



City of Excelsior
339 Third Street
Excelsior, MN 55331-1809
Phone (952) 474-5233
Facsimile (952) 474-6300

The City of Excelsior seeks applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

The information requested on this application is being gathered for the purpose of evaluating your fitness and qualification for the employment you are seeking with the City of Excelsior. You are not legally required to provide any of the information requested, but failure to do so could adversely affect your chances of being hired. The information you provide may be provided to the City of Excelsior employees or other appointed or elected officials participating in the process of making a decision regarding the employment you seek. It may also be provided to third parties to the extent necessary to gather additional information relevant to an analysis of your application.

POSITION YOU ARE APPLYING FOR

Job Title: _____

CONTACT INFORMATION

Your name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: () _____ Business Phone: () _____

Cellular Number: () _____ E-Mail Address: _____

EDUCATION

High School (Name): _____ Location: _____

Diploma Other (Specify): _____ Highest Grade Completed: _____

College Graduate? Yes No If no, give total credit received: _____

NAME & ADDRESS OF SCHOOL, MAJOR COURSE OF STUDY, AND DEGREE RECEIVED

Your Name if Different While Attending School: _____

Undergraduate College/University		Graduate School	
_____		_____	
Degree: _____	Yr. Obtained _____	Degree: _____	Yr. Obtained _____
Pertinent Undergraduate Courses	Credits	Pertinent Undergraduate Courses	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

JOB-RELATED TRAINING AND COURSE WORK

List any skills, licenses, and certificates which are related to the job you seek (including words per minute typing and computer software proficiency.)

WORK EXPERIENCE

Describe your work experience in detail, beginning with the most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. **All information in this section must be complete. A resume may be attached, but not substituted for this section.**

1. Name of Present or Last Employer: _____

Address: _____ Phone: () _____

Job Title: _____

Number Supervised: _____ Supervisor's Name: _____

From ___/___/___ To ___/___/___ Hours Per Week _____ Salary: _____

May we contact this employer? Yes No

Job Duties (give details)

Reason for leaving:

2. Name of Present or Last Employer: _____
Address: _____ Phone: () _____
Job Title: _____
Number Supervised: _____ Supervisor's Name: _____
From ___/___/___ To ___/___/___ Hours Per Week _____ Salary: _____
May we contact this employer? Yes No
Job Duties (give details)

Reason for leaving:

3. Name of Present or Last Employer: _____
Address: _____ Phone: () _____
Job Title: _____
Number Supervised: _____ Supervisor's Name: _____
From ___/___/___ To ___/___/___ Hours Per Week _____ Salary: _____
May we contact this employer? Yes No
Job Duties (give details)

Reason for leaving:

4. Name of Present or Last Employer: _____
Address: _____ Phone: () _____
Job Title: _____
Number Supervised: _____ Supervisor's Name: _____
From ___/___/___ To ___/___/___ Hours Per Week _____ Salary: _____
May we contact this employer? Yes No
Job Duties (give details)

Reason for leaving:

**NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION
UNLESS YOU HAVE BEEN INFORMED ABOUT THE
REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No

PLEASE READ THE FOLLOWING STATEMENTS

Authority to Release Information. By my signature, I consent to the release of information to authorized officers, agents, and/or employees of the City of Excelsior which may include but not be limited to information concerning my past and present work, including my official personnel files, attendance records, evaluations, educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of the City of Excelsior to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result any inquiry or response given to such inquiries made in connection with my application for employment.

Signature: _____ **Date:** _____

Certification of Applicant: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer may not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Signature: _____ **Date:** _____

**CITY OF EXCELSIOR
ADDENDUM TO APPLICATION**

VETERANS PREFERENCE POINTS APPLICATION INSTRUCTIONS

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 veterans 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 VETERANS BONUS POINTS? YES NO

If you answered "YES", your DD214 or other documentation must be received no later than seven (7) calendar days after the application deadline for the position.

VETERANS PREFERENCE POINTS APPLICATION

Veteran _____ If spouse, veteran's name: _____

Self Spouse

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? Do you have a compensable service-related
 YES NO disability? YES NO

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

Your 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.