CITY OF RICHMOND
45 Hall Ave S.W.
P.O. Box 400
Richmond, MN 56368-0400

Tel. 320-597-2075 Fax 320-597-2975

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Position Applied For:	**Date of Application**
Available to Work: ☐ Full Time ☐ Part-Time ☐ Seasonal ☐ Shift Work	
When would you be available?	
Last Name First Name Middle Name	**Social Security # (Optional**
Home Phone: (_____) _____ **Work Phone: (_____) _____** **Email Address: _____**	**Are you a United States citizen or legally eligible to work in the U.S.? ____ Yes ____ No (*If hired, you will be required to provide documentation that you are eligible to work in the U.S)***
Address:	
Are you of legal age to work? ____Yes ___ No (*If yes verification will be required)*	
Are you currently employed? ____ Yes ____ No	
May we contact your present employer? ____ Yes ____ No	

RECORD OF EDUCATION

Education	**School Name, City and State**		**Major Area of Study**
High School		Diploma ☐ Yes ☐ No GED ☐ Yes ☐ No	
College		Degree Completed: ☐ Associates ☐ Bachelors ☐ Masters ☐ Other ☐ No degree _____ (# of years completed or credits earned	
Technical or Certificate Programs		Indicate type of certificate earned.	
Summarize special skills/training not listed above:			

Current Employment Information		
Employer:	Dates Employed: From_____ To_____	Job Title
Address:		
Telephone:		Job Duties
Pay Information		
Starting:	Ending:	
Reason for Leaving:		

Previous Employment Information		
Employer:	Dates Employed: From_____ To_____	Job Title
Address:		
Telephone:		Job Duties
Pay Information		
Starting:	Ending:	
Reason for Leaving:		

Previous Employment Information		
Employer:	Dates Employed: From_____ To_____	Job Title
Address:		
Telephone:		Job Duties
Pay Information		
Starting:	Ending:	
Reason for Leaving:		

List professional registration, memberships, licenses and/or certificates related to the position you are applying for

REFERENCES: Please list three persons, who are not related to you or previous supervisors, who can provide professional references.

Name	Address	Phone #	Relationship/Occupation	Years Known

Claim for Veteran's Preference

Complete this section ONLY if you are a veteran AND claiming veteran's preference. If you do not meet the eligibility requirements outlined below, do not complete this section. To use the preference you must complete this section **AND** supply a copy of your discharge papers (DD214 Form).

A **veteran,** for purpose of offering a preference, is a citizen of the United States or a resident alien separated under honorable conditions from any branch of the U.S. armed forces:

- After having served on active duly for 181 consecutive days; or
- By reason of disability incurred while serving on active duty; or
- Who has met the minimum active duty required as defined by CFR, Title 38, Section 3.12a; or
- Who has active military service certified under 38 U.S.C.A. Section 106, Part I, Chapter 1.

Active Duty Information:

Have your (or your disable spouse) served on active duty without interruption for 181 days or more? ☐ Yes ☐ No

Type of separation:☐ Honorable ☐ Honorable release from active duty and transfer to reserves ☐ Medical ☐ Other

For Disabled Veterans:

Permanent ☐ Yes ☐ No Percent of Disability _____%

For Spouses of Deceased Veterans:

Have your remarried? ☐ Yes ☐ No

Affidavit:

I hereby claim veteran's preference for this position and certify that all of the information given is true, complete, and correct to the best of my knowledge.

I hereby authorized the Veteran's Administration to release information necessary to process this application to the City of Richmond.

_____ _____

Signature Date

APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING.

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by the City of Richmond that such employment with the City of Richmond is at will, for no specified duration and may be terminated by either the City of Richmond or myself at any time, with or without cause. I understand that none of the documents, policies, procedures, actions, statements of the City of Richmond or its representatives used during the employment process is deemed a contract of employment, real or implied. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City of Richmond. In consideration for employment with the City of Richmond, if employed, I agree to conform to the rules, regulations, policies and procedures of the City of Richmond at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with the City of Richmond, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize and all schools, former employers, references, courts and any others who have information about me to provide such information to the City of Richmond and/or its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

_____ _____

Signature **Date**

THE CITY OF RICHMOND IS AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd 2)

Private Data	Why We Ask For It	Are You Legally Obliged To Provide It?	What May Happen If You Don't Provide It
Social Security #	To distinguish you from other applicants and to make processing more efficient	No	Nothing. However, it will help to ensure that your records are not confused with others
Name	To distinguish you from all other applicants	Yes	Failure to provide information my be cause for rejecting an application

Address	To be able to send you notices	Yes	Failure to provide information may be cause for rejecting an application
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Conviction Record	To determine whether we may legally accept an application from you and to determine whether your record may be a job related consideration	Yes	We will not be able to make determinations required by law. Failure to provide relevant conviction information my be grounds for dismissal.

Informed Consent
City of Richmond
45 Hall Avenue SW
PO Box 400
Richmond, MN 56368

Date: _____

The following named individual has made application with this agency for employment

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex** (M or F): _____ **Race**: _____
Month/Day/Year

Social Security Number (optional): _____

Driver's License Number_____
I authorize the Cold Spring/Richmond Police Department to disclose all criminal history record information to (City of Richmond for the purpose of (employment, volunteering, adoption, etc.) with this agency.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant _____ **Date** _____
Your signature must be notarized

Signature of Parent (If applicant is under 18 years of age)

_____ **Date**_____

Notary:
STATE OF MINNESOTA
COUNTY OF _____

_____
Notary

My Commission Expires:
____/____/_____

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶ **START HERE:** **Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any)* *(mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**For persons under age 18 who are unable to present a document listed above:** 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.