

# CITY OF JORDAN

210 East First Street  
Jordan, MN 55352  
952-492-2535



## Employment Application

| APPLICANT INFORMATION  |                |  |      |
|--|----------------|--|------|
| Last Name  | First Name     | Middle Name  | Date |
| Street Address   |                | Apartment/Unit #   |      |
| City   | State          | ZIP  |      |
| Phone  | E-mail Address |  |      |
| Date Available   |                |  |      |
| Position Applied for:  |                |  |      |
| Can you perform the essential functions of the position for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> YES, with reasonable accommodation |                |  |      |
| Are you over 18 years old?    YES <input type="checkbox"/> NO <input type="checkbox"/>   |                | Are you legally eligible to work in the U.S.? (If offered employment, you will have to provide proof of your eligibility.)    YES <input type="checkbox"/> NO <input type="checkbox"/> |      |
| Have you ever worked for the City?    YES <input type="checkbox"/> NO <input type="checkbox"/>   |                | If so, when?   |      |
| STATEMENT OF INTEREST: Give a brief statement of why you are interested and feel qualified for the position:   |                |  |      |
| <hr/> <hr/> <hr/> <hr/>  |                |  |      |
| EDUCATION/TRAINING   |                |  |      |
| High School  | Address        |  |      |
| Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>  | Degree         |  |      |
| Post-Secondary   | Address        |  |      |
| Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>  | Degree         |  |      |
| Post-Secondary   | Address        |  |      |
| Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>  | Degree         |  |      |
| Post-Secondary   | Address        |  |      |
| Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>  | Degree         |  |      |
| List academic honors you received or extracurricular activities in which you participated during school:   |                |  |      |
| <hr/> <hr/> <hr/> <hr/>  |                |  |      |

**PREVIOUS EMPLOYMENT**

Please list your employment history for the **past ten (10) years**. Begin with most recent employment. Attach additional pages if necessary.

|   |                  |                    |  |
|---|------------------|--------------------|--|
| <b>Company</b>  |                  | Phone ( )          |  |
| Address   |                  | Supervisor         |  |
| Job Title   | Starting Wage \$ | Ending Wage \$     |  |
| Responsibilities  |                  |                    |  |
| From  | To               | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>   |                  |                    |  |
| <b>Company</b>  |                  | Phone ( )          |  |
| Address   |                  | Supervisor         |  |
| Job Title   | Starting Wage \$ | Ending Wage \$     |  |
| Responsibilities  |                  |                    |  |
| From  | To               | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>   |                  |                    |  |
| <b>Company</b>  |                  | Phone ( )          |  |
| Address   |                  | Supervisor         |  |
| Job Title   | Starting Wage \$ | Ending Wage \$     |  |
| Responsibilities  |                  |                    |  |
| From  | To               | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>   |                  |                    |  |
| <b>OTHER: Please account for any period of unemployment of at least 30 days and/or part-time employment not listed above.</b>   |                  |                    |  |
| <hr/>   |                  |                    |  |
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| Have you ever been involuntarily terminated from employment? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, state name and address of company and reason for termination. |                  |                    |  |
| <hr/>   |                  |                    |  |
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**MILITARY SERVICE**

|        |      |    |
|--------|------|----|
| Branch | From | To |
|--------|------|----|

|                   |                   |
|-------------------|-------------------|
| Rank at Discharge | Type of Discharge |
|-------------------|-------------------|

If other than honorable, explain

|  |   |
|--|---|
| Claiming Veterans Preference?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Signature: _____<br>Date: _____ | Veterans who served on active duty in the U.S. Armed Forces and were separated under honorable conditions may be eligible for veterans' preference. When claiming preference, veterans must provide a copy of their DD-214, Certificate of Release or Discharge from Active Duty, or other acceptable documentation. Applicants claiming 10 point preference will need to submit their DD-214, for a 10-point Veterans' Preference. If you have questions about the applicability of veterans' preference for a particular vacancy, please contact the City of Jordan.<br><br>Provide a copy of current status of orders. |
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Tasks/responsibilities within military:

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List volunteer work you have performed:

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**CONVICTION INFORMATION**

No person shall be disqualified from public employment solely or in part because of prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly relate to the position of employment sought. Final applicants will be subject to a criminal background investigation.

As an adult, have you ever been convicted or pled guilty to a felony, gross misdemeanor or misdemeanor for which a jail sentence could have been imposed? YES  NO

| If yes, date and place | Nature of Offense | Disposition |
|------------------------|-------------------|-------------|
|------------------------|-------------------|-------------|

**REFERENCES**

*Please list three professional references.*

|           |              |
|-----------|--------------|
| Full Name | Relationship |
| Company   | Phone (    ) |
| Address   |              |
| Full Name | Relationship |
| Company   | Phone (    ) |
| Address   |              |
| Full Name | Relationship |
| Company   | Phone (    ) |
| Address   |              |

**SPECIAL SKILLS**

Please identify any special skills, licenses, certifications, other education, training, or other information that you wish to be considered:

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The City of Jordan is an equal employment opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation or age.

**INFORMATION RELEASE / DISCLAIMER / AND SIGNATURE**

I understand that information I have provided in this written application may be classified as public per Minnesota State Statutes, Chapter 13. I authorize the City of Jordan the right to solicit and receive verification of all information contained in this application for employment from any and all sources that are necessary, in the opinion of the city, to verify the information I have provided. Verification may include completing a background check utilizing criminal history, credit check, and character references. I hereby hold the City of Jordan harmless and waive my right to pursue action against the city for denial of employment based on information reasonably obtained from other sources about my application.

**Signature**

Date

In the event of an offer and acceptance of employment with the City of Jordan, I understand that false or misleading information provided by me in this application is grounds for termination of employment without recourse. I further understand that employment with the City is subject to all policies, procedures, and rules maintained by the city or individual departments.

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

**Signature**

Date

**City of Jordan Criminal History  
Background Check Form**



Department: Police [ ] Fire [ ] Finance [ ] City Administration [ ]  
Planning [ ] Public Works [ ] Other [ ]

|                       |
|-----------------------|
| Position Applied For: |
|-----------------------|

The City of Jordan requests the following information in order to determine if you have been convicted of crimes which directly relate to the position of employment you seek with the City. The requested information is a continuation of the application process pursuant to Minnesota Statute. Your signature on this form authorizes the Jordan Police Department to request a search of your record for any criminal history.

While you are not required to provide this information, failure to do so may result in removing your name as a candidate for employment. The information requested below is private data by law. Your name, including any previous names, driver's license number and your date of birth are necessary to accurately access criminal history information. Although optional, you are requested to provide your social security number, gender and race/ethnicity to ensure that the records received are yours. Access to this information will be limited to individuals within the City of Jordan whose job duties reasonably require access to determine employment suitability, and to any individuals to whom you provide written consent. Additionally, access to this information will be released without your consent as follows:

- to labor organizations, to the extent necessary to implement state law governing labor relations (Minn. Stat. §13.43);
- if required by court order; or
- authorized by other state or federal law.

Please provide us with the information requested below. Please Print.

|                                 |                            |             |
|---------------------------------|----------------------------|-------------|
| _____                           |                            |             |
| Last Name                       | First Name                 | Middle Name |
| List previous names used: _____ | Date of Birth: _____       |             |
| _____                           | Race/Ethnicity: _____      |             |
| _____                           | Gender: _____              |             |
| Social Security No. _____       | Driver's License No. _____ |             |

I certify the above information to be true and accurate to the best of my knowledge. I understand that failure to disclose information or providing false information will result in an offer of employment being withdrawn or my termination from employment.

|           |       |
|-----------|-------|
| _____     | _____ |
| Signature | Date  |