COON RAPIDS
Minnesota

Application for Employment

(PLEASE PRINT OR TYPE)

Position Applied For			Date of Application
Available to Work: ☐ Full Time	☐ Part Time	☐ Seasonal	☐ Shift Work
When would you be available?			

Please provide your full name:

Last Name	First Name	Middle Name	
Address	City	State	Zip

Telephone Numbers

Home: Work:

Cell:

Drivers License No.

*** PLEASE NOTE "see resume" is not an acceptable response for any entries on this application. Candidates will be ranked only on the information submitted in this application. Resumes and other supplemental materials will be considered in addition to, but not in lieu of this application.**

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Education

	High School				Undergraduate College/University				Graduate/ Professional			
School Name/ Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Did you graduate? If yes, please list diploma/degree	☐ Yes		☐ No		☐ Yes		☐ No		☐ Yes		☐ No	
Academic Focus												
Specialized Training												
Licenses Held												
Volunteer Work/ Internships												

List any professional, trade, business, or civic activities and offices held.
(You may exclude memberships or information which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.)

_____

_____

_____

Computer Skills: Type WPM: _____ 10 Key ☐ Yes ☐ No
☐ Word processing ☐ Spreadsheet ☐ Database ☐ Presentation-type software

Please identify all software program proficiencies: _____

_____

_____

References

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Employment Experience

Begin with your present or most recent position. Include any job-related military service assignments or volunteer related activities. Identify all job-relevant experiences; please use additional sheets if necessary. * **PLEASE NOTE** "see resume" is not an acceptable response for any entries on this application. Candidates will be ranked only on the information submitted in this application. Resumes and other supplemental materials will be considered in addition to, but not in lieu of, this application.

Employer:		**Dates Employed**		**Work Performed**
		From	To	
Address				
		Duration (yrs, months)		
Telephone Number(s) ( )		**Salary**		
		Start	End	
Your Job Title	Supervisor's Name and Title			
Reason for Leaving		Full or Part Time? Hours per week?		

Employer:		**Dates Employed**		**Work Performed**
		From	To	
Address				
		Duration (yrs, months)		
Telephone Number(s) ( )		**Salary**		
		Start	End	
Your Job Title	Supervisor's Name and Title			
Reason for Leaving		Full or Part Time? Hours per week?		

Employer:		**Dates Employed**		**Work Performed**
		From	To	
Address				
		Duration (yrs, months)		
Telephone Number(s) ( )		**Salary**		
		Start	End	
Your Job Title	Supervisor's name and title			
Reason for Leaving		Full or Part Time? Hours per week?		

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other applicable experience.

_____

_____

_____

_____

Applicant's Statement

I certify that the information contained in this application (and accompanying resume, if any) is true and complete to the best of my knowledge, and that I have not omitted any information. I authorize investigation of all statements contained in this application for employment with the City of Coon Rapids as may be necessary in arriving at an employment decision. In the event of employment, I understand that any substantial misrepresentation or false information given in my application or interview(s) will result in discharge.

Additionally,

1. I have read and understand the job announcement for the position for which I am applying.
2. I hereby authorize all current and previous employers to release job-related information upon the written request of the City of Coon Rapids. However, I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact your current employer?", contact with my current employer will not be made without my specific authorization.
3. I understand that criminal history checks may be conducted and that conviction of a crime related to this position may result in my being rejected for this job opening.
4. I hereby authorize the City of Coon Rapids to conduct a criminal history and driver's license record check and have access to such records for purposes of determining my eligibility for employment with the City.
5. I understand that it is my responsibility to notify the City of Coon Rapids in writing of any changes to information reported on this application.

Before signing this application, read the Applicant's Statement carefully.

_____ _____

Applicant Signature Date

* *

The City of Coon Rapids considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. EOE\AA\ADA

COON RAPIDS
Minnesota

City of Coon Rapids
11155 Robinson Drive
Coon Rapids, MN 55433-3761
www.coonrapidsmn.gov

City of Coon Rapids
2012 Community Service Officer
REQUIRED
Employment Application
Addendum

Name: _____

- **Have you graduated from a law enforcement program?**
  ☐ **Yes** ☐ **No**

- **If no, when is your expected date of graduation?**

  _____
  (Month/Year)

- **If no, are you currently a full or part-time law enforcement student?**
  ☐ **Yes** ☐ **No**

- **When do you expect to complete required skills training?**

  _____
  (Month/Year)

- **When is your expected POST testing date?**

  _____
  (Month/Year)

- **Please describe your police or sheriff department volunteer or work experience.**

Duration | Position title and duties performed

- **Please describe any community or volunteer work experience you possess.**

Duration | Community or Volunteer Work Experience

- **Are you First Responder Certified?**
  ☐ **Yes** ☐ **No**

- **Have you had CPR/Basic First Aid training in the last two years?**
  ☐ **Yes** ☐ **No**

- **Please list any job relevant certifications (e.g., CPR, first aid, etc.)**

Other qualifications:
Summarize special job-related skills and qualifications acquired from employment, education or other experience.

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in my application for employment or this addendum will be grounds for disqualification for employment, or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

I further understand that if offered a position, I must submit to and pass a controlled substance screen and will be required to submit to and pass a criminal background check, and employment reference checks.

By my signature on this form, I hereby acknowledge that I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant's signature: _____

Date: _____

Evidence of current law enforcement school enrollment must accompany this completed application form.

Please include documentation from your school's Registrar's Office verifying your current enrollment and student status.

Application for Veteran's Preference Points

Eligibility:
Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their training and experience examination 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. 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 veteran's points without it.

Instructions:
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 do not include these documents with this application, be sure to include your name, and the name of the position for which you are applying, when you do submit the documents.

All documentation must be received no later than 7 calendar days after the application deadline for the position for which you are applying. **If you fail to supply required documentation within the defined timeframe, we will not award you veteran's preference points.**

Veteran's Preference Application

Applicant's Name _____

Veteran: ☐ Self ☐ Spouse If spouse, veteran's name: _____

Branch of service: _____ Date of active duty: from _____ to _____

Rank at discharge: _____ Type of discharge: _____

Date of final discharge: _____ Service number: _____

Are you receiving or eligible for a military pension? ☐ Yes ☐ No

Do you have a compensable service-related disability? ☐ Yes ☐ No

Type of preference requested: ☐ Veteran ☐ Disabled veteran
☐ Spouse of veteran ☐ Spouse of disabled veteran

Supporting documentation: ☐ Is attached
☐ Will be submitted within 7 days of application deadline

CITY OF COON RAPIDS
JOB APPLICANTS
NOTICE OF DRUG AND ALCOHOL TESTING REQUIREMENT

The City of Coon Rapids recognizes that the state of an employee's health affects his/her job performance, the kind of work he/she can perform and may affect his/her opportunities for employment. Drug and alcohol testing by the City will be used to promote public confidence in the safety and integrity of the City's work force. The Drug and Alcohol Testing Policy is applicable to all City employees and job applicants who have been conditionally offered employment.

In recognition of the City's efforts to select only the most qualified candidates, I, the undersigned, understand that if a job offer is made for a `full-time year-round or a part-time safety sensitive-designated position, said offer will be made conditional upon my consenting to a drug and alcohol screening test. I further understand that refusing to supply the required samples or producing a confirmed positive drug or alcohol test indicating the presence of illegal drugs or alcohol may result in the rejection of my application for employment and automatic withdrawal of any contingent job offer so made. The City will, in the event of a positive confirmed test result, inform me within three working days of the laboratory results.

I have read the above and acknowledge my awareness of the City's Drug and Alcohol Testing Policy and the requirement for testing as indicated above.

_____

Signature of Applicant Date

APPLICANT FLOW SURVEY

TO ALL APPLICANTS:

We would appreciate your assistance in our efforts to ensure Equal Employment Opportunity. The information requested in the following questions is voluntary and will not affect you as an applicant in the employment process. Decisions regarding your employment with the **City of Coon Rapids** will be based on the information you provide in the city application form. The information below will be used to determine if our recruitment efforts are reaching all segments of the community and will assist us in meeting government reporting requirements. The information will be used for affirmative action program purposes.

NAME_____ SEX: ____M ____F

TITLE OF POSITION:_____ DATE:_____

CITY AND STATE OF RESIDENCE:_____ COUNTY_____

AGE GROUP: ____ Under 19 ____19-25 ____26-39 ____Over 40

WHAT RACE\ETHNIC GROUP DO YOU CONSIDER YOURSELF?

_____ **White** (Not of Hispanic origin)
_____ **Hispanic or Latino**
_____ **Asian**
_____ **Native Hawaiian or other Pacific Islander**
_____ **Black or African American** (Not of Hispanic origin)
_____ **Native American or Alaskan Native** Through tribunal affiliation or community recognition.
_____ **Two or more races**

DO YOU HAVE A DISABILITY?

_____No
_____Yes-Blind
_____Yes-Cardiac
_____Yes-Deaf
_____Yes-Diabetes
_____Yes-Epilepsy
_____Yes-Paralysis
_____Yes-Alcoholism
_____Yes-Mental
_____Yes-Other
_____
_____
_____

HOW DID YOU LEARN ABOUT THIS JOB?

____Private Employment Agency Name_____
____Public Employment Agency Name_____
____Coon Rapids Herald
____Anoka County Shopper
____Star Tribune
____League of Minnesota Cities Website
____Other Newspaper, Name_____
____Walk In
____City of Coon Rapids Employee
____Minority Group Referral
____Area Vocational School Name_____
____Job Line
____Internet Web Site
____Other, be specific_____

NOTE: UPON RECEIPT BY THE CITY, THIS FORM WILL BE DETACHED FROM THE REST OF THE JOB APPLICATION AND WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM YOUR APPLICATION.

DATA PRACTICES ACT NOTICE

Minnesota States on data privacy require that you be informed that the following information you are asked to provide in the employment application process is considered private data: Name, Home Address, Home Phone Number, Social Security Number, and Racial/Ethnic Data. This means it is available only to you and city officials who have a bona fide need for it. This data will be used to identify you within the hiring process. Furnishing racial/ethnic data and social security number is voluntary.

Any information about yourself that you provide to the City of Coon Rapids during the application process will be used to identify you as an applicant and to assess your qualifications for employment with the City. If you wish to be considered for employment, you are required to provide the information requested in the Application for Employment and all application supplements. Refusal to supply other requested information may mean your application will not be considered.

You are hereby advised that, under Minnesota law, the following information given by an applicant is considered to be public information:

* Veteran's Status
* Job History
* Education and training
* Relevant test scores
* Work Availability

Your name will become public data if you are selected to be interviewed by the City. All other information you supply on this application, with the exception of that which is private data as indicated above, will become public if you are hired by the City of Coon Rapids. If you are hired, the following additional data about you will be considered public information:

* Name
* City and County of Residence
* Actual gross salary, salary range, and gross pension
* Value and nature of employer paid benefits
* Job title and job description
* Dates of your first and last employment
* Status of written complaints or charges against you while you work for the City of Coon Rapids and whether or not they resulted in disciplinary action
* Work location and work telephone
* Education and training background
* Honors and awards received
* Time sheets or other comparable data used for payroll purposes
* Previous work experience

All data concerning you which is placed in your personnel file and which is not listed above is private data. This private data will be available to you and those members of City staff needing it to process City records. In addition, the following persons or organizations are authorized by State and Federal Law to receive this data if they so request:

* The Bureau of Census
* Federal, State and County Auditors
* The State Department of Welfare
* The Department of Human Rights
* Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities
* Labor organizations and the Bureau of Mediation Services.

Data may also be made available to others through court order.

_____ _____

Applicant Signature Date