



## APPLICATION FOR EMPLOYEMENT

Breitung Township

PO Box 56, 33 1st Avenue

SOUDAN, MN 55782

{218} 753-6020

EMAIL: [c1erk@breitungtownship.org](mailto:c1erk@breitungtownship.org)

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**\*\*PLEASE FILL OUT ALL INFORMATION ON THE APPLICATION. IF SOMETHING DOES NOT APPLY TO YOU PLEASE MARK "NA" IN THE SPACE. PLEASE INCLUDE COVER LETTER, RESUME AND ANY OTHER SUPPLEMENTAL INFORMATION REQUESTED IN APPLICATION. APPLICATION MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT WITH BREITUNG POLICE DEPARTMENT. RESUME AND COVER LETTER WILL NOT BE ACCEPTED IN LIEU OF APPLICATION. \*\***

DATE OF APPLICATION:
POSITION APPLYING FOR:
TYPE OF EMPLOYMENT: <div style="text-align: center; margin-top: 10px;">FULL TIME _____ PART TIME _____</div>
DATE AVAILABLE:

### PERSONAL INFORMATION

NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
PRESENT STREET ADDRESS:			CITY
		STATE	ZIP CODE
HOME TELEPHONE NUMBER		WORK TELEPHONE	
EMAIL ADDRESS (OPTIONAL):			

ARE YOU UNDER 18? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU A UNITED STATES CITIZEN OR, IF NOT, DO YOU HAVE PERMISSION TO WORK IN THIS COUNTRY? YES \_\_\_\_\_ NO \_\_\_\_\_

## EDUCATION

HOW MANY YEARS OF SCHOOL HAVE YOU COMPLETED? (PLEASE CIRCLE ONE)			
7 8 9 10 11 12 HIGH SCHOOL	13 14 15 16 UNDERGRADUATE	17 18 19 20+ GRADUATE	
	NAME & ADDRESS OF SCHOOL	DIPLOMA, DEGREE, OR CERTIFICATE	MAJOR & MINOR SUBJECTS
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
COLLEGE OR UNIVERSITY			
GRADUATE SCHOOL			
TECHNICAL SCHOOL			
OTHER			

LIST ANY COURSES, SEMINARS, WORKSHOPS, TRAINING, AND SKILLS THAT YOU HAVE ACQUIRED THAT ARE RELATED TO THIS POSITION:

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## EMPLOYMENT HISTORY

**\*\*LIST ALL YOUR WORK EXPERIENCE BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT OR OCCUPATION. RESUMES AND ADDITIONAL SUPPORTING INFORMATION WILL BE ACCPETED, BUT NOT IN LIEU OF THE FOLLOWING EMPLOYMENT HISTORY. PLEASE MAKE ADDITIONAL COPIES, IF NECESSARY.\*\***

EMPLOYER		JOB TITLE	
ADDRESS		CITY	STATE
		ZIP CODE	
SUPERVISOR'S NAME & TITLE	PHONE	MAY WE CONTACT?	
		YES NO	
		IF NOT, WHY?	
DATES EMPLOYED (MO/YR)	REASON FOR LEAVING	LAST SALARY \$	
SUMMARIZE YOUR RESPONSIBILITIES			

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DATES EMPLOYED (MO/YR)	REASON FOR LEAVING	LAST SALARY \$	
SUMMARIZE YOUR RESPONSIBILITIES			

## LICENSES

[illegible]

## REFERENCE

**\*\*PLEASE LIST AT LEAST THREE REFERENCES THAT YOU HAVE KNOWN FOR AT LEAST ONE YEAR, ARE NOT RELATED TO YOU, AND CAN ATTEST TO YOUR WORK HABITS. \*\***

NAME	ADDRESS	PHONE	PROFESSIONAL OR PERSONAL REFERENCE

## VETERAN'S 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 be separated under honorable conditions from any branch of the armed forces for 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.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's 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.

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ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? ☐ YES ☐ NO

If you answered yes, your DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

### VETERAN'S 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 NUMBER
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 <input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE OF DISABLED VETERAN <input type="checkbox"/> DISABLED VETERAN <input type="checkbox"/> SPOUSE OF DECEASED VETERAN			

Your 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 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation is:

- ☐ Attached
- ☐ Will be submitted in 7 days of application deadline

## ACKNOWLEDGEMENT

I UNDERSTAND THAT BREITUNG TOWNSHIP HAS THE RIGHT TO VERIFY INFORMATION CONTAINED IN THIS APPLICATION. I AUTHORIZE BREITUNG TOWNSHIP AND ANY AGENT ACTING ON ITS BEHALF TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AND ANY ADDENDUM, INCLUDING, BUT NOT LIMITED TO, ANY DRIVING RECORD, ANY CRIMINAL HISTORY, MY CREDIT HISTORY, MY EDUCATIONAL RECORDS SUCH AS TRANSCRIPTS, AND WORK RECORDS AS MAY BE NECESSARY TO DETERMINE MY ELIGIBILITY FOR EMPLOYMENT. MOREOVER, I HEREBY RELEASE BREITUNG TOWNSHIP AND ANY AGENT ACTING ON ITS BEHALF FROM ANY AND ALL LIABILITY BY REASON OF REQUESTING SUCH INFORMATION FROM ANY PERSON OR ENTITY.

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED OR MISLEADING STATEMENTS ON THIS APPLICATION AND ADDENDUM OR MADE DURING AN INTERVIEW, WHICH MAY BE DISCOVERED NOW OR ANYTIME IN THE FUTURE, SHALL BE GROUNDS FOR DISMISSAL. I ACKNOWLEDGE THAT THIS DOCUMENT SHALL NOT BE CONSTRUED AS A CONTRACT OR OFFER OF EMPLOYMENT AND UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME. I UNDERSTAND THAT UNLESS OTHERWISE PROVIDED IN SOME OTHER BINDING DOCUMENT, IT IS "AT WILL", WHICH MEANS THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON OR NO REASON, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT PRIOR NOTICE, AND BREITUNG TOWNSHIP RETAINS THE SAME RIGHTS.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

BREITUNG TOWNSHIP

AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ HERBY AUTHORIZE BREITUNG TOWNSHIP AND ITS REPRESENTATIVES TO MAKE AN INVESTIGATION OF ANY INFORMATION CONTAINED IN THIS APPLICATION AND/OR SUPPLEMENTAL MATERIALS I HAVE SUBMITTED IN CONSIDERATION FOR THE POSITION OF \_\_\_\_\_ I AUTHORIZE MY PAST AND PRESENT EMPLOYERS AND EDUCATIONAL INSTITUTIONS TO RELEASE ANY AND ALL INFORMATION CONCERNING MY EMPLOYMENT AND EDUCATIONAL BACKGROUND TO BREITUNG TOWNSHIP. THE INFORMATION OBTAINED WILL BE USED BY BREITUNG TOWNSHIP TO EVALUATE MY QUALIFICATIONS FOR EMPLOYMENT AND MAY BE DISCLOSED TO ELECTED AND APPOINTED OFFICIALS AND EMPLOYEES DURING THE HIRING PROCESS: ENFORCEMENT AGENCIES WITH LEGAL AUTHORITY; AND PERSONS /ENTITIES AUTHORIZED BY LAW OR COURT ORDER.

TO THE FULLEST EXTENT PERMITTED BY LAW, I RELEASE MY PRESENT OR FORMER EMPLOYERS AND EDUCATIONAL INSTITUTIONS FROM RESPONSIBILITY FOR ANY HARM OR DAMAGES THAT I MAY EXPERIENCE AS A RESULT OF THEIR GOOD FAITH COMPLIANCE WITH THE AUTHORIZATION.

I UNDERSTAND THAT I AM NOT LEGALLY REQUIRED TO SIGN THIS AUTHORIZATION, BUT IF I DO NOT DO SO, THE TOWNSHIP OF BREITUNG MAY BE UNABLE TO EVALUATE MY QUALIFICATIONS FOR EMPLOYMENT.

THIS AUTHORIZATION IS VALID FOR ONE YEAR FROM THE DATE BELOW OR UNTIL THE PURPOSE HAS BEEN FULFILLED, WHICHEVER OCCURS FIRST. THIS AUTHORIZATION MAY BE WITHDRAWN BY NOTIFYING BREITUNG TOWNSHIP IN WRITING, BUT SUCH WITHDRAWAL DOES NOT AFFECT THE VALIDITY OF DISCLOSURES MADE PRIOR TO THE WITHDRAWAL NOTICE. A PHOTOCOPY OF THIS RELEASE IS VALID FOR ALL PURPOSES AS AN ORIGINAL COPY.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## Tennessen Warning

### YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes, Section 13.04 requires that you be informed of the following about private data requested on this application. The data obtained may be disclosed to elected and appointed officials and employees of the City whose work assignments reasonably require access during the hiring process; enforcement agencies with legal authority; and persons/entities authorized by law or court order.

Private Data	Purpose and intended use	Known consequence arising from supplying or refusing to supply
Name	To identify you in relation to other applicants. If you become a finalist for a position, then your Name becomes public data.	You are legally required to provide this data. If this data is not provided, the City will reject your application
Age 18 or older	To certify applicants for certain types of work	You are legally required to provide this data. If this data is not provided, the City will reject your application
Residence Information	To be able to notify you of your application's status	You are not legally required to provide this data, but you will be required to provide this data if you are hired. If this data is not provided, the City may not be able to contact you.
Telephone Numbers	To contact you regarding availability or interviews, to notify you of vacancies, to request clarification on your application	You are not legally required to provide this data. If this data is not provided the City may not be able to contact you.
Close Relatives	To assist the City in determining whether your employment would result in any conflicts with City's nepotism policy	You are not legally required to provide this data. If this data is not provided, the City will not be able to make this determination.
Military	To assist the City in evaluating your qualifications for employment	You are not legally required to provide this data nor are there any known consequences :from your failure to provide this information
Professional or Technical Licenses, Certificates, Memberships, or other credentials	To allow you to identify additional information that may assist the City in evaluating your qualifications for your employment	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information
Job-related volunteer and unpaid work experience	To allow you to identify additional information that may assist the City in evaluating your qualifications or employment	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information

Additional Experience	To allow you to identify additional information that may assist the City in evaluating your qualifications or employment	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information
Eligibility to Work	To certify that applicants are eligible to work	You are not legally required to provide this data, but you will be required to provide this data if you are hired. If this data is not provided, the City may reject your application.
References	To assist the City in evaluating your qualifications for employment	You are not legally required to provide this data. If this data is not provided, the City will reject your application.

**All other data on this application is public dat**