



CITY OF CALEDONIA  
 231 E. MAIN STREET  
 P.O. BOX 232  
 CALEDONIA, MN 55921

## PERSONAL

Last Name		First Name		Middle Initial	Social Security #
Other Name(s) Used					Home Telephone #
Address					Business or Message #
Position Applied For	Salary Desired		Referred By	Email Address	
Have you ever applied to the City of Caledonia before? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list date(s), job title(s) & location(s)		
Have you been employed by the City of Caledonia? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list date(s), job title(s) & location(s)		
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			If under 18, do you have a work permit?		

## EDUCATION

Highest Grade Completed: High School  
 College, Trade or Business  
 Graduate Studies

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			

List Any Awards or Designations  
 (Academic or Professional)

Other Special Knowledge, Skills or Qualifications

U.S. Military Service	Rank
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*For All Applicants:*

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, WPM:
Computer Skills (Hardware/Software)	

# EMPLOYMENT HISTORY

List complete employment history, beginning with most recent first. Include paid and unpaid experience. **DO NOT USE "SEE RESUME" OR SIMILAR.** Attach additional sheets, if needed.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

## REFERENCES

Please list at least three professional references.

Name	Relationship	Contact Information	May We Contact?
		Address: Phone:	Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Address: Phone:	Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Address: Phone:	Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No

## GENERAL

Yes No

- May we contact your current employer for references?
- If hired, will you be able to work overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?

# CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the City of Caledonia, I shall be subject to termination if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the City of Caledonia and its agents to inquire into my educational, professional, and past employment history references, as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the City of Caledonia and will hold Caledonia and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I understand that nothing in this employment application or the granting of an interview is intended to create an employment contract between myself and the City of Caledonia.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

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Signature

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Date

***The City of Caledonia does not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability in its services, programs, activities, or employment.***

*An Equal Opportunity Employer.*

# Election of Veteran's Preference

PLEASE RETURN THIS FORM WITH YOUR EMPLOYMENT APPLICATION

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

Position Applied for: \_\_\_\_\_

If you achieve a passing score, 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. Veteran's 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 veteran who is unable to use preference due to disability.

**NOTE:** If you elect to use a veteran's preference, please attach DD214.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# City of Caledonia Tennessee Warning Form

It is the City of Caledonia's responsibility to inform potential employees of their privacy rights. Please carefully read the Tennessee Warning provided below. Sign and date the form and return it with your application. Your signature indicates that you have received information regarding your rights as they pertain to the Minnesota Government Data Practices Act.

In accordance with the Minnesota Government Data Practices Act, the City of Caledonia is required to inform you of your rights as they relate to the private information collected from you. Private data is information that is available to you, but not to the public; the personal information we collect about you is private. Minnesota State Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment at the City of Caledonia. All data collected is considered private except for the following:

1. Your Veteran's Status
2. Relevant test scores
3. Your job history
4. Your education and training
5. Your work availability

Your name is considered to be private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules, and regulations of the City of Caledonia. Furnishing social security numbers is voluntary for applicants to the City of Caledonia, but refusal to supply other requested information would mean that your application for employment might not be considered.

Private data is available only to you, to appropriate city employees, and other as provided by state and federal laws who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment that is not designated in this notices as private data.

The information you give about yourself is needed to identify you and to assist the City of Caledonia in determining your suitability for the position for which you are applying.

I have read and understand the information given above regarding the Minnesota Data Practices Act.

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Applicant Signature

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Date