

# CITY OF MONTEVIDEO, MINNESOTA

## Application for Employment

**Part 1: Name:** \_\_\_\_\_  
Last
First
Middle

**Address:** \_\_\_\_\_  
Street
City
State
Zip

Phone No: \_\_\_\_\_ Are you 18 years or Older? \_\_\_\_\_

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**Part 2: Position Desired:** \_\_\_\_\_

Date you can start: \_\_\_\_\_ Are you employed now? \_\_\_\_\_

May we inquire of your present employer? \_\_\_\_\_

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**Part 3: Education**

	<u>Name and Location</u>	<u>Did you Graduate</u>	<u>Subjects Studied</u>
1) <u>High School:</u>	.....	.....	.....
2) <u>College:</u>	.....	.....	.....
3) <u>Trade or Vo-Tech:</u>	.....	.....	.....

Areas of Special Study, Skills, or Certifications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Part 4: Veterans Preference:**

- 1) Are you a Veteran? \_\_\_\_\_ 2) Are you a Disabled Veteran? \_\_\_\_\_
- 3) Are you a widow/widower of a Veteran? \_\_\_\_\_
- 4) Are you a spouse/widow/widower of a Disabled Veteran? \_\_\_\_\_

(If you answered yes to 1, 2, 3, or 4 please see the attached sheet, Veterans Preference Points Application Instructions.)

**Part 5: Former Employers** (List the last three, starting with the last one first.)

<u>Dates of Employment</u>	<u>Company Name</u>	<u>Address</u>	<u>Position</u>	<u>Reason For Leaving</u>
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

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**Part 6: References**

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>	<u>Relationship</u>	<u>Years Acquainted</u>
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, and release all parties from liability for any damage that may result from furnishing same to you.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*The City will continue the Evaluation process for the top 10 applicants (or top 10%, whichever is greater) according to the Initial Evaluation.*

**DO NOT WRITE BELOW THIS LINE**

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City Staff only **INITIAL EVALUATION**

1) Does the Applicant meet the minimum requirements for the job as noted in the job description and Supplemental Applicant/Evaluation form? 70 Points = \_\_\_\_\_

**MUST RECEIVE 70 POINTS TO CONTINUE**

2) Points for Education and Experience as noted in the Supplemental Application/Evaluation form. 15 Points Maximum = \_\_\_\_\_

3) Veteran, or widow/widower of Veteran. 10 Points = \_\_\_\_\_

4) Disabled Veteran, or spouse/widow, widower of Disabled Veteran 5 Points = \_\_\_\_\_

RANK: \_\_\_\_\_ 100 Maximum Possible Points = \_\_\_\_\_

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to evaluation points. Points are awarded subject to the provisions of Minnesota Statutes.

To be eligible for veterans preference points, 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 having served the full period called or ordered for 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 and by the spouse of a disabled veteran who is unable to qualify because of the disability (see required documentation below.)

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 FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL-802 DEATH CERTIFICATE.**

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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 the final day the position you are applying for is officially closed.

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Veteran's Preference Points Application

Veteran

Self  Spouse If spouse, veteran's name: \_\_\_\_\_

Branch of service: \_\_\_\_\_ Period of active duty: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Date of final discharge: \_\_\_\_\_ Service No.: \_\_\_\_\_

Are you receiving or eligible for a military pension? \_\_\_\_\_

Do you have a compensation service-related disability? \_\_\_\_\_

Preference requested:  Veteran  Disabled Veteran  
 Spouse of Disabled Veteran  Spouse of Deceased Veteran

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Supporting documentation attached:  Yes  No