



Seasonal Employment Application

Cottage Grove City Hall
 7516 80th Street South, Cottage Grove, MN 55016
 Phone: 651.458-2800 Fax: 651.458-2897
www.cottage-grove.org

The City of Cottage Grove welcomes you as an applicant for seasonal employment. Your application will be considered with others in competition for the position in which you are interested. It is our policy to provide equal employment opportunities to all. Individuals are evaluated and selected solely on the basis of their qualifications.

Please furnish complete and accurate information so we can properly evaluate your application. The use of false or misleading information, or the omission of important facts, may be grounds for disqualification or immediate dismissal. Information you provide herein will be subject to later verification and/or testing. You may attach any additional information to this application to help explain your qualifications.

Personal (Please Print Clearly or Type)

<u>Position Applied For:</u>				
<u>Last Name</u>		<u>First Name</u>	<u>Middle Name</u>	<u>Social Security Number</u>
<u>Home Street Address</u>		<u>City</u>	<u>State/Zip</u>	<u>Phone Number</u>
<u>School/Other Street Address</u>		<u>City</u>	<u>State/Zip</u>	<u>Cell Phone Number</u>
<u>Driver's License Number</u>	<u>Driver's License State, Class & Endorsements</u>	<u>E-mail Address</u>		<u>Pager Number</u>
Have you applied here before? Yes No	If yes, when? (Date)		Do you have relatives or in-laws working for the City? Yes No	If yes, whom?
<u>State age if under 18 years old</u>	<u>Salary Expected</u>	<u>When are you available to start? What days are you available?</u>		

Education and Training

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
College				Yes No	
Business/ Trade/ Technical				Yes No	
High School				Yes No	
Other special training or skills (languages, machine operation, etc.)					

References

Please provide the name, address and telephone number of three references that are not related to you and are not previous employers.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Employment History

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

Company Name	Telephone
Address	Employed (state month and year) From _____ To _____
Name of Supervisor and Title	Salary: Hourly Monthly Yearly \$ _____
State job title and list your duties/responsibilities, beginning with the duty that consumed the greatest proportion of your time:	Reason for leaving May we contact? Yes No

Company Name	Telephone
Address	Employed (state month and year) From _____ To _____
Name of Supervisor and Title	Salary: Hourly Monthly Yearly \$ _____
State job title and list your duties/responsibilities, beginning with the duty that consumed the greatest proportion of your time:	Reason for leaving May we contact? Yes No

Conviction Information

This question must be answered before your application will be considered complete.

You may answer "No" to this question if the conviction or records thereof have been annulled, sealed, set aside, or purged, or if you have been pardoned pursuant to law.

If the answer to this question is "Yes", please attach a separate sheet of paper giving full particulars. This information will not be used to bar you from employment, but may be used to direct your interest to areas less related to the area of your conviction.

During the past five years have you served a sentence in a jail or prison or been convicted of a misdemeanor or felony for which a jail sentence could have been imposed? Yes _____ No _____

- I hereby certify that all statements herein are true, complete, and authorize investigation of all information contained in this application. I understand that my present employer will not be contacted for employment verification until I have become one of the finalists for the position for which I am applying.
- Organizations and persons named herein are authorized to give information regarding me and they are hereby released from all liability for issuing such information.
- I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for employment or dismissal if I am employed.
- As an applicant for seasonal employment, I could be subjected to a criminal background check depending on the nature of the position.
- I realize that this application is in no way a contract.
- If I do not understand this document, or if I have further questions, I will discuss these with the City staff person to whom I am providing this statement.
- I have read this explanation of my rights and understand the purposes and consequences of giving the information and who is authorized to use it.

Date

Applicant's Signature

INFORMATION DISCLOSURE: NOTICE TO APPLICANTS

In accordance with M.S. 13.04 Subd. 2 we must inform you of your rights as a subject of government data. The information you give us about yourself is needed to identify you and assist in determining your suitability for the position(s) for which you are applying.

The information that we collect about you is classified as either public or private. Public means that it is available to anyone who asks to see it. Private means that the information is available only to the person the information is about and to the staff who must use it in the normal course of conducting City business and as otherwise provided for by law.

Your name is considered private until you are certified as eligible for appointment to a vacancy or considered a finalist. ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC.

Private Data	Why We Ask For It	Are You Legally Obligated to Provide It?	What May Happen if You Do Not Provide It?
S.S. #	To distinguish you from all other applicants and to make processing more efficient. It is required information if you are hired.	No	In most cases, nothing. However, it will help ensure that we do not confuse your records with those of others.
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Daytime Telephone	To be able to contact you to determine availability for interview.	No	We may not be able to contact you for interview.
Drivers License #	Necessary for positions that require driving.	No	We may not be able to process your application for a position requiring driving.
Relatives	To assure compliance with the City's nepotism policy.	No	In most cases, nothing. However, if hired, failure to do so could result in undue suspicion or embarrassment and may result in disciplinary action.
Sex, Racial/Ethnic Group, Handicapped Status	To be able to make Equal Opportunity reports as required by law and to provide affirmative action in City service.	No	We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring.
Conviction Record	To determine whether we may legally accept an application from you and to determine whether your record may be a job related consideration.	Yes	We will not be able to make determinations required by law.

Position Applied For: _____ **Date:** _____

This document will be separated from your application before employment consideration by the City of Cottage Grove.

Furnishing the information below is voluntary. The information will in no way affect you as an individual applicant. The information will not be kept in Personnel files and will not be made available to any person involved in decisions affecting any individual's employment or promotion to a position. The information will be used for reporting on Equal Employment Opportunity and Affirmative Action.

Age: Under 18 _____ 18-39 _____ 40-65 _____ Over 65 _____ **Sex:** Male _____ Female _____

Ethnic Group:

_____ African American _____ Asian _____ Caucasian _____ Hispanic _____ Native American

Do you have a disability? _____ No _____ Yes

VETERANS 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: <ul style="list-style-type: none"> <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Spouse of Deceased Veteran 			

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 seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.

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