



City of  
**Cottage Grove**  
Minnesota

## **P. R. I. D. E.**

**MISSION:** to improve the quality of life and to enhance the spirit of our community and its employees through.....

**Personal service Responsiveness Innovation Dedication Effectiveness**

### **Personal service:**

- We are committed to effective communications; being aware of citizen needs.
- We believe in the value of each citizen.
- We promptly follow up and follow through.

### **Responsiveness:**

- We work to build trust by being open, honest, consistent and fair.
- We are aware of the environmental consequences of our actions
- We respect and are sensitive to community values and needs.

### **Innovation:**

- We are dedicated to professional growth and initiative for all City employees.
- We are open to creativity and changes – standing still means falling behind.
- We dare to be the best and have fun doing it.

### **Dedication:**

- We are committed to ideals of democracy and citizen participation.
- We support the elected officials in representation of their constituents.
- We hold ourselves to high standards of ethical behavior and stewardship.

### **Effectiveness**

- We are committed to achieving excellence through leadership and teamwork.
- We strive for high production and quality results.
- We take individual responsibility for organizational performance.

We are FIRST, LAST and ALWAYS a public service organization. We exist because the citizens are willing to pay taxes and give up a certain level of individual freedom, in exchange for a City government that meets their collective needs. The good will of that citizenry is the most important resource we have; it must be cherished and nurtured.



City of  
**Cottage Grove**  
Minnesota

Dear Applicant:

It is our policy to provide equal opportunity employment. This policy prohibits discrimination on the basis of race, color, sex, creed, marital status, religion, national origin, age (18 and over), sexual orientation, disability, an adherence to any political affiliation, criminal convictions which are not related to the position you are applying for, or status with regard to public assistance. This policy applies to full-time, part-time, temporary and seasonal employment.

The information contained in this application is considered private, except for your veteran status, relevant test scores, job history, education and training, and work availability, and used only in conjunction with your possible employment. Please furnish complete information, as failure to provide the data required by this application may result in rejection of your application.

<b>Print title of specific position for which you are applying</b>	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	
Date available to work:	Today's date:
Pay expected:	Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PERSONAL</b>		
Name (last)	(first)	(middle)
Street Address:		
City, State, Zip:		
Phone #:	E-mail Address:	
Have you previously been employed by the City of Cottage Grove? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, dates:    department:		
Do you have any relatives working for the City? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, name of relative:		
Do you have a valid driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No		

## EDUCATION

Did you graduate from high school or receive a GED?

Yes  No      If under 18, state your age:

School	Name & Location	Certificate/Degree
High School		
Vocational/ Technical		
College/ University		
Other		

Please list academic honors, scholarships, fellowships, memberships in professional and honorary societies and any other extra-curricular activities:

## EXPERIENCE

If relevant, list other current professional registrations, license or certificates you have.

License/Certificate/ Registration	Date Issued	Date of Expiration

### TO BE COMPLETED BY CLERICAL APPLICANTS ONLY

TYPING ABILITY:                       YES    NO    WPM \_\_\_\_\_

SHORTHAND ABILITY:                 YES    NO    WPM \_\_\_\_\_

Please indicate office equipment you can operate	Yes	No
Dictating Equipment		
Word Processor		
Computer Software Applications		
Other office equipment you can operate:		

Please begin with your most recent or current employer:

<b>EMPLOYMENT HISTORY</b>		
Company name:		Telephone:
Address		City, State, Zip
Name of Supervisor	Employed (month & year) From:            To:	Weekly Pay
Reason for leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
State job title and describe your work:		

<b>EMPLOYMENT HISTORY</b>		
Company name:		Telephone:
Address		City, State, Zip
Name of Supervisor	Employed (month & year) From:            To:	Weekly Pay
Reason for leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
State job title and describe your work:		

<b>EMPLOYMENT HISTORY</b>		
Company name:		Telephone:
Address		City, State, Zip
Name of Supervisor	Employed (month & year) From:            To:	Weekly Pay
Reason for leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
State job title and describe your work:		

### REFERENCES

Please provide the name, address and phone number of three references who are **not** related to you and are **not** previous employers.

(Name, Address, Phone)

1.

2.

3.

### SIGNATURE

I certify that the information contained in this application (and accompanying resume, if any) is correct, and I have not omitted or misstated any information. I understand that falsification or omission of information may disqualify me from further consideration for employment or result in immediate dismissal if I am hired and the information is discovered at a later date.

I authorize the schools, references and my prior employers listed above to provide my record, reason for leaving and all other information they may have concerning me, and I release all parties from all liability or claims for damages whatsoever that may result from the release of the information.

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

### POLICY OF NON-DISCRIMINATION

The City of Cottage Grove does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. The Assistant City Administrator has been designated to coordinate compliance with the non-discrimination requirements contained in section 35.107 of the Department of Justice regulations. Information concerning the provisions of, and the rights provided under the Americans with Disabilities Act are available from the Assistant City Administrator.

### EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The City of Cottage Grove prohibits discrimination on the basis of race, color, sex, creed, marital status, religion, national origin, age (18 and over), sexual orientation, disability, adherence to any political affiliation, criminal convictions which are not related to the position you are applying for, or status with regard to public assistance.

**EMPLOYMENT ELIGIBILITY AND IDENTIFICATION STATEMENT OF UNDERSTANDING**

Federal law requires that employees verify eligibility for U.S. employment and identity. An employer must decline to hire an individual if a new employee fails to present adequate proof of eligibility and identity within three (3) days of the commencement of employment.

Should you be hired by the City of Cottage Grove, you will be asked to submit an ORIGINAL of one of the following documents:

- 1) If you are a U.S. citizen:
  - a) A U.S. passport;
  - b) A driver's license, school identification card with photo, or voter's registration
- 2) If you are not a U.S. citizen:
  - a) A document to show eligibility to work by showing a resident alien card (I-551 or I-151) that contains your photo or an unexpired foreign passport with an unexpired I-551 stamp.
  - b) Non-resident aliens must show a I-94 form attached to their passport which indicates they are authorized to work, or show proper identification and other documentation from the INS proving work authorization.

If you are hired for the position for which you are applying, you must provide the required documentation within three (3) business days of your first date of employment. Since the City cannot employ you without the required documents, it is essential that you have the documents available; if you do not have them, apply for them now.

I have read the above and understand that I will be asked to submit the required proof of my identity and eligibility for U.S. employment and that I will be required to attest, under penalty of perjury, the documents presented are genuine and related to me.

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

**ABSENCE OF CONTRACT**

I realize that this application is in no way a contract.

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

## **MINNESOTA DATA PRACTICES ACT**

The Minnesota Data Practices Act seeks to protect the privacy of individuals about whom government agencies and their subdivisions, and agencies under contact with the government collect data. The Act also facilitates a release of information which is public. The information on this sheet applies to your current and future contacts with the City of Cottage Grove, whether the contact is in person, by mail, or by phone.

The Act requires that whenever the City asks you to provide information which is private or confidential, that you be told:

1. The purpose and intended use of the data within the City;
2. The legal requirements, if any, of providing the information;
3. The consequences of providing or refusing to provide the information requested;
4. The identity of other persons or agencies authorized by statute to receive the information.

### **I. Purpose of the information collected:**

1. Determine whether you meet City requirements pertaining to the eligibility for employment.
2. Evaluate the employment application.
3. Investigate the accuracy of all information and statements contained in the application.
4. Investigate and collect background information pertaining to you to determine your qualifications and fitness for employment with the City.

### **II. Legal Requirements**

You are not legally required to provide the information requested. If you do not provide the information requested, the City will not be able to determine your eligibility for employment and your application will, in all likelihood, be denied if you do not provide the information requested.

### **III. Sharing of Information**

The data provided pursuant to the employment application may be shared with officers and employees of the City who have a need to know such information in order to process and make a decision on a recommendation concerning your employment, and ultimately a determination by the governing body concerning your employment.

1. This information may be provided to others in the following circumstances:
  - a. To individuals, persons, agencies, institutions or organizations you authorize sharing the information with by means of a valid consent for release of information.
  - b. To appropriate law enforcement personnel who are acting in an investigation on proceedings relating to the application.
  - c. To a Court pursuant to a valid court order.

#### **IV. Other Rights:**

You have the right to know what information is maintained about you; you have the right to view all public and private information about you maintained by the City, and this includes the right for you to authorize other persons or agencies to view it.

1. You have the right to have the data to which you have accessed explained to you.
2. You have the right to request copies of the information to which you have access, but you may be charged a reasonable fee for the cost of the copies.
3. You have the right to challenge the accuracy or completeness of any private information in your records. If you want to challenge any information, you must write to the City. You may also talk to the individual at the City with whom you are working. Your challenge will be answered with thirty (30) days.
4. You have the right to insert your own explanation of anything you object to in your records. That explanation will be attached anytime the information is shared with another agency. You have the right to appeal decisions made by the City about the accuracy to completeness of your records to the Commissioner of Administration, Data Privacy Act, State of Minnesota, 51 Sherburne Avenue, St. Paul, MN 55155.

If you do not understand this document, or if you have further questions, you should discuss these with the City staff person to whom you provided the statement.

I have read this explanation of my privacy rights and understand the purposes and consequences of giving the information and who is authorized to use it.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## EQUAL OPPORTUNITY EMPLOYMENT AFFIRMATIVE ACTION FORM

Position applied for:

Date:

**This document will be separated from your application before employment consideration by the City of Cottage Grove.** Furnishing the information below is voluntary. The information will in no way affect you as an individual applicant. The information will not be kept in Personnel files and will not be made available to any persons involved in decisions affecting any individual's employment or promotion to a position. The information will be used only for test validation research and reporting on Equal Employment Opportunity and Affirmative Action.

What Race/Ethnic Group Do You Consider Yourself?

- White, not of Hispanic origin – persons having origins in any of the original peoples of Europe, North Africa or the Middle East
- Hispanic, Mexican or Chicano
- African American, not of Hispanic origin – persons having origins in any of the Black racial groups of Africa
- American Indian or Alaskan Native – persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal or community affiliation
- Asian or Pacific Islander – persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-Continent or the Pacific Islands (For example: China, Japan, Korea, the Philippine Islands and Samoa)

# CITY OF COTTAGE GROVE ADDENDUM TO APPLICATION FORM

**Position:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
Last Middle First

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## VETERANS PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veterans preference points, you must:

1. Be 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, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veterans preference points. You are not required to supply this information, but we cannot award veterans points without it.

**YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.**

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

**ARE YOU APPLYING FOR VETERANS BONUS POINTS?**  Yes  No  
(If "No", please sign below)

\_\_\_\_\_  
If you answered "Yes", your DD214 or other documentation must be received no later than seven (7) calendar days after the application deadline for the position.

## VETERANS PREFERENCE POINTS APPLICATION

Veteran <input type="checkbox"/> Self <input type="checkbox"/> Spouse		If spouse, veteran's name:	
Branch of Service:		Period of Active Duty From: _____ To: _____	
Rank at Discharge:	Type of Discharge:	Date of Final Discharge:	Service No:
Are you receiving or eligible for a military pension? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preference requested: <ul style="list-style-type: none"> <li><input type="checkbox"/> Veteran</li> <li><input type="checkbox"/> Disabled Veteran</li> <li><input type="checkbox"/> Spouse of Disabled Veteran</li> <li><input type="checkbox"/> Spouse of Deceased Veteran</li> </ul>			

**Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.**

**Supporting documentation:  is attached  will be submitted within 7 days of application deadline.**