



City Of Vesta

320 E Centre St

PO Box 7
Vesta, MN 56292

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www.vestamn.us

YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes Chapter 13 requires that you be informed of the following about private data requested on this application.

- **Name, Home Address and Telephone Number** are used to contact you about potential job opportunities. If this data is not provided, we may not be able to contact you. If you are a finalist for a vacancy, your name becomes public data and is available to anyone.
- **Social Security Number** is used to ensure accurate identification of your application, as distinguished from others' applications. If this data is not provided, other data provided by you will be used for identification purposes.
- **Gender, Racial/Ethnic Group, and Disability status** are used to comply with equal employment opportunity and affirmative action requirements as set forth by law and to evaluate our efforts in ensuring diversity in the recruitment and selection of employees. If this data is not provided, it will be more difficult for us to evaluate our efforts.
- **Reasonable Accommodation Information** is used to provide reasonable accommodations in the hiring process. The data related to the request for a reasonable accommodation will be maintained separately and treated as private medical records. If sufficient data is not provided, we may not be able to accommodate you.

You are not legally required to provide any of the private data listed above. Employees from the City of Vesta where your application is referred may have access to your private data only if their work assignments reasonably require access during the hiring process. Others who may legally access the above data are representatives of the Attorney General and Legislative Auditor, law enforcement agencies with statutory authority, and persons/entities authorized by law or court order.

CONTACT INFORMATION

Name: _____
 First MI Last

Address: _____ Social Security No: _____

_____ Email: _____

_____ Phone: _____ Cell or Home

City State Zip

SPECIFIC OPENING

Position: _____ Start Date: _____

Salary Desired: _____ Hr./Yr.

EMPLOYMENT CONDITIONS

Check all you are willing to work.

- | | | | |
|---|---|---------------|---|
| <input type="checkbox"/> All conditions | <input type="checkbox"/> Temporary, full-time | Shift: | <input type="checkbox"/> All shifts |
| <input type="checkbox"/> Intermittent (on call as needed) | <input type="checkbox"/> Temporary, part-time | | <input type="checkbox"/> Day shift |
| <input type="checkbox"/> Permanent, full-time | <input type="checkbox"/> Seasonal, full-time | | <input type="checkbox"/> Evening shift |
| <input type="checkbox"/> Permanent, part-time | <input type="checkbox"/> Seasonal, part-time | | <input type="checkbox"/> Night shift |
| | | | <input type="checkbox"/> Rotating shift |

EDUCATION

	Name	Address	Degree Received
High school:	_____	_____	_____
College:	_____	_____	_____

Trade, Business: _____

PREVIOUS EMPLOYMENT

Company: _____ Supervisor: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Supervisor: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Supervisor: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Supervisor: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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REFERENCES

Please list three professional references.

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

<p>Please check the appropriate boxes:</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>With which racial/ethnic group do you identify?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Asian or Pacific Islander</td> <td style="width: 50%; border: none;"><input type="checkbox"/> American Indian</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> African American (Black)</td> <td style="border: none;"><input type="checkbox"/> Caucasian (White)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Hispanic</td> <td style="border: none;"><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> American Indian	<input type="checkbox"/> African American (Black)	<input type="checkbox"/> Caucasian (White)	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other	<p>Disability status: An individual with a disability is a person who (1) has a physical, sensory, or mental impairment which substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.</p> <p>Do you claim disability status? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you need a reasonable accommodation, please specify type of accommodation needed.</p>
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> American Indian						
<input type="checkbox"/> African American (Black)	<input type="checkbox"/> Caucasian (White)						
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other						

RECENTLY SEPERATED VETERAN

To qualify as a recently separated veteran, you must:

1. I have meet all the requirements for Veterans Preference above **and**
2. I have served in active military service at any time on or after September 11, 2001 as shown on your DD-214.

Note: If invited to interview, you will be required to present your DD-214 to verify that you meet the recently separated veteran requirement.

I am a recently separated veteran.

IMPORTANT

The State has the right to verify information provided in this application and resume and any supplemental information through use of the informed consent provisions of Minnesota Chapter 13. False information may subject an applicant to the penalty provisions of M.S. 43A.39. I understand that the City of Vesta and any agent acting on its behalf may conduct an inquiry into any job-related information contained in this application, resume and any supplemental information including, but not limited to, my records maintained by an educational institution related to academic performance such as transcripts and information on any relevant criminal convictions. I hereby release the City of Vesta and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person or entity.

I understand that, on the date of hire, I will be required to provide proof of eligibility to work in the United States.

I declare that all information in this application, resume and any supplemental information is true and complete and hereby acknowledge that I have read and understood the information above.

Date _____	Signature (do not print) _____
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