



**CITY OF MORRIS**  
**610 Oregon Avenue**  
**P. O. Box 438**  
**Morris, MN 56267**  
 Tel: 320-589-3141  
 Fax: 320-589-3111  
 www.ci.morris.mn.us

**APPLICATION FOR EMPLOYMENT**  
 An Equal Opportunity Employer

<b>Position applied for:</b>		<b>Date:</b>
<b>Available to work:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Shift Work		
<b>When would you be available?</b>		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Address:</b>		<b>Are you legally eligible to work in the U.S.?</b>  ___ Yes ___ No <i>(If hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>
<b>Telephone Numbers:</b> Home (____) _____    Work (____) _____		
<b>Are you at least 18 years old?</b> ___ Yes ___ No <i>(If yes, verification will be required.)</i>		
<b>Are you currently employed?</b> ___ Yes ___ No		
<b>May we contact your present employer?</b> ___ Yes ___ No		

**RECORD OF EDUCATION**

<b>Education</b>	<b>School Name, City and State</b>		<b>Major Area of Study</b>
High School		Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No GED <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		Degree Completed: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Other <input type="checkbox"/> No degree _____ (# of years completed or credits earned.)	
Technical Or Certificate Programs		Indicate type of certificate earned.	
Summarize special skills/training not listed above:			

Current Employment Information		
Employer:	Dates Employed: From _____ to _____	Job Title:
Address:		
Telephone:	Job Duties:	
Supervisor Name:		
May we contact --- YES / NO		
Reason for Leaving:		

Previous Employment Information		
Employer:	Dates Employed: From _____ to _____	Job Title:
Address:		
Telephone:	Job Duties:	
Supervisor Name:		
May we contact --- YES / NO		
Reason for Leaving:		

Previous Employment Information		
Employer:	Dates Employed: From _____ to _____	Job Title:
Address:		
Telephone:	Job Duties:	
Supervisor Name:		
May we contact --- YES / NO		
Reason for Leaving:		

List professional registrations, memberships, licenses and/or certificates related to the position you are applying for:

**REFERENCES:** Please list three persons, who are not related to you or previous supervisors, who can provide **professional** references.

Name and Address	Telephone Number	Relationship/Occupation	Years Known

**APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**

**PLEASE READ CAREFULLY BEFORE SIGNING.**

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by the City of Morris that such employment with the City of Morris is at will, for no specified duration and may be terminated by either the City of Morris or myself at any time, with or without cause. I understand that none of the documents, policies, procedures, actions, statements of the City of Morris or its representatives used during the employment process is deemed a contract of employment, real or implied. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City of Morris. In consideration for employment with the City of Morris, if employed, I agree to conform to the rules, regulations, policies and procedures of the City of Morris at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with the City of Morris, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize all schools, former employers, references, courts and any others who have information about me to provide such information to the City of Morris and/or its representatives, agents or vendors and release all parties involved from any and all liability for any and all damage that may result from providing such information.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

\_\_\_\_\_

**Signature** \_\_\_\_\_  
**Date**

**THE CITY OF MORRIS IS AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE (INCLUDING, BUT NOT LIMITED TO, HAIR TEXTURE AND HAIR STYLES SUCH AS BRAIDS, LOCS AND TWISTS) COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.**

### IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd. 2).

Private Data	Why We Ask For It	Are You Legally Obligated to Provide It?	What May Happen If You Don't Provide It
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.

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## VETERAN'S PREFERENCE

Complete this form **ONLY** if you are a veteran **AND** are claiming Veteran's Preference.  
Note: Copy of DD214 must be attached.

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. For assistance in obtaining a copy of your DD214, contact your Veteran's Service Office.

The City of Morris operates under a point preference system which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans to determine interviews on open competitive applications; fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the Veterans Administration.

To qualify for preference for an open application, 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.

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 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

\_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
Position for Which you Applied

\_\_\_\_\_  
Address (Street, City, State, Zip)

\_\_\_\_\_  
Telephone Number

YES NO  
Are you a citizen or resident alien?

**Veteran (10 points)** (DD214 or DD216 must be submitted to receive points):

Honorably discharged veteran.....  YES  NO

**FOR DISABLED VETERANS (15 Points):** (DD214 and Letter from VA of proof of disability must be submitted to receive points).

Percent of Disability: \_\_\_\_\_%

Honorably discharged disabled veteran.....  YES  NO

**AFFIDAVIT:** I hereby claim Veteran's Preference for this application and swear/affirm that 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 City of Morris.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Information Regarding Claiming Veteran's Preference

Preference points are awarded to qualified veterans subject to the provisions of MN Statute 197.447.

The veteran must:

1. Be a U.S. citizen or resident alien,
2. Have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either
  - a. Served on active duty for at least 181 consecutive days, or
  - b. Have been discharged by reason of service connected disability, or
  - c. Have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e. having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
  - d. Certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veteran's preference points. You are required to supply the following information:

1. Attach a copy of the DD214 or DD215. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.  
**(DD214 "Member-1" copy will not be accepted).**
2. Disabled veterans must also supply a Military/United States Department of Veteran's Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per MN Statute 197.455.

Thank you for your military service and for your interest in employment with the City of Morris. Please contact our office at (320) 589-3141 or your local County Veteran's Service Office if you have any questions regarding veteran's preference in public employment.

**CITY OF MORRIS**

**TENNESSEN WARNING**

In accordance with the Minnesota Government Data Practices Act, the City of Morris is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87 on Government Data Practices require that you be informed that the following information which you are asked to provide on the application for employment is considered private data: 1. Name, 2. Home address, 3. Home telephone number, 4. Social Security number, 5. Date of birth, 6. Conviction record, 7. Sex, 8. Age group, 9. Disability type, 10. Racial/ethnic group.

We ask this information for the following reasons: to distinguish you from all other applicants and identify you in our personnel files; to enable us to verify that you are the individual who makes the application; to enable us to contact you when additional information is required, send you notices and/or schedule you for interview; to determine if you meet the minimum age requirements (if any); to conduct proper investigations if you are applying for a position; to determine whether or not your conviction record may be a job related consideration affecting your suitability for the position you applied for; to enable us to ensure your rights to equal opportunities and to meet affirmative action goals; to meet federal and state reporting requirements; and to make processing more efficient.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in the City of Morris and the policies, rules, and regulations promulgated pursuant thereto.

**FURNISHING SOCIAL SECURITY NUMBERS, DATE OF BIRTH (unless a minimum age is required), SEX, AGE GROUP, AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.**

Private data is available only to you and to other persons in the City offices who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Witness my signature that I fully understand the contents of this warning.

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

\_\_\_\_\_  
Date