

## TENNESSEN WARNING: Data Privacy Statement

In accordance with the Minnesota Government Data Practices Act, the City of Dundas (City) is required to inform you of your rights as they pertain to private information collected from you. Private data is the information which is available to you from the City of Dundas but is not available to the public. The personal information the City of Dundas collects about you is generally considered private.

The City is asking you to provide information which includes private information under state and Federal law. The City is asking for this private information so that the City can process your application for consideration for employment.

This information provided from you, as part of the attached application, will be used to help the City in determining your eligibility for employment with the City

You are not legally required to provide the information the City is requesting; however, if you do not, the City will not be able to determine your eligibility for employment.

The Private Data collected will be disseminated and used only when it is required for administration and management of the application process. Persons or committees with whom this information may be shared include:

- Members of the City Staff who review the applications.
- City Council members.

Unless otherwise authorized by State Statute or Federal Law, other government agencies using the private data must also treat it as private.

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

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

To exercise these rights, contact Jenelle Teppen, City Administrator/Clerk, City of Dundas, 216 Railway Street North, Dundas, MN 55019; or [jteppen@dundas.us](mailto:jteppen@dundas.us); or call 507-645-2852.

I have read and understand the above information regarding my/our rights as a subject of government data.

---

(Date)

---

(Applicant's Signature)



City of Dundas  
 216 Railway St N - PO Box 70  
 Dundas, MN 55019-0070  
 Phone: 507-645-2852 Fax: 507-645-1629  
 Email: [cityhall@dundas.us](mailto:cityhall@dundas.us)

## EMPLOYMENT APPLICATION

*An Equal Opportunity Employer*

**Please complete by printing in ink or typing. Application must be signed for employment consideration.**

Please use the Supplemental Notes Page to add additional pertinent information that will not fit in the boxes provided.

			POSITION APPLIED FOR:		
NAME: LAST FIRST MIDDLE			TODAY'S DATE:		
ADDRESS			STATUS DESIRED: Full-time Part-time Other		
CITY STATE ZIP			DATE AVAILABLE FOR WORK:		
HOME PHONE:		OTHER PHONE:	EMAIL:		
Do you have a valid driver's license? (For driving positions only)		YES NO	Have you ever been fired or asked to resign from a job? If yes, explain YES NO		
Are you <u>under</u> 18 years of age?  Are you a U.S. citizen or do you have legal Authorization to work in the U.S.? <b>Proof of age and/or eligibility to work may be requested.</b>		YES NO	Additional notes: (Optional)		
<b>EDUCATION</b> School Name, City and State			<b>Major area of study</b>		
High School		Diploma YES NO GED YES NO			
College Attended	Degree Completed: YES NO Associates Bachelors Masters Other Semester/Credit Hours Earned:				
College Attended	Degree Completed: YES NO Associates Bachelors Masters Other Semester/Credit Hours Earned:				
Technical or Certificate Programs	(INDICATE TYPE OF CERTIFICATE EARNED)				

Summarize special skills and training not listed above:

Current Employment Information				
EMPLOYER	DATESEMPLOYED		JOB TITLE:	
	FROM	TO		
ADDRESS			SUPERVISOR:	
CITY, STATE, ZIP	JOB DUTIES:			
TELEPHONE				
May we contact?            Yes            No				
Full-time            Part-time            Other				
PAY INFORMATION				
Current				
REASON FOR LEAVING:				

<b>PREVIOUS EMPLOYMENT INFORMATION</b> <i>List all positions held including full-time, part-time, military, summer, volunteer work and any periods of unemployment. Explain any periods of unemployment.</i> <b>Attach additional sheets if necessary.</b>			
EMPLOYER	DATESEMPLOYED		JOB TITLE:
	FROM	TO	
ADDRESS			SUPERVISOR:
CITY, STATE, ZIP	JOB DUTIES:		
TELEPHONE			
May we contact?            Yes            No			
Full-time            Part-time            Other			
REASON FOR LEAVING:			

<b>PREVIOUS EMPLOYMENT INFORMATION</b> <i>List all positions held including full-time, part-time, military, summer, volunteer work and any periods of unemployment. Explain any periods of unemployment.</i> <b>Attach additional sheets if necessary.</b>			
EMPLOYER	DATESEMPLOYED		JOB TITLE:
	FROM	TO	
ADDRESS			SUPERVISOR:
CITY, STATE, ZIP	JOB DUTIES:		
TELEPHONE			
May we contact?            Yes            No			
Full-time            Part-time            Other			
REASON FOR LEAVING:			

List professional registration(s), professional membership(s), licenses(s), and/or certificates related to the position for which you are apply.

REFERENCES (List three persons who are not related to you and who are not previous supervisors.)				
Name	Address	Phone #	Relationship/Occupation	Years known

### Claim for Veteran's Preference

Complete this section ONLY if you are a veteran AND claiming veteran's preference. If you do not meet the eligibility requirements outlined below, do not complete this section. To use the preference, you must complete this section AND supply a copy of your discharge papers (DD214 Form).

A veteran, for purpose of offering a preference, is a citizen of the United States or a resident alien separated under honorable conditions from any branch of the U.S. armed forces:

- After having served on active duty for 181 consecutive days; or
- By reason of disability incurred while serving on active duty; or
- Who has met the minimum active duty required as defined by CFR, Title 38, Section 3.12a; or
- Who has active military service certified under 38 U.S.C.A. Section 106, Part I, Chapter 1?

#### Active duty Information:

Have you (or your disabled spouse) served on active duty without interruption for 181 days or more?

Type of Separation:      Honorable      Honorable release from active duty and to reserves  
   Medical      Other

For Disabled Veterans:

Permanent      Yes      No      Percent of Disability \_\_\_\_\_%

For Spouses of Deceased Veterans:

Have you remarried?      Yes      No

#### AFFIDAVIT:

I hereby claim veteran's preference for this position, and certify that all of the information given is true, complete, and correct to the best of my knowledge.

I hereby authorize the Veteran's Administration to release information necessary to process this application to the City of Dundas.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPLICANT ACKNOWLEDGEMENT AND AUTHORIZAITON

### \*READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in the application (or any other accompanying or require documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the City of Dundas that such employment with the City of Dundas is at will, for no specified duration and may be terminated by either the City of Dundas or by myself at any time, with or without cause. I understand that none of the documents, policies, procedures, actions, statements of the City of Dundas or its representatives used during the employment process is deemed a contract of employment, real or implied. I further understand that this "at will" employment relationship may be changed by any written document or by conduct unless such change is specifically acknowledged in writing by unauthorized executive of the City of Dundas. In consideration for employment with the City of Dundas, if employed, I agree to conform to the rules, regulations, policies and procedures of the City of Dundas at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with the City of Dundas, I may be required to submit a pre-employment medical examination, drug screening and background check as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or terminations of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the City of Dundas and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damages that may result from providing such information.

I understand that this application is considered current for one year. If I wish to be considered for employment after this period, I must fill out and submit a new application.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and phone number of person completing this form if other than the applicant: \_\_\_\_\_

**THE CITY OF DUNDAS IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER, ALL QUALIFIED APPLICANT WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECT BY LAW.**

### IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd 2)

Private Data	Why We Ask for It	Are You Legally Obligated to Provide It?	What May Happen If You Don't Provide It
Social Security Number	To distinguish you from all other applicants and to make processing more efficient	No	In most cases, nothing, however; it will help to ensure that your records are not confused with those others.
Name	To distinguish you from all other applicants	Yes	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice
Conviction Record	To determine whether we may legally accept an application from you and to determine whether your record may be a job-related consideration	Yes	We will not be able to make determinations required by law. Failure to provide relevant conviction information may be grounds for dismissal.

OTHER INFORMATION ON THE APPLICATION IS PUBLIC; THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE

## APPLICANT DATA RECORD

Government Agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect consideration you may receive for employment, or later advancement in employment.

Position(s) Applied for :

Date \_\_\_\_\_

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

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

**GENDER:** Male Female

### RACE/ETHNICITY:

- ☐ **American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America); and who maintains tribal affiliation or community attachment
- ☐ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- ☐ **Black or African American** - A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ☐ **White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Hispanic or Latino (All races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **Hispanic or Latino /White race only** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

☐ **Hispanic or Latino (all other races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White

☐ **Race missing or unknown** - Applies to Applicants only, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

Check if any of the following are applicable:

☐ Not a Veteran ☐ Veteran ☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Disabled Individual

Please identify where you learned about an employment opportunity with this organization.

- |  |  |
|--|--|
| <input type="checkbox"/> Newspaper ad      | <input type="checkbox"/> Tech School/College Placement |
| <input type="checkbox"/> Web Site          | <input type="checkbox"/> Temporary Service             |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> State Employment Service      |
| <input type="checkbox"/> Recruiter         | <input type="checkbox"/> Other                         |

**Personal and Confidential**

## Supplemental Notes