

## Child Care Attendants

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We're looking for a resourceful individual to work in "Kids Care." This is a special service offered to our guests so they can workout in our Community Center while their children are busy enjoying activities. Kids Care includes crafts, games, storytelling and music. Although the program is short-term care, it's operated in a terrific facility. The Kids Care Center is for children 6 months through 12 years of age.



**Qualifications:** Experience working with pre-schoolers is preferred.

**Hours:** Kids Care is open Monday through Saturday 8:00 am 12:30 pm. and 4:00 pm – 9:00 pm.

**Wage:** \$7.25 - \$8.75 per hour depending on experience.

**Deadline:** We are accepting applications until the position is filled.



# Parks and Recreation Department Only Application for Employment

4580 North Victoria Street  
Shoreview, MN 55126  
(651) 490-4750  
www.shoreviewmn.gov

If, due to a disability, you need assistance in completing an application, or if you anticipate that you will need auxiliary aids or services in the selection process, please notify the Human Resources Manager at 651-490-4615 or TDY 651-490-4750.

The City of Shoreview appreciates your interest in a position with the City. An incomplete application may reduce your opportunity for employment with the City of Shoreview. You are encouraged to attach any additional information which you believe qualifies you for the position.

The City of Shoreview is committed to the policy that all persons shall have equal access to its programs, facilities and employment without regard to race, creed, religion, color, sex, age, marital status, national origin, disability or sexual orientation.

Position applying for \_\_\_\_\_ Date \_\_\_\_\_

Date available \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone: H ( ) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone: W ( ) \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, state your date of birth \_\_\_\_\_

Are you a U.S. Citizen, OR if not, do you have permission to work in this Country? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever worked for the City of Shoreview? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when? \_\_\_\_\_ Position \_\_\_\_\_

Are you related to **anyone** currently working in **any** position (full-time, part-time, seasonal or appointed committee member) for the City? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who? \_\_\_\_\_ Relationship \_\_\_\_\_

Is there any reason you cannot be at work on time every day? Yes \_\_\_\_\_ No \_\_\_\_\_

## Education

How many years of school have you completed? (circle one)

1 2 3 4 5                  6 7 8                  9 10 11 12                  13 14 15 16                  17 18 19 20+

Elementary                  Middle                  High School                  Undergraduate                  Graduate

Type of School	Name/Location	Diploma, Degree	Major/Minor
High School	_____	_____	_____
College or University	_____	_____	_____
College or University	_____	_____	_____
Graduate School	_____	_____	_____
Technical	_____	_____	_____
Military	_____	_____	_____

Check the current certifications you have and list the expiration date.

\_\_\_\_\_ Lifeguard - Expiration date \_\_\_\_\_      \_\_\_\_\_ CPR - Expiration date \_\_\_\_\_  
 \_\_\_\_\_ WSI - Expiration date \_\_\_\_\_      \_\_\_\_\_ First Aid (standard) - Expiration date \_\_\_\_\_

## Employment History

List your present or most recent experience first. (Do not state "see resume.")

### 1. Employer Name and Address (Current or last employer)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Your Title \_\_\_\_\_  
Your Supervisor \_\_\_\_\_  
Your Supervisor's Title \_\_\_\_\_  
Primary Duties \_\_\_\_\_

Dates (month and year) From \_\_\_\_\_ to \_\_\_\_\_  
Hours per week \_\_\_\_\_  
Last salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact? \_\_\_\_\_ If no, explain \_\_\_\_\_

### 2. Employer Name and Address (Prior employer)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Your Title \_\_\_\_\_  
Your Supervisor \_\_\_\_\_  
Your Supervisor's Title \_\_\_\_\_  
Primary Duties \_\_\_\_\_

Dates (month and year) From \_\_\_\_\_ to \_\_\_\_\_  
Hours per week \_\_\_\_\_  
Last salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact? \_\_\_\_\_ If no, explain \_\_\_\_\_

Have you ever been terminated from a previous employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, state the name and address of company, date of termination, and reason for termination. (Do not include lay-off or staff reduction.) \_\_\_\_\_

## Licenses

Do you have a valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list the state it is from \_\_\_\_\_

## Military (also see Election of Veteran's Preference on page 4)

Describe your duties and any special training.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Branch of Service \_\_\_\_\_  
\_\_\_\_\_ Length of Active Duty \_\_\_\_\_  
\_\_\_\_\_ Rank at Discharge \_\_\_\_\_

## Supervision

Have you ever supervised people? Yes \_\_\_\_\_ No \_\_\_\_\_ For Whom? \_\_\_\_\_

Check the functions you have performed as a supervisor:

\_\_\_\_\_ Interview candidates \_\_\_\_\_ Conduct performance reviews \_\_\_\_\_ Discipline employee  
\_\_\_\_\_ Hire/Recommend for hire \_\_\_\_\_ Recommend salary increase \_\_\_\_\_ Terminate employee  
\_\_\_\_\_ Establish Objectives

## Summary

Briefly summarize all of the reasons why you think you should be selected for this job. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Read Carefully and Sign

The City of Shoreview has the right to verify information provided in the application. False information or omitting information may subject an applicant to the penalty provisions of Minnesota Statute 43A.39.

I certify that all of the facts as set forth in this Application for Employment are true and complete. I understand that, false statements or omissions on this application shall be sufficient cause for rejection of my application or dismissal if I am hired.

Unless otherwise indicated above, the City of Shoreview is hereby authorized to conduct an inquiry into all statements contained in this application or made during my interview for employment as may be necessary, including, but not limited to, 1) former employers for information concerning my employment, ability, experience and behavior on the job, and 2) my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the City of Shoreview, and any such employers and individuals from any and all liability for damages whatsoever that may arise from furnishing this information.

I understand that as part of my employment application the City of Shoreview may be making a check into my background. I understand this check may involve a computerized history check through the State of Minnesota or Ramsey County to insure there are no felony, gross misdemeanor or misdemeanor convictions, a warrant check to insure there are no warrants for arrest, and a driver's license check through the State of Minnesota to insure that I have a valid driver's license and the status of my driving record.

I understand that *if* I am applying for a position which requires a *commercial* drivers license, I am required under federal law to: 1) take and pass a pre-employment drug test, 2) authorize former employers to release positive drug and alcohol test results and any refusals to be tested within the previous two years. (For additional information regarding the City's drug and alcohol testing policy, please contact the Human Resources Manager.)

**In accordance with the Minnesota Data Practices Act, I have been informed of and understand my rights as a subject of data. I waive my rights and authorize the City of Shoreview to conduct a background check and obtain public and private information.**

I understand that nothing in this employment application is intended to lead to or create an employment contract between the City of Shoreview and myself. I further understand that no Shoreview employee or officer has the authority to enter into an employment agreement for any specified period of time.

I further understand and agree that the employment relationship that may result from my application may be terminated at any time by the City or myself.

By my signature below, I certify that I have read (or had read to me) the information printed in the application and understand its meaning. I understand that this authorization may be revoked in writing by me at any time and in no event will it be valid for more than one year from the date below.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

In accordance with the Immigration Reform and Control Act of 1986, the City of Shoreview hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

**Election of Veteran's Preference** (Minnesota Statute 43A.11)

If you are a veteran, do you wish to claim veteran's preference if you achieve a passing score? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, please check the preference you are claiming:

- \_\_\_\_\_ Veteran - Attach a copy of your DD 214.
- \_\_\_\_\_ Disabled Veteran – Must be disability rated at 50% or higher to receive points. Attach a copy of your DD 214 and FL 802 (or an equivalent letter from a service retirement board) to receive 10 points.
- \_\_\_\_\_ Spouse of a deceased veteran. Attach a copy of your marriage certificate, the veteran's DD 214 and the death certificate to receive 5 Points.
- \_\_\_\_\_ Spouse of a disabled veteran who is unable to use preference due to disability. Attach a copy of your marriage certificate, the veteran's DD 214 and FL 802 (or an equivalent letter from a service retirement board) to receive 10 Points.

**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 Veteran's Administration to release information necessary to process this application to the City of Shoreview human resources office.

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

**Important Facts About Information on Your Application**

In accordance with the Minnesota Government Data Practices Act, Minnesota Statute 13.04, Subd. 2, the City of Shoreview is required to inform you of your rights as they pertain to private data collected from you. Private data is that information which is available to you, but not to the public. When you are asked to provide private data, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.

Private Data	Why we ask for it	Are you legally obligated to provide it?	What may happen if you don't provide it?
Name (the names of finalists for a position are public information.)	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an applicant.
Street Address (City & County of residence are public information.)	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 to determine availability for interview.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Social Security Number	To distinguish you from all other applicants and to make processing more efficient.	No	In most cases, nothing. However, it will help to ensure that we do not confuse your records with those of others.
Driver's License	May be required to drive City vehicles.	No	Failure to provide information may be cause for rejecting an application.
Sex, racial/ethnic group, handicapped status	To be able to make Equal Employment Opportunity reports as required by law.	No	We will not be able to determine whether our selection processes result in discrimination, or to take affirmative action in our hiring.
Age Range	To accurately certify applicants for certain types of work as per State law.	Yes	Failure to provide information may be cause for rejecting an application.
Citizenship or Alien Status	To determine work eligibility under Federal and State law.	Yes	Failure to provide information may be cause for rejecting an application.

The following information you provide for employment is automatically public:

- Your veteran's status
- Your relevant test scores
- Work availability
- Your job history
- Your rank on our eligibility list
- Your education and training

*City of Shoreview*  
**Applicant Flow Survey**

The City of Shoreview is an Equal Opportunity Employer in its recruitment and procedures. The information on this sheet is requested to help insure that our employment practices are fair and provide an equal opportunity. This data will be kept in a confidential file separate from your employment file and will not be given to staff members making hiring decisions. The information provided will be used as summary data.

Completion of this form is optional. Choosing not to complete it will in no way disqualify you from present or future employment.

**Name:** \_\_\_\_\_

**Position applied for:** \_\_\_\_\_

**Gender:**        \_\_\_\_\_ Female        \_\_\_\_\_ Male

**Age Group:**    \_\_\_\_\_ Under 18    \_\_\_\_\_ 18-39    \_\_\_\_\_ 40-65    \_\_\_\_\_ Over 65

**Racial/Ethnic Group (check one):**

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_\_\_ White

\_\_\_\_\_ Other (Please specify) \_\_\_\_\_

**How did you learn about this position?**

\_\_\_\_\_ Star Tribune

\_\_\_\_\_ St. Paul Pioneer Press

\_\_\_\_\_ Shoreview Press

\_\_\_\_\_ Shoreview Bulletin

\_\_\_\_\_ Cable Channel 16

\_\_\_\_\_ City of Shoreview Job Line

\_\_\_\_\_ City of Shoreview Web Site

\_\_\_\_\_ Other (Please specify) \_\_\_\_\_

Please include this form with your application or mail separately to: Human Resources Manager  
City of Shoreview  
4600 North Victoria Street  
Shoreview, MN 55126

*Thank you for your assistance.*