



# City of Pierz Employment Application

The City of Pierz is an Equal Opportunity Employer. We do not discriminate based on race (including related traits like hair texture and styles), color, creed, religion, age, national origin, sex, marital or familial status, sexual orientation, disability, veteran status, public assistance status, or any other protected category.

We accommodate individuals with disabilities throughout the hiring process. If you need accommodation, contact 320-468-6471.

## Personal Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Are you legally eligible to work in the U.S.?  Yes  No

Will you need sponsorship for continued employment?  Yes  No

Are you at least 18 years old?  Yes  No

## Education

Circle highest level completed:

Grade School: 1–8 | High School: 9–12 or GED | College: 13–16 | Graduate: MA/MS/JD/PhD

School	Name & Address	Major	Degree	Graduated (Y/N)
High School				
College				
Graduate				
Technical				

## Other Training or Certifications:

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## Volunteer/Unpaid Experience

Describe relevant volunteer experience:

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## Military Service

Served in U.S. Armed Forces?  Yes  No

Duties: \_\_\_\_\_

Claiming Veterans' Preference?  Yes  No

(Attach DD214 or related documentation. Complete preference form if applicable.)

## Employment History

List most recent employers (attach additional sheets if needed). *"See resume" is not acceptable.*

### Employer 1:

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact?  Yes  No

### Employer 2:

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact?  Yes  No



**Employer 3:**

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact?  Yes  No

**References**

Provide three non-family references.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>	<u>Relationship</u>
1.				
2.				
3.				

**Authorization & Signature**

I certify all information provided is true. I authorize the City of Pierz to verify any data included in this application. I understand false statements may result in disqualification or termination. I have read and understood the attached Data Practices Advisory.

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



### Veterans' Preference (Optional)

Complete only if claiming preference. Attach:

- DD214 (Copy 2, 4, or 6)
- If disabled: USDVA letter verifying service-connected disability.
- If spouse: Marriage & death certificate (if applicable)

Claim Type	Points	Documentation Attached
Veteran	<input type="checkbox"/> 10 pts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled Veteran	<input type="checkbox"/> 15 pts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse of Deceased/Disabled Veteran	<input type="checkbox"/> 10/15 pts	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

### Optional Demographic Information (Confidential)

**Gender:**             Male  Female

**Race/Ethnicity:**     Black/African American  Hispanic/Latino  Asian  
 American Indian/Alaskan Native  White  Other: \_\_\_\_\_

**Disability Status:**     Yes  No

### Applicant Data Practices Advisory

Per MN Statute §13.04, your data will be used to evaluate your qualifications and may be shared with individuals involved in hiring. Submission is voluntary but incomplete applications may affect consideration. Full details are outlined in the attached advisory.