



# NOTICE TO ALL APPLICANTS

*An Equal Opportunity Employer*

We welcome you as an applicant for employment with the City of Cologne. It is the City of Cologne's policy to provide equal opportunity in employment. Cologne will not discriminate on the basis of race, color, age, genetic information, religion, national origin, marital status, disability, sex, sexual preference, status with regard to public assistance, familial status, or any other basis protected by law.

The information contained in this application is considered private data under the Minnesota Data Practices Act, and will be used only in conjunction with your possible employment. Your application will be evaluated in comparison to the requirements for that position. As an applicant for employment, your name is considered private until you become a finalist for employment. You are considered a finalist if and when you are selected to be interviewed by the City prior to selection.

If you have any questions regarding your rights as a subject of data please contact:

City of Cologne  
1211 Village Parkway  
P.O. Box 120  
Cologne, MN 55322  
(952) 466-2064  
[info@colognemn.com](mailto:info@colognemn.com)

# APPLICATION FOR EMPLOYMENT

*An Equal Opportunity Employer*

## IMPORTANT EMPLOYMENT APPLICATION INSTRUCTIONS — PLEASE READ

1. Be sure to include proof of education, licenses, certificates, training and veteran's eligibility (if required). Originals need not be submitted.
2. Read the Job Announcement carefully, if you are applying for a specific position, to be sure that you meet ALL the requirements.
3. Your application must be filled out completely. Applications that are not complete will not be processed.
4. If a section does not apply to your background, enter "None."
5. Do not state "see resume" when asked to describe your responsibilities and experience.

**RETURN TO: City of Cologne, 1211 Village Parkway, P.O. Box 120, Cologne, MN 55322, (952) 466-2064**

**Position Applying For:** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Prefix (circle one): Miss Mr. Mrs. Ms. Dr. Social Security Number \_\_\_\_\_

Would you, in any of your education or experience, be known under another name? No Yes, if yes, under what name(s) and between what dates \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**How Did You Learn About Us?**

Advertisement  Friend  Walk-In   
 Employment Agency  Relative  Other \_\_\_\_\_

Have you ever filed an application with us before?  Yes  No

1. If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

2. If Yes, give date \_\_\_\_\_

## EMPLOYMENT HISTORY

Please provide employment history for the past eight (8) years (attach additional forms if necessary)

If you are currently working, may we contact your current employer? YES NO

(1) Employer \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please provide a brief description of your specific job duties

\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

Your Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

(2) Employer \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please provide a brief description of your specific job duties

\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

Your Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**(3) Employer** \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please provide a brief description of your specific job duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

Your Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**(4) Employer** \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please provide a brief description of your specific job duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

Your Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Please disclose any prior employment terminations or other disciplinary action you have received for threats of violence.

If you need additional space, please continue on a separate sheet of paper.

## EDUCATION/TRAINING

School	Name and Mailing Address	Course of Study	Years Completed	Diploma / Degree
High School				
College				
Graduate / Professional				
Other (Specify)				

List any current licenses, registrations, or certificates, you possess which may be related to this position

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Describe any specialized training, apprenticeship, skills and extra-curricular activities

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List any professional trade, business, or civic activities and offices held. *You may exclude membership which would reveal race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, genetic information, familial status, or any other legally protected status:*

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State any additional information you feel may be helpful to us in considering your application

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Are you a veteran? Yes No If yes, give dates of service: From \_\_\_\_\_ To \_\_\_\_\_

List any special skills or training \_\_\_\_\_

*To claim Veterans Preference you must complete the attached form and follow the instruction on that form in providing specifically requested information and documents. Also, to claim Disabled Veterans Preference you must provide a letter from the VA indicating you percentage of service connected disability. Your failure to provide this information may result in your not being qualified to receive veteran's preference points.*

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. \_\_\_\_\_ YES \_\_\_\_\_ NO

## PROFESSIONAL REFERENCES

Do not include family members or personal friends.

Name	Phone Number	Company/Organization	Relationship

SALARY EXPECTATIONS: \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 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 that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood 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 the City Council.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby understand that this position is subject to the requirements of either state or federal (DOT) and drug testing rules that the City may condition any offer of employment upon the successful passing of a drug and alcohol test.

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**