



CITY OF WYOMING

**26885 Forest Boulevard, P.O. Box 188
Wyoming, MN 55092**

Application for Employment

We welcome you as an applicant for employment with the City of Wyoming. It is the City of Wyoming's policy to provide equal opportunity in employment. The City of Wyoming will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

The City of Wyoming accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact City Hall at 651-462- 0575.

Please Print in Ink or Type When Completing this Application

Personal Information

Full Name:	(Last)	(First)	(MI)
Street Address			
City, State, Zip			
Phone Number		Alternate Phone Number	
Email			
Driver's License No.			

Please Print in Ink or Type When Completing this Application

Position Applied For:	Date of Application:
Available to Work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Shift Work	
When Would You Be Available To Start?	
Are you legally eligible to work in the United States in the position for which you are applying? <i>Proof of citizenship or work eligibility will be required as a condition of employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your continued employment require employer sponsorship?	Yes <input type="checkbox"/> No
Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you capable of adequately performing the physical requirements of the position as described in the job description?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a veteran of the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to being a veteran of the Armed Forces:

What type of training or education did you receive?

Have you been convicted of a crime in the last 7 years by Military or Civilian Authorities? If yes, please explain (Conviction will not necessarily disqualify an applicant from employment):

Education

	High School	Undergraduate College/University	Graduate Professional
School Name			
School Location			
Years Completed			
Did you graduate? If yes, please list diploma/degree			
Academic Focus			
Specialized Training			
License(s) Held			
Volunteer Work/Internships			

List any professional, trade, business, or civic activities or offices held (you may exclude, if you wish, information which would reveal race, sex, religion, age, disability or other protected status):

Computer Skills: Type WPM: 10 Key Yes No

Please identify all software program proficiencies:

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 resumé” 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.

Company	Name of last supervisor	Hrs./Week
Address	Start Date	End Date
City, State, Zip	Phone Number	Last Job Title
Reason for leaving (be specific):	Describe your work in this job:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company	Name of last supervisor	Hrs./Week
Address	Start Date	End Date
City, State, Zip	Phone Number	Last Job Title
Reason for leaving (be specific):	Describe your work in this job:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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City, State, Zip	Phone Number	Last Job Title
Reason for leaving (be specific):	Describe your work in this job:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company	Name of last supervisor	Hrs./Week
Address	Start Date	End Date
City, State, Zip	Phone Number	Last Job Title
Reason for leaving (be specific):	Describe your work in this job:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**General Authorization and Release of Data
City of Wyoming**

In order to comply with State and Federal Data Privacy Act Laws, the City of Wyoming is requesting your authorization and consent to permit the City to conduct a background investigation. Please provide the following personal data, read the paragraphs below and sign where indicated.

Full Name: _____

Address: _____
Street City County State Zip Code

Driver's License #: _____

I, the undersigned, hereby authorize and grant my informed consent to permit the Bureau of Criminal Apprehension (hereafter "BCA") and the Wyoming Police Department (hereafter "WPD") to release to and make available to the City of Wyoming, Minnesota (hereafter "City") and/or its representatives all data classified as private which concerns me and which may be in your possession. The data, classified as private under M.S. 13.02, Subd. 12, includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with the BCA and/or the WPD. I understand the purpose of permitting the City to have access to this information is to determine my suitability for employment.

By signing this authorization, I hereby release the BCA and the WPD from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also understand if I am rejected as a candidate for employment, on the basis of a criminal conviction, I will be legally required to sign this form, but if I do not, the City will not be able to determine whether my conviction record is a job-related consideration.

This authorization shall be valid for a period of one year, but I reserve the right, at any time prior to that expiration, to cancel the written authorization by providing written notice to the City of that intent.

Applicant Signature

Date

Full Name Printed

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other applicable experience (you may exclude, if you wish, information which would reveal race, sex, religion, age, disability or other protected status).

Applicants Statement

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

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

I further understand no management official other than the City Administrator of the City of Wyoming has the authority to make oral or written agreements for a specified time or for specified conditions of my employment. These agreements are subject to City Council approval.

Applicant Signature

Date

The City of Wyoming's policy is to provide equal opportunity in employment. The City of Wyoming will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

**Notice of Drug and Alcohol Testing Requirement
City of Wyoming**

The City of Wyoming recognizes the state of an employee's health affects their job performance, the kind of work they can perform and may affect their 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.

Applicant Signature

Date

Data Practices Act Notice City of Wyoming

The Minnesota Data Practices Act requires that you be informed of the purposes and intended uses of the information you provide to the City of Wyoming during the application process or during employment.

Any information about yourself that you provide to the City of Wyoming 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. If you refuse to supply information requested by the City in the Application for Employment, it may mean that 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
- Rank on Eligibility List
- Work Availability

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position with the City of Wyoming. 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 actual 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 Wyoming and whether or not they resulted in disciplinary action
- Work location and work telephone
- Honors and awards received
- Time sheets or 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 to 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 Public 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.

I certify that I have read and understand the above "**Data Practices Act Notice.**"

Applicant Signature

Date

Veterans Preference Points Application Instructions City of Wyoming

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.

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded 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 or eligible to receive a monthly veterans 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 VETERANS DD214 AND FL-802 OR DEATH CERTIFICATE.

If you supply supporting documentation by separate mail, your name and the position applied for must be included.

Veterans Preference Points Application

Veteran	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	If spouse, please list the veterans 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?		
		Yes	No	
Preference requested (check one):				
Veteran	Spouse of Disabled Veteran	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 not 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: (check one)				
Is Attached		Will be Submitted Within 7 Days of the Application Deadline		

AFFIDAVIT: I hereby claim Veterans Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans Preference verification documents and submit them to the City of Wyoming by the required application deadline.

Applicant Signature

Date