



Application for Employment

800 4th Ave S. Albert Lea, MN 56007

We welcome you as an applicant for employment with the Albert Lea HRA. It is the HRA's policy to provide equal opportunity in employment. The Albert Lea HRA will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for information regarding what is considered public and private information as an applicant, and if you are selected for the position, as an employee.

The Albert Lea HRA accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact the Albert Lea HRA office at 507-377-4375. Please email, mail or drop completed application to: ALHRA, 800 4th Ave South, Albert Lea, MN 56007.

I. Personal Information

Date:

Name:	(Last)	(First)	(MI)
Street Address			
City	State	Zip	
Phone Number		Alternate Phone	
Email			

II. Please print in INK or type when completing this application:

Title of position applying for:	
Are you legally eligible to work in the United States in the position for which you are applying? <i>Proof of citizenship or work eligibility will be required as a condition of employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No

III. Educational Information

Check the highest grade completed:			
<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 Grade School	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 High School	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 College/Technical	<input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> PHD <input type="checkbox"/> JD Graduate
Did you graduate: (Please check)	<input type="checkbox"/> Yes <input type="checkbox"/> No High School	<input type="checkbox"/> Yes <input type="checkbox"/> No College/Technical	<input type="checkbox"/> Yes <input type="checkbox"/> No Graduate JD
If you did not graduate High School did you receive your GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			

School Name	Address	Course of study	Degree
High School:			
College:			
Graduate School:			
Technical/Vocational:			
Other:			
Other:			

List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position:
List any current licenses, registrations, or certificates you possess which may be related to this position:

IV. Employment Experience

List present or most recent employer first. Please note “see resume” is not an acceptable response for any entries on this application. Resumes will only be considered in addition to, but not in lieu of, this application.

Company	Name of last supervisor	Hrs/Week
Address	Start Date	End Date
City	State	Zip
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company	Name of last supervisor	Hrs/Week
Address	Start Date	End Date
City	State	Zip
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

IV. Employment Experience (continued)

Company	Name of last supervisor	Hrs/Week
Address	Start Date	End Date
City	State	Zip
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company	Name of last supervisor	Hrs/Week
Address	Start Date	End Date
City	State	Zip
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

V. Unsalaried Experience

Describe any unsalaried or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which would reveal race, sex, religion, age, disability, or other protected status).

VI. Military Experience

Describe your duties:

VII. References

Please provide three references; non-relatives who have knowledge of your qualifications for the position(s) for which you are applying (i.e. co-workers). Do not repeat the names of supervisors that you have listed above under Employment Experience.

1. Contact Name:

Email:

Phone Number:

Relationship to Applicant:

2. Contact Name:

Email:

Phone Number:

Relationship to Applicant:

3. Contact Name:

Email:

Phone Number:

Relationship to Applicant:

Authorization

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. I agree and understand that any false statements or omission of information contained in this application or any supplemental materials I submit may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. I further acknowledge my understanding that employment with the Albert Lea HRA is “at will,” and that employment may be terminated by either the Albert Lea HRA or me at any time, with or without notice.

With my signature below, I am providing the Albert Lea HRA authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered “No” to the question, “May we contact your current employer?,” contact with my current employer will not be made without my specific authorization.

I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the Albert Lea HRA in writing of any changes to information reported in this application for employment.

For electronic submission: I have agreed to submit this application by electronic means, by signing this application electronically. I certify under penalty of perjury and false swearing that my answers are correct and completed best to my knowledge.

Signature

Date

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 Albert Lea HRA appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Name:

Date:

Position(s) for which you are applying:

Gender: ☐ Male ☐ Female

With which racial/ethnic group do you identify?

- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ American Indian or Alaskan Native through Tribal affiliation or community recognition
- ☐ Caucasian/White
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Two or more races

Disability status, defined as:

- 1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);
- 2) Has a history of a disability (such as cancer that is in remission);
- 3) Is regarded as having such impairment.

Do you claim disability status? ☐ Yes ☐ No

REFERRAL SOURCE: *How were you made aware of this employment opportunity?*

- ☐ HRA Website
- ☐ Freeborn County Shopper
- ☐ Other _____
- ☐ Albert Lea Tribune
- ☐ Employee
- ☐ Radio
- ☐ Walk-In

Applicant Data Practices Advisory

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the Albert Lea HRA. First, under “Rights of Subjects of Data” (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.

Second under “Personnel Data” (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically public:

- Your veteran’s status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment.

If you are hired, the following additional data about you will be considered public information:

- Your name;
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- Your job title, bargaining unit (if applicable) and job description;
- The dates of your first and last employment with us;
- The status of any written complaints or charges against you while you work for the City of Albert Lea, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- Your work location and work telephone number;
- Your education and training background;
- Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your work time for payroll purposes: except to the extent that release of time sheet data would reveal employee’s reasons for the use of sick or other medical leave or other non-public data;
- Your previous work experience;

Applicant Data Practices Advisory continued

- The “complete” terms of any settlement agreement (including buyout agreements) except that the agreement must include the specific reasons if it involves the payment of more than \$10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file and which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of city staff needing it to process city records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census;
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

With the exception of the optional data requested, the data you provide is needed to identify you and you assist in determining your suitability for the position for which you are applying. The optional data is used in summary form by the city’s Affirmative Action Program to monitor protected class employment and meet federal, state and local reporting requirements. Furnishing the optional data requested about you is voluntary.

NOTICE REGARDING SOCIAL SECURITY NUMBER: This information will be used for payroll taxes, insurance purposes, and retained in the employee’s data record.

NOTICE TO MINORS: Minors from whom private data or confidential data is collected have the right to request that parental access to the private data be denied.

If you have any questions regarding your rights as a subject of data, please contact the Albert Lea HRA Human Resources Department at 800 4th Ave S., Albert Lea, MN 56007. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**