



**Please Note**  
**This form cannot be saved.**  
 Please complete and print out in one session.

Once you have completed the form, print it, sign and return to the City of Savage.

**HR USE ONLY**

TE: \_\_\_\_\_  
 Exam: \_\_\_\_\_  
 Eligible: \_\_\_\_\_  
 Not Eligible: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Date Inactive: \_\_\_\_\_  
 \_\_\_\_\_  
 Vet Pref. Points: \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT APPLICATION

Human Resources Department  
 6000 McColl Drive  
 Savage, MN 55378  
 24-hr. Job Information Line 952/882-2651 • Fax 952/882-2656  
 www.cityofsavage.com

For application to be considered, you **MUST**: 1) type or print all answers; 2) supply all requested information, **resumes may only** serve as a supplement; 3) not falsify the application in any way; 4) provide comprehensive employment information, including volunteer work. The information you provide will determine your qualifications for employment or eligibility for evaluation.

**GENERAL INFORMATION**

Position applying for: _____		<b>POLICE POSITIONS ONLY</b>
Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>(Last)</span> <span>(First)</span> <span>(Initial)</span> </div>		Are you currently licensed as a peace officer in the State of Minnesota? Yes ___ No ___ If yes, License Number: _____  If not currently licensed, have you received certification for law enforcement skills? Yes ___ No ___ If yes, list certifying agency: _____  Date of Completion: _____
Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>(Street)</span> <span>(City/State)</span> <span>(Zip)</span> </div>		
Phone: __ (____) _____ (____) _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(Home)</span> <span>(Other)</span> </div>		
Have you worked for the City of Savage before? Yes ___ No ___ If yes, when and in what position? _____		
Are any of your relatives (marriage also) employed by the City of Savage? Yes ___ No ___ If yes, please list their name(s) and Department(s) for which they work. Name _____ Department _____		
Have you ever been terminated or forced to resign due to misconduct or unsatisfactory service? Yes ___ No ___ If yes, please explain the circumstances: _____ _____		
Are you under the age of 18 ___ Yes ___ No (If yes, state date of birth _____)		
I will accept (check all that apply): Full-Time ___ Part-Time ___ Seasonal ___ *Shift Work ___ Paid-On-Call Firefighter _____ *Shift: 8:00 a.m. – 4:30 p.m. only ___ ___ Evenings ___ Nights ___ Rotating ___	Do you have a legal right to work in the U.S.? Yes ___ No ___ If yes, you will need to show proof of work eligibility to be employed.	
Date Available: _____ Pay Expected: _____	If position requires driving a City-owned vehicle, please indicate your driver's license type, state and license number: Number _____ State _____ Class _____	
After reviewing the job description, do you understand the job requirements for the position you are applying for? Yes ___ No ___ Do you currently have the ability to perform all the essential functions of the position you are applying for with or without reasonable accommodations? Yes ___ No ___		

*The City of Savage is committed to the policy that all persons shall have equal access to its programs, facilities and employment without regard to race, color, creed, religion, national origin, marital status, disability, status with regard to public assistance, political affiliation, sex or age. Please be advised that in accordance with Minnesota Statute, the following information is considered public data: veteran status; job history; education and training; and work availability. Applicants names are considered private data except at such time that an applicant is considered as a finalist for public employment. Should you become an employee of the City of Savage, this application will become part of City Human Resources records and as such will be subject to all uses and restrictions consistent with the Minnesota Data Privacy Act.*

## EDUCATION, TRAINING AND SKILLS

High School (Indicate name and location of high school attended)				Did you graduate: Yes ___ No ___ Successful completion of High School Equivalent: Yes ___ No ___ GED ___ <input style="width: 50px;" type="text"/> If no, identify highest grade completed:		
Colleges/University Trade School	City/State	Dates of Attendance	# of Credits	Degrees Completed	Major	Minor
Professional Certificates, Licenses or Memberships						
List any specialized training you may have received that relates to this position (include number of hours and course content).						
List any equipment that you are able to operate that relates to this position.						
Language Proficiency (other than English)				Special skills related to the position for which you are applying, i.e. computer skills (software used), typing (indicate speed), etc.		
<i>LANGUAGE</i>	<i>SPEAK</i>	<i>READ</i>	<i>WRITE</i>			
STATEMENT OF INTEREST: Give a brief statement of why you are interested in and feel qualified for the position.						
Three (3) references, other than supervisors. Include full name, address and phone number.						

## EXPERIENCE

Begin with your most recent position. List all jobs held, paid or volunteer, over the last 10 years. **YOUR QUALIFICATIONS WILL BE EVALUATED ON THE BASIS OF THE INFORMATION PROVIDED ON THIS APPLICATION.** You may attach a separate sheet if additional space is needed, or to include applicable experience prior to 10 years ago.

**RESUMES MAY NOT BE SUBSTITUTED FOR THE REQUESTED INFORMATION.**

Position Title		Employment Dates	
Employer Name/Address/City/State			
Employer Phone	Direct Supervisor (Name/Title/Phone)	May we contact?	Annual Salary
Reason for Leaving			
Primary Job Duties			
Position Title		Employment Dates	
Employer Name/Address/City/State			
Employer Phone	Direct Supervisor (Name/Title/Phone)	May we contact?	Annual Salary
Reason for Leaving			
Primary Job Duties			

<b>EXPERIENCE (Continued)</b>			
Position Title		Employment Dates	
Employer Name/Address/City/State			
Employer Phone	Direct Supervisor (Name/Title/Phone)	May we contact?	Annual Salary
Reason for Leaving			
Primary Job Duties			
Position Title		Employment Dates	
Employer Name/Address/City/State			
Employer Phone	Direct Supervisor (Name/Title/Phone)	May we contact?	Annual Salary
Reason for Leaving			
Primary Job Duties			

**READ THIS APPLICATION AND YOUR ANSWERS BEFORE SIGNING BELOW**

By signing this application, I certify that all information on this form is true to the best of my knowledge, and any omissions or misstatements of facts may be cause for rejection of this application or discharge from City service. I also authorize the City of Savage Human Resources Department or its Designee, to make all necessary and appropriate investigations to verify the information concerning my employment that is allowable by law. It is my responsibility to keep the Human Resources Department advised about any changes of address or phone number.

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

**CITY OF SAVAGE**  
6000 McColl Drive  
Savage, MN 55378

**Section I:**

All applicants for a position with the City of Savage are requested to complete this section. Completion is voluntary and this form will not be filed with your application. It will be used by the Human Resources Department to compile summary data for the purpose of completing necessary governmental reports relative to affirmative action and equal employment opportunity and for the City's use in monitoring its recruitment process. This form may be returned under separate cover.

Place an "X" in front of your appropriate gender in Section A, and in front of the racial/ethnic group listed under Section B which best applies to you.

A. Gender:            \_\_\_ Female \_\_\_ Male

B. Racial/Ethnic Group:

\_\_\_ American Indian or Alaskan Native            \_\_\_ Black (non-Hispanic origin)            \_\_\_ White (non-Hispanic origin)  
\_\_\_ Asian or Pacific Islander                            \_\_\_ Hispanic

C. Title of Position applied for: \_\_\_\_\_

D. How did you hear about this position? \_\_\_\_\_

**Section II:**

**VETERAN'S PREFERENCE**

**COMPLETE THIS SECTION ONLY IF YOU ARE A VETERAN AND CLAIMING VETERAN'S PREFERENCE:**

You must submit a photocopy of your **DD214** or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed.

The City of Savage awards preference points to qualified veterans. Five (5) preference points are granted for non-disabled veterans on open vacancies. Ten (10) points are added if the veteran has a permanent service-connected compensable disability as certified by the Veterans Administration.

To qualify for preference, you must have served on active duty in any branch of the Armed Forces of the United States for 181 consecutive days or more, and have been honorably discharged; you must be a citizen of the United States and currently not receiving a monthly veteran's pension based exclusively on length of service. Veteran's preference may be used by the surviving spouse of a deceased veteran and by the spouse of a disabled veteran who, because of the disability, is unable to qualify.

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 your **DD214** form is submitted to the Human Resources Department separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

Name (Last, First, Initial)	Are you a U.S. citizen? ___Yes ___No
Address and Phone Number	Position Title

**Active Duty Information:** (Note: a photocopy of your **DD214** form must accompany this claim).

Have you (or your disabled or deceased spouse) served on active military duty without interruption for 181 days or more?  
\_\_\_Yes \_\_\_No

Are you receiving or are you eligible to receive a monthly veteran's pension based exclusively on length of military service?  
\_\_\_Yes \_\_\_No

**For Disabled Veterans:** (Letter from VA as proof of disability must be submitted to receive points):

Permanent:        \_\_\_Yes \_\_\_No    Currently existing:    \_\_\_Yes \_\_\_No

**For Spouses of Disabled veterans:**

Spouse's Present Occupation \_\_\_\_\_  
(NOTE: Letter from VA in proof of disability must be submitted).

**AFFIDAVIT** I hereby claim veteran's preference for this vacancy and certify that all the information given is true, complete and correct to the best of my knowledge. I hereby authorize the Veterans Administration to release information necessary to process this application to the City of Savage Human Resources Department.

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