



225 1st ST NE
 Melrose MN, 56352
 Office: 320-256-4278 * Fax: 320-256-7766

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____ Yes ____ No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>		
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? ____ Yes ____ No		Do you have a valid MN Driver's License ? ____ Yes ____ No	
Title of Position Applying For <i>STREETS / PARKS WORKER</i>			Date Available to Work
Have you previously been interviewed or employed by the City of Melrose? ____ Yes ____ No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for the City of Melrose? ____ Yes ____ No If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	

Education			
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			

Employment History

Please provide the following information for your previous three employers, beginning with the most recent.

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Hourly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Hourly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Hourly Pay Start: Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, licenses, registrations or certificates relevant to the position etc.)

*If you need more space, use the last page of the application or attach additional sheets. Although you must fully complete this application, you may also include a job resume or other description of your work and volunteer and personal experiences that are relevant to this position. **If a questionnaire is included as an application supplement for the position, it must be completed to be considered.***

Please list membership in civic and professional organizations, any special awards, honors, scholarships, or offices held.

References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

If applying for Public Works Position/Maintenance, please indicate which of the following valid driver's licenses you have:

Class A _____ Class B _____ Class C _____ Class D _____ CDL _____

Drivers License Number: _____ State Issued: _____

Election of Veteran's Preference

Do you wish to claim a veteran's preference? Yes No

If so, please check the preference you are claiming.

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).

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).

Spouse of deceased veteran.

Spouse of disabled veteran who is unable to use preference due to disability.

Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.

Signature _____

Date _____

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 VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

The City of Melrose is an Equal Opportunity Employer. It is the policy of the City of Melrose not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge.

I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date

TENNESSEN WARNING

City of Melrose
225 1st St NE
Melrose MN 56352

In accordance with the Minnesota Government Data Practices Act, the City of Melrose 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.

The information collected from you or from other agencies or individuals authorized by you is used to determine your qualifications for the City of Melrose.

You are not legally required to provide this information; however, providing it may be necessary to determine if you qualify for employment. Disclosure of your social security number is voluntary, unless you are employed by the City of Melrose. If employed by the City, you must disclose it in order to be in compliance with state and federal tax withholding laws. If you do not supply the required information, the City of Melrose may not be able to consider you for employment. The use of the provided data we collect is limited to individuals whose jobs reasonably require access to this information. Persons or agencies with whom this information may be shared include:

1. City Administration Staff
2. City Council
3. Managers and Supervisors of departments where job openings occur

Unless otherwise authorized by state statutes or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained on you.
2. The right to be told the contents and meaning of the data.
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the Human Resources Coordinator for the City of Melrose.

I have read and understand the above information regarding my rights under the Minnesota Government Data Practices Act.

Signature

Date

**City of Melrose
Supplemental Application Form**

2020 STREET/PARKS WORKER

YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED AS AN APPLICANT

NAME: _____

1. Describe your knowledge and experience in the operation of light and heavy equipment.

2. Describe your knowledge and experience of snow plowing operations and procedures.

3. Which of the following licenses and certifications do you have? (check all that apply)

- Valid MN CDL
 CPR & First Aid certification
 Special Engineer Boiler License

4. Describe any carpentry skills you have.

5. Describe your knowledge and skills of masonry tasks.

6. Describe your experience in weed spraying and control.

7. Describe you knowledge of storm sewers, culverts, and catch basins?

8. Describe your knowledge and experience in welding and fabrication?

9. Describe your knowledge and experience in performing tree felling, trimming, and pruning.

10. Describe your knowledge in street repair and parks maintenance?

I certify that all answers to the above questions are true and understand that any false information on or omission of information from this supplemental application will be cause for rejection of this application or termination of employment without notice or benefits.

Applicant's Signature Date