YES If yes, give date(s)

EMPLOYMENT DESIRED				
Position Title		Date Available		Salary Required/Desired
Available to work: (Circle one)	Full-time	Part-time	Temporary	Seasonal

**Request for Accommodation**  
 If you require assistance in the hiring process,  
 please contact the City Clerk or appropriate department supervisor  
 to make a specific request for reasonable accommodation.

\*\*\*\*\*List the most recent (or current) employer first, then next most recent, and so forth.\*\*\*\*\*

<b>WORK EXPERIENCE</b>		<i>Employer 1</i>
<i>May we contact this employer?</i> YES    NO    If no, explain:		
<b>Employer</b>		<b>Phone Number</b>
<b>Address</b>		<b>Supervisor's Name and Title</b>
<b>Position Title</b>	<b>Description of Duties</b>	
<b>Length of Employment</b> From:                      To:		
<b>Last Pay</b> <b>Hours Worked</b>		
<b>Reason for Leaving</b>		
<b>WORK EXPERIENCE</b>		<i>Employer 2</i>
<i>May we contact this employer?</i> YES    NO    If no, explain:		
<b>Employer</b>		<b>Phone Number</b>
<b>Address</b>		<b>Supervisor's Name and Title</b>
<b>Position Title</b>	<b>Description of Duties</b>	
<b>Length of Employment</b> From:                      To:		
<b>Last Pay</b> <b>Hours Worked</b>		
<b>Reason for Leaving</b>		
<b>WORK EXPERIENCE</b>		<i>Employer 3</i>
<i>May we contact this employer?</i> YES    NO    If no, explain:		
<b>Employer</b>		<b>Phone Number</b>
<b>Address</b>		<b>Supervisor's Name and Title</b>
<b>Position Title</b>	<b>Description of Duties</b>	
<b>Length of Employment</b> From:                      To:		
<b>Last Pay</b> <b>Hours Worked</b>		
<b>Reason for Leaving</b>		

**EDUCATION**

Did you graduate from high school or receive a GED?    YES    NO

*Name and Location of School/Program attended:*

Name and Location of College, University, or Technical School	Did you graduate?	Degree/Diploma	Program of Study
	YES    NO		
	YES    NO		

**REFERENCES**  
*Please list three individuals who can be contacted regarding your job-related qualifications. No relatives or supervisors.*

Name	Present Address	Phone Number

**OTHER SKILLS**  
*List any special skills or interests that you feel relate to the position*

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Are you 18 years or older?    YES    NO  
Are you legally eligible to work in the United States?    YES    NO  
*(Proof will be required if hired)*

**ACKNOWLEDGEMENT**

I understand the City of New York Mills has the right to verify information contained in this application. I authorize the City of New York Mills and any agent acting on its behalf to investigate all statements contained in this application for employment and any addendum, including, but not limited to, any driving record, any criminal history, my credit history, my educational records such as transcripts, and work records as may be necessary to determine my eligibility for employment. Moreover, I hereby release the City of New York Mills and any agent acting on its behalf from any and all liability by reason of requesting such information from any person or entity.

I certify that answers given herein are true and complete to the best of my knowledge and I understand that, if employed, falsified or misleading statements on this application and addendum or made during an interview, which may be discovered now or anytime in the future, shall be grounds for dismissal. I acknowledge that this document shall not be construed as a contract or offer of employment and understand and agree that, if hired, my employment is for no definite period and may be terminated at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Veteran's Preference Points

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 veterans 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. 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 veterans' 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.**

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 this position.

## Veteran's Preference Points Application

Veteran: Self ___ Spouse ___		If Spouse, veterans name:	
Branch of Service:		Period of Active Duty From:	To:
Rank at Discharge	Type of Discharge	Date of Final Discharge	Service #
Are you receiving or eligible for a military pension? Yes ___ No ___		Do you have a service related disability? Yes ___ No ___	
Preference Requested: Veteran ___ Disabled Veteran ___ Spouse of Disabled Veteran ___ Spouse of Deceased Veteran ___			
Your Preference Points 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 seven(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 seven (7) days of application deadline.			

**FOR OFFICE USE ONLY**

Veteran 10 points \_\_\_\_\_  
 Disabled Veteran 15 points \_\_\_\_\_