

# City of Clinton – clintonmn.org

PO Box 6  
Clinton, MN 56225

Phone 320-325-5580  
coclintonmn@gmail.com

All persons are welcome to apply with the City of Clinton. The City of Clinton is an equal opportunity employer and does not discriminate against or harass any employee or applicant because of race, color, creed, religion, national origin, sex, disability, age, marital status, or status with regard to public assistance.

Please complete this application fully. You may attach any additional information that you believe qualifies you for the position for which you are applying. The attached material must supplement the application and not be in lieu of requested data.

POSITION SOUGHT			
ANNUAL SALARY DESIRED	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> REGULAR	<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME	DATE AVAILABLE

## PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	
PRESENT STREET ADDRESS	CITY	STATE	ZIP CODE
CELL TELEPHONE NUMBER	EMAIL (IF AVAILABLE)		

Are you over 18?       Yes     No

Are you a United States citizen OR, if not, do you have permission to work in this country?     Yes     No

## EDUCATION AND TRAINING

HOW MANY YEARS OF SCHOOL HAVE YOU COMPLETED?	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
	HIGH SCHOOL			UNDERGRADUATE			GRADUATE							
	NAME AND ADDRESS OF SCHOOL		DIPLOMA, DEGREE, OR CERTIFICATE		MAJOR & MINOR SUBJECTS									
High School														
College or University														
College or University														
Graduate School														
Technical														
Technical														

List any courses, seminars, workshops, training, and skills that you have acquired that are related to this position:

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## EMPLOYMENT HISTORY

List your work experience beginning with your most present or most recent employment or occupation. Resumes and additional supporting materials may be submitted in support of, but not in lieu of the following. Please make additional copies, if necessary.

EMPLOYER		JOB TITLE	
ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATES EMPLOYED (MO/YR)	REASON FOR LEAVING	LAST SALARY	IF NOT, WHY?
SUMMARIZE YOUR RESPONSIBILITIES			

EMPLOYER		JOB TITLE	
ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATES EMPLOYED (MO/YR)	REASON FOR LEAVING	LAST SALARY	IF NOT, WHY?
SUMMARIZE YOUR RESPONSIBILITIES			

EMPLOYER		JOB TITLE	
ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATES EMPLOYED (MO/YR)	REASON FOR LEAVING	LAST SALARY	IF NOT, WHY?
SUMMARIZE YOUR RESPONSIBILITIES			

**MILITARY-** Complete this section if you served in the U.S. Armed Forces. Also, please complete the separate Veteran's Preference Form.

DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING	BRANCH OF SERVICE
	LENGTH OF ACTIVE DUTY
	RANK AT DISCHARGE

**OFFICE EQUIPMENT/ COMPUTER SOFTWARE PROGRAMS**

WHAT OFFICE MACHINES DO YOU OPERATE PROFICIENTLY? <input type="checkbox"/> COMPUTER <input type="checkbox"/> PHOTOCOPIER <input type="checkbox"/> FAX
COMPUTER SOFTWARE YOU USE <b>PROFICIENTLY</b> <input type="checkbox"/> MS WORD <input type="checkbox"/> MS EXCEL <input type="checkbox"/> MS FRONT PAGE <input type="checkbox"/> MS POWER POINT OR WORDPERFECT OR DREAMWEAVER

**LICENSES**

DO YOU HAVE A VALID MINNESOTA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER
LICENSE CLASSIFICATION: <input type="checkbox"/> CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C <input type="checkbox"/> CLASS D	EXPIRATION DATE
OTHER DRIVER'S LICENSES (LIST STATE, CLASS, AND NUMBER)	
IF RELEVANT, LIST OTHER CURRENT PROFESSIONAL REGISTRATIONS, LICENSES OR CERTIFICATIONS	
REGISTRATIONS, LICENSES, CERTIFICATIONS	DATE ISSUED
	EXPIRATION DATE

**IMPORTANT NOTICE TO ALL APPLICANTS**

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Wheaton during the application process or during employment.

Any information about yourself that you provide to the City of Clinton during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, you are required to provide the information requested in the Employment Application, if you wish to be considered for employment. If you do not supply the information requested, your application may not be considered.

*This information may be provided to:*

1. Persons authorized to have access to the information under state or federal law; and
2. Persons authorized by court order to have access to the information; and
3. Persons to whom you consent in writing to have access to the information.
4. City employees who need to know the information.

**AUTHORIZATIONS**

I authorize and consent to having city representatives make inquiries about me if I am to be considered for employment.

Former employers are authorized to give information about me in any form, oral or written. They are hereby released from all liability issuing such information. I hereby knowingly waive any privileges, including protection under the Data Practices Act, that I have as to such information.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or dismissal if employed.

I understand that employment may be conditional upon completion of a physical examination, completion of testing related to the position and a Driver's License check. The City may require drug and alcohol testing for certain positions involved with heavy equipment operations. I agree to complete applicable tests if I receive a conditional offer of employment.

I understand that this authorization may be revoked in writing by me at any time and in no event will it be valid for more than one year from the date below.

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

My signature confirms that I have read and understand the authorization and notice to applicants set forth above. I recognize that my failure to sign, accurately complete or falsify information in this application will automatically disqualify me from consideration for employment.

## Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is **voluntary and confidential**. This information is **not a part of the application file** and is removed from the application when received by our office. The City of Clinton appreciates your cooperation in our efforts to ensure affirmative and action and equal opportunity.

Please indicate the position(s) for which you are applying:

Please indicate how you heard about this position:

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Please place a check mark in the appropriate boxes:

Gender       FEMALE       MALE

With which racial/ethnic group do you identify?

- Asian or Pacific Islander
- African American (Black)
- Hispanic
- Native American or Alaskan Eskimo
- Caucasian (White)
- Other (Please indicate) \_\_\_\_\_

### Disability Status

Defined as:

1. Has physical, sensory, or mental impairment (condition) which materially (significantly) limits one or more life activities;
2. Has record of such impairment (condition);
3. Is regarded as having such an impairment (condition).

Based on the above information, do you claim Disability status?

Yes       No

**PLEASE RETURN THIS FORM TO:**  
**CITY OF CLINTON**  
**ATTN: KARI WIEGMAN**  
**CITY CLERK/TREASURER**  
**PO BOX 6 / CLINTON MN 56225 OR**  
**EMAIL: [coclintonmn@gmail.com](mailto:coclintonmn@gmail.com)**