

Are you at least 18 years old?

300 Third Avenue NE Cambridge, MN 55008 (763) 689-3211 (763) 689-6801 FAX www.ci.cambridge.mn.us

☐ Yes ☐ No

Application for Employment

We welcome you as an applicant for employment with the City of Cambridge. It is the City's policy to provide equal opportunity in employment. The City will not discriminate on the basis of race (including traits associated with race, including, but not limited to, hair texture and hair styles such as braids, locs and twists) 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 guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

The City of Cambridge 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 City Administrator at 763-689-3211.

Personal Information (First) Name: (Last) (MI) Street Address City, State, Zip **Phone Number** Alternate Phone Email Any endorsements? Yes Type: (e.g. airbrake, motorcycle, trailer, etc.) For positions requiring a license, list your State license or certificate number (e.g. POST license, boiler's license, building official's license, water operator, wastewater operator, etc.): Type of license: Number: Please print in INK or type when completing this application Title of position applying for: Are you leg k in the United States in the position for which you are applying? *Proof of citizenship or* Yes No work eligibility will be required as a condition of employment.

Educational Information

Circle the highest grade completed					
12345678	9 10 11 12 GED	13 14 15 16	MA MS PHD		
Grade School	High School	College/Technical	JD Graduate		
Did you graduate:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
(Please check)	High School	College/Technical	Graduate		
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:					

ist any current licenses,	registrations, or certifications	tes you possess which may be i	related to this position:
Check the box below if y	ou are proficient in the f	ollowing programs or equipme	ent:
Microsoft Outlook	Microsoft Word	☐ Microsoft Excel	☐ Civic Systems
Arcview GIS	Adobe Illustrator	Microsoft Access	☐ Ipad or Tablet
Areview dis	Adobe mustrator	Wheresom Access	
	Empl	oyment Experience	}
List present or most re	cent employer first. Plea	se note "see resume" is not an	acceptable response for any entries on
this application. Resul	mes will only be consider	ed in addition to, but not in lieu	u of, this application.
Company		Name of last supervisor	Hours Per Week
Address		Start Date	Phone Number
Address		Start Bate	Thore warriser
City, State, Zip		End Date	Last Job Title
Reason for leaving ((be specific):		
Describe very made	in this inh.		
Describe your work	in this job:		
May we contact this	s employer? Yes	No	
Company		Name of last supervisor	Hours Per Week
Address		Start Date	Phone #:
C:: C: : =:		5.15.	1.1.70
City, State, Zip		End Date	Job Title:
Reason for leaving (be specific):	I	

Describe your work in this job:				
May we contact this employer? Yes	No			
Company	Name of last supervisor	Hours Per Week		
Address	Start Date	Phone #:		
City, State, Zip	End Date	Job Title:		
Reason for leaving (be specific):				
Describe your work in this job:				
May we contact this employer?	No			
Company	Name of last supervisor	Hours Per Week		
Address	Start Date	Phone #:		
City, State, Zip	End Date	Job Title:		
Reason for leaving (be specific):	,			
Describe your work in this job:				
May we contact this employer?				
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).				

Military Experience

IVIIIICAI Y LA	perience				
Did you serve in the U.S. Armed Forces? Yes No					
Describe your duties:					
Do you wish to apply for Veterans' Preference points:	Yes No				
If you answered "yes," you must complete the enclosed a	-	-			
the application and required documentation to the City by	the application deadline of th	ne position for which you			
are applying.					
Please provide three personal references (Do not list relative	s)				
1					
Name	Occupation	Telephone			
2.					
Name	Occupation	Telephone			
Tame	occupation.	Тегерпопе			
3					
Name	Occupation	Telephone			
Authori	zation				
1.00.1.01					
I certify that all information I have provided in this applicatio	n for employment is true and c	complete to the hest of my			
knowledge. Any misrepresentation or omission of any fact in					
any interviews, can be justification for refusal of employmen					
regardless of length of employment or when the misrepreser					
I acknowledge that I have received a copy of the job descript		,			
further acknowledge my understanding that employment with the City of Cambridge is "at will," and that					
employment may be terminated by either the City or me at any time, with or without notice.					
NAVith was aignostive halour Law was iding the City of Carehaid		favoration I musuidad			
With my signature below, I am providing the City of Cambridge 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					
contact with my current employer will not be made without		et your current employer:			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
I further understand that criminal history checks, financial ba	ckground check, and pre-empl	oyment physical may be			
conducted after I have been offered employment 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		he City of Cambridge in			
writing of any changes to information reported in this application for employment.					
Signature	Dat	:e			

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: Veterans' Preference points cannot be considered without supporting documentation. Attach copy of "veteran's DD214 copy 2, 4 or 6), or other documentation verifying military service. Documentation must be received by the application deadline of the posting in order to be considered. (Veteran is defined by Minn. Stat. § 197.447)

You must submit a PHOTOCOPY of your DD214 (Copy 2, 4, or 6) or other documentation verifying military service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, or other documentation verifying military service, contact your County Veterans' Service Office.

The City of Cambridge operates under a point preference system, which awards points to qualified veterans to supplement their application. After receiving a passing score, ten (10) points are granted to non-disabled veterans on open competitive examinations; Fifteen (15) points are awarded if the veteran has a service-connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active-duty service-connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five points

preference only once when applying for the first promotion after securing public employment.

To qualify for preference for a **competitive exam**, you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, **or** by reason of disability incurred while serving on active duty, **or** after having served the full period called or ordered for federal, active duty and be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the DD214 Copy 2, 4 or 6), or other documentation verifying military service, is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

							T-
Name	(Last)	(First)		(MI)	Position For Which You Applied:		Closing Date:
Address	(Street)	(City)	(State)	(Zip)	Phone Number	Are you a US Citize	n or Resident Alien?
VETERAN (10 points):						
		6. or other docur	mentation	verifying	military service, must be subn	nitted to receive i	points)
-	discharged veteran:			- 7 0	,,		,
DISABLED \	<u>VETERAN</u> (15 points):					
(DD214, co	py 2, 4 or 6, or othe	r documentation [,]	verifying r	military se	rvice, and USDVA Summary of	Benefits Letter s	howing a
compensat	ole service-connecte	d disability rating	decision,	usually 10	% or more must be submitted	to receive points	s)
Percent of	Disability:	% Hav	ve you eve	er applied	for promotion in public emplo	oyment?	es 🗌 No
SPOUSE OF	DECEASED VETERA	<u>N</u> (10 points or 1	5 if the ve	eteran was	s disabled at time of death):		
(Veteran's	DD214 or DD215, or	other documenta	ation verif	fying milita	ary service, photocopy of marr	riage certificate, s	pouse's death
certificate a	and proof veteran is	deceased must b	e submitt	ed to rece	ive points. You are ineligible to	o receive points i	f you have remarried
or were div	orced from the vete	eran).					
Date of Dea	ath:			Have	you remarried?	□No	
SPOUSE OF	DISABLED VETERAL	N (15 noints):					
		· ·	ther docu	mentation	n verifying military service, pho	ntocony of marria	ge certificate and
-					disability rating decision, usual		=
	of the disability, mu				aloability rating accioion, asaal	, 01 10/0 01 11101	e, and which shows
	• •				requirement?" Due to the vet	eran's service-co	nnected disability the
		· ·		=	requirement: Due to the vet		•
			ause (be s				
AFFIDAVIT	. I barabu alaim Mat	ovone' Dvofovone	a mainta fo	au thia ava	mination and accountables to	hat tha informati	an aktan ia tuwa
	=		-		mination and swear/affirm the wledge that I am responsible		=
=		-	_	=	Cambridge by the required ap		=
. reierence	Termication accum	cits and submit	incin to ti	iic city of	camanage by the required ap	pileation acadiii	
Signature					Date		

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.447, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of disability incurred while serving on active duty, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by Code of Federal Regulations title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty under Title 10 of the United States Codet, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of your DD214 or DD215, copy 2, 4, or 6, or other documentation verifying military service. This copy must state the character of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision or Summary of Benefits Letter that supports/verifies the fact that the veteran has a compensable service-connected disability.
- A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's DD214 or DD215 Copy 2, 4, or 6, or other documentation verifying military service, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of Cambridge. Please contact our office at 763-689-3211 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.