

**CITY OF ST. CHARLES EMPLOYMENT APPLICATION**  
*Equal Opportunity, Reasonable Accommodation Employer*

City of St. Charles  
 830 Whitewater Ave  
 St. Charles, MN 55972



Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Other Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Are you a current City of St. Charles Employee? Yes  No  If Yes, what department: \_\_\_\_\_

**EDUCATION RECORD**

Did you graduate from high school or receive a GED certificate?  yes  no

SCHOOL NAME	LOCATION	HOURS EARNED	DIPLOMA, DEGREE OR CERTIFICATE EARNED	MAJOR FIELD OF STUDY
Business/Technical/Vocational				
1.				
2.				
Colleges/Universities				
1.				
2.				
3.				

**LICENSES**

Driver's License – "X" those that apply | For positions which require specific licenses, copies of licenses will be required at the time of interview.

Operators: <input type="checkbox"/> C <input type="checkbox"/> M Commercial: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Endorsements: <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> X Expiration Date? _____ Number: _____	List other current licenses, certifications, or registrations required for the position for which you are applying. Indicate types and dates received.
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**SPECIAL SKILLS/LANGUAGES**

List any special skills you possess and/or equipment or office machines you can operate.

Languages (Other than English):	
1. <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	2. <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

**OTHER INFORMATION**

If you are not a current City Employee, have you previously worked for the City?  Yes  No When? \_\_\_\_\_  
 Have you been convicted of a crime within the last ten years?  Yes  No  
 If yes, list all such offenses and state date, name of court and disposition. You may omit minor violations for which you paid a fine of \$100 or less.  
 Are you related to any member of the City Council or any person now employed by the City of St. Charles?  Yes  No  
 If yes: Name: \_\_\_\_\_ Department: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMPLOYMENT RECORD**

Please list all employment or volunteer experience. Begin with your present or last position and work back. Provide sufficient, qualifying experience. Please explain all periods of unemployment exceeding 90 days. Additional Information Sheets are available if needed.

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Full-time  Position Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Part-time  Ending Salary: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Time in this position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying.

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Full-time  Position Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Part-time  Ending Salary: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Time in this position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying.

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Full-time  Position Title: \_\_\_\_\_

Address: \_\_\_\_\_ Part-time  Ending Salary: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Time in this position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying.

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Full-time  Position Title: \_\_\_\_\_

Address: \_\_\_\_\_ Part-time  Ending Salary: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Time in this position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying.

I certify that I have made no misrepresentation in this application and I have not withheld information in my statements and answers to questions. I hereby authorize the City of St. Charles to investigate and verify any representations made by me, either orally or in writing. I hereby release the City, and any individual who provides or obtains information pursuant to this authorization, from any and all liability for damages of any kind which may result to me on account of compliance, or attempts to comply, with this authorization. I am also aware that my application is subject to the Texas open records law and may be released as a public document. I also understand that this application is the property of the City of St. Charles and will become a part of my personnel file if I am hired.

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



City of St. Charles  
 830 Whitewater Ave  
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 507-932-3020  
 507-932-5301 Fax

**APPLICANT INFORMATION**  
**EEO Data**

Are you a current City of St. Charles Employee?      Yes         No  

Have you ever applied for a job with the City of St. Charles?      Yes         No  

The following information is requested for record keeping purposes. The information will not be used for making employment decisions and will be separated from your application.

**PERSONAL DATA**

Requisition Number	Job Title	Social Security No.	Last Name	First Name	Middle Initial
Address		City	State	Zip Code	Phone Number
E-mail Address:					
Sex <input type="checkbox"/> M - Male <input type="checkbox"/> F - Female	Date of Birth	Ethnic Origin <input type="checkbox"/> 1-White <input type="checkbox"/> 2- Black <input type="checkbox"/> 3 - Hispanic <input type="checkbox"/> 4 - Asian/Islander <input type="checkbox"/> 5-Other			

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



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### RECORD RELEASE

I hereby give my authorization for the City of St. Charles to conduct a records check on myself for employment purposes. This will include but is not limited to the release of academic and employment records.

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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



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### DRIVER'S LICENSE AUTHORIZATION RELEASE

By signing below and providing my Driver's License number, I authorize the City of St. Charles to conduct a pre-employment check on y Driver's License. I understand both the validity and the record will be verified for use in determining my eligibility for employment.

Name: \_\_\_\_\_

Date of Authorization \_\_\_\_\_

Driver's License # \_\_\_\_\_

State: \_\_\_\_\_

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

Personnel Department

VETERAN'S PREFERENCE

You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed.

operates under a point preference system which awards points to qualified veterans to supplement their exam results. Five (5) points are granted to non-disabled veterans on open competitive examinations; ten (10) points are added if the veteran has a service connected compensable disability as certified by the Veterans Administration. A person who is eligible to receive a monthly veteran's pension based exclusively on length of service will not qualify for preference points.

To qualify for preference for a competitive exam 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 after having served the full period called or ordered for active duty and be a United States citizen or resident alien. Veterans 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.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If your DD214 form is submitted to our office separate from this sheet, please attach a note indicating the position for which you are applying and your present address.

COMPLETE THIS FORM ONLY IF YOU ARE A VETERAN AND CLAIMING VETERAN'S PREFERENCE!

NAME (LAST) FIRST MIDDLE SOC. SEC. NUMBER POSITION FOR WHICH YOU APPLIED
ADDRESS (STREET) CITY STATE ZIP PHONE NO. ARE YOU A U.S. CITIZEN OR RESIDENT ALIEN? YES NO

ACTIVE DUTY INFORMATION: (NOTE: A PHOTOCOPY of your Form DD214 must accompany this claim sheet.)

Have you (or your disabled or deceased spouse) served on active military duty without interruption for 181 days or more or for the full period called on orders to active duty? YES NO

Type of Separation: Honorable Medical Other

Are you receiving, or are you eligible to receive, a monthly veteran's pension based exclusively on length of military service? YES NO

FOR DISABLED VETERANS: Percentage of Disability: % Letter from VA in proof of disability must be submitted to receive points.

Permanent? YES NO Currently Existing? YES NO

FOR SPOUSES OF DECEASED VETERANS: (NOTE: A PHOTOCOPY of marriage certificate and spouse's death certificate must be submitted to receive points.) You are ineligible to receive points if you have remarried or were divorced from the veteran.

Date of Death: Have you remarried? YES NO

FOR SPOUSES OF DISABLED VETERANS:

Spouse's Present Occupation

(NOTE Letter from VA proving disability must be submitted to receive points.)

AFFIDAVIT: I hereby claim veteran's preference for this examination and certify that all the information given is true, complete and correct to the best of my knowledge.

I hereby authorize the Veterans Administration to release information necessary to process this application to the Personnel Department.

Signature Date