



**City of Edina, Minnesota**  
**DEPARTMENT OF ADMINISTRATION**  
 4801 West 50th Street • Edina, Minnesota 55424-1394  
 (952) 927-8861 TTY (952) 826-0379

<b>DATE RECEIVED</b>
OFFICE USE ONLY

# EMPLOYMENT APPLICATION

THE CITY OF EDINA WELCOMES YOU as an applicant for 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.

Be warned that the use of false or misleading information, or the omission of important facts may be grounds for immediate dismissal. Also note that information you provide herein may be subject to later verification and/or testing.

Please furnish complete and accurate information so that the City of Edina can properly evaluate your application.

You may attach to this application any additional information that helps explain your qualifications.

*Please print clearly or type.*

<b>Personal Information</b>					
<b>Name</b>	Last	First	Middle	Previous	
<b>Present Address</b>	Street		City	State	Zip Code
<b>Permanent Address</b>	Street		City	State	Zip Code
<b>Telephone</b>	Residence		Business	May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you between the ages of 16 and 70? <input type="checkbox"/> Yes <input type="checkbox"/> No   If "No," state date of birth: _____					
Do you have a Social Security Number? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>Work Preferences</b>	
Position for which you are applying (or type of work in which you are interested):	<i>Are you interested in...</i> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> PAID ON CALL <input type="checkbox"/> VOLUNTEER  <i>Date Available for work:</i> _____

<b>General Information</b>	
Have you ever been convicted of a crime for which a jail sentence of more than 90 days could have been imposed? <input type="checkbox"/> Yes <input type="checkbox"/> No  <small>You may answer "No" to these questions if the conviction or criminal records thereof have been annulled, expunged, sealed, set aside or purged, or if you have been pardoned pursuant to law. Before any applicant is rejected on the basis of a criminal conviction, he or she will be notified in writing and will be given any rights to processing of complaints or grievances afforded by Minnesota Statute Chapter 364. If the answer to this question is "Yes," please attach a separate sheet of paper giving full particulars.</small>	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not a citizen of the United States, do you have a valid work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No   Number: _____	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State: _____ Class: _____
Are you subject to a child support or spousal maintenance order? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," are you subject to withholding for a child support or spousal maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Education

School Name and Location	Attendance Dates From (mo/yr) To (mo/yr)	Graduate	Degree, Diploma or Certificate and Major/Minor Type	Academic Standing Grade Average, eg, (3.2/4.0)
High School last attended		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vocational, Technical School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (skilled trade training, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list academic honors, scholarships, fellowships, memberships in professional and honorary societies, and any other extra-curricular activities:				

## Special Skills/Training/Licenses

<b>CLERICAL SKILLS</b>	What is your present speed per minute? Keyboard _____ Shorthand _____ Speedwriting _____		Can you operate — Dictating equipment <input type="checkbox"/> Yes <input type="checkbox"/> No Computer <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other software you can operate (including word processing, spreadsheet and other software):			
<b>SKILLED TRADE SKILLS, LICENSES, CERTIFICATIONS</b>	Do you have experience in a skilled trade? If so, please describe the extent/nature of experience.			
	Have you completed an apprenticeship in a skilled craft? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what craft?	
	Where did you complete it?			
	List all machines and equipment you have operated:			
	List all current licenses and/or certifications together with an identification of the granting authority:			
Do you have advanced First Aid, EMS First Responder, Crash Injury Management (CIM), or EMT certification: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:				

## Employment History

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

Company Name:		Telephone: ( )	
Address		Employed ( <i>State month and year</i> ) From To	
Name of Supervisor	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
State job title and list your duties/responsibilities beginning with the duty that consumed the greatest proportion of your time.		Reason for leaving	

Company Name:		Telephone: ( )	
Address		Employed ( <i>State month and year</i> ) From To	
Name of Supervisor	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
State job title and list your duties/responsibilities beginning with the duty that consumed the greatest proportion of your time.		Reason for leaving	

<b>Employment History</b> <i>(continued)</i>	
Company Name:	Telephone: (      )
Address	Employed <i>(State month and year)</i> From                      To
Name of Supervisor                      May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$
State job title and list your duties/responsibilities beginning with the duty that consumed the greatest proportion of your time.	Reason for leaving

**If you need additional space, please continue on a separate sheet of paper.  
Be certain to complete all four pages of this application.  
Applications must be signed to be considered.**

<b>Election of Veteran's Preference</b>
<p>Do you wish to claim a veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please check the preference you are claiming.</p> <p><input type="checkbox"/> Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty.)</p> <p><input type="checkbox"/> Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).</p> <p><input type="checkbox"/> Spouse of deceased veteran.</p> <p><input type="checkbox"/> Spouse of disabled veteran who is unable to use preference due to disability.</p> <p>Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.</p> <p>Signature _____ Date _____</p>

<b>Public Safety Applicants (Please Respond)</b>
Date and location of POST licensing exam? _____ Date _____
Skills course attend? _____
Date of graduation from skills course? _____
Are you currently licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, License Number _____
If you are currently licensed, status of license? <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____

<b>Additional Experience and/or Training</b>
Describe any additional experience or training that qualifies you for this job.

## Important facts concerning information on your application

MINNESOTA LAW AFFECTS YOU AS AN APPLICANT with the City of Edina. The following data is public information and is accessible to anyone: veteran's status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. All other personally identifiable information is considered private, including, but not limited to, your name, home address and phone number.

If you are selected as a finalist for a position, your name will become public information. You become a finalist if you are selected to be interviewed by the City of Edina.

The information requested on the application is necessary, either to identify you or to assist in determining your suitability for the position for which you are applying. You may legally refuse, but refusal to supply the requested information will mean that your application for employment may not be considered.

If you are selected for employment with the City of Edina, the following additional information about you will be public: your name; actual gross salary and salary range; actual gross pension; the value and nature of your fringe benefits; the basis for and the amount of any added remuneration, such as expenses or mileage reimbursement, in addition to your salary, your job title; job description; training background; previous work experience; the dates of your first and last employment with the City of Edina; the status of any complaints or charges against you while at work; the final outcome of any disciplinary action taken against you, and all supporting documentation about your case; your badge number, if any; your city and county of residence; your work location and work telephone number; honors and awards; payroll timesheets and comparable data.

Anything not listed above which is placed in your application folder or your personnel file (such as medical information, letters of recommendation, resumes, etc.) is made private information bylaw. For further information, refer to Minnesota Statute, Chapter 13.

I understand that any false information on or omission of information from this application (including additional information required for Public Safety Applicants, if applicable), or failure to present the required proofs, will be cause for rejection or dismissal if employed.

**Public Safety Applicants Only:** In consideration of being permitted to apply for the position herein, I voluntarily assume all risks in connection with my participating in any tests the City of Edina deems necessary to determine my fitness and eligibility, and I release and forever discharge the City of Edina, its officers and employees from any and all claims for any damage or injury that I might sustain.

**Tennessee Warning.** The purpose and intended use of the information requested on the application is to assist in determining your eligibility and suitability for the position for which you are applying. You may legally refuse to give the information. If you give the information, that information, or further investigation based on it, could cause your application to be denied. If you refuse to give the information, your application for employment may not be considered. Other persons or entities authorized to receive the information you supply are: Staff of Edina Police Department, Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office, State of Minnesota, Drivers License Section, Hennepin County Auditor, and other governmental agencies necessary to process your application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

The City of Edina's policy and intent is to provide equality of opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, natural origin, political affiliation, disability, marital status, sex or age (except when sex or age is a bona fide occupational qualification).

**THE CITY OF EDINA IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**