



FINANCE CLERK APPLICATION FOR EMPLOYMENT

We welcome you as an applicant for employment with the City of Alexandria, Minnesota. Your application will be considered with others in competition for the position in which you are interested. Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications, do not type "see resume".

EEO Statement - It is the policy of the City of Alexandria to provide equal opportunity in employment. This policy prohibits discrimination on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity, or any other basis protected by law.

Applicant Data Practices Advisory (Minn. Stat. § 13.04) - The City must advise you of the following: The City collects information for purposes of selecting a candidate for hire. Your data will be used to identify you as an applicant and to assess your qualifications for employment. The following information which you will be asked to provide in this employment process is considered private data: name, address, phone number, Social Security number, conviction record, and gender. Your name is public data if you are selected as a finalist. For public safety positions or in the event you are selected for hire, your data will be used to perform a criminal background check, including using the BCA's website. We take pride in hiring the best candidates, but we can't do this without a complete application. Filling out the application is voluntary, and the more complete the application, the better your chances of conveying to the city you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.

Reasonable Accommodation - The City of Alexandria accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact the Human Resources Office at (320) 759-3647.

I. APPLICANT INFORMATION

Last Name	First Name	Middle Name
Street Address		
City	State	Zip Code
Phone Number	Email Address	
Are you legally eligible to work in the United States in the position for which you are applying? <i>Proof of citizenship or work eligibility will be required as a condition of employment</i>		

☐ Yes ☐ No

II. FORMAL EDUCATION

To receive credit for post-secondary education, you will be required to submit a copy of your transcripts and/or diplomas

Do you have a high school diploma or equivalent (GED): <input type="checkbox"/> Yes <input type="checkbox"/> No					
SPECIAL TRAINING OR EDUCATION BEYOND HIGH SCHOOL					
College, University or Professional School (List All Undergraduate and Graduate Work)					
Name and Location	Total Months Attended	Total Credits Earned	Type AA, BS, MBA, etc.	Degree or Major Field	Date Received or Anticipated
Business, Trade, Technical or Vocational School					
Name and Location	Total Months Attended	Certificate Received?	% Coursework Completed	Program Title	Date Received or Anticipated

III. EMPLOYMENT EXPERIENCE

List present and previous employment, beginning with your most recent. For additional work experience, use additional paper and include all information requested above. List all jobs and explain any gaps in employment.

Employer 1		Supervisor's Name and Title	
Address		Phone Number	
Position Title		Description of Duties	
Length of Employment From: To:			
Hours Worked per Week	Salary / Wage		
Reason for Leaving			
May we contact this employer? If no, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer 2		Supervisor's Name and Title	
Address		Phone Number	
Position Title		Description of Duties	
Length of Employment From: To:			
Hours Worked per Week	Salary / Wage		
Reason for Leaving			
May we contact this employer? If no, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer 3		Supervisor's Name and Title	
Address		Phone Number	
Position Title		Description of Duties	
Length of Employment From: To:			
Hours Worked per Week	Salary / Wage		
Reason for Leaving			
May we contact this employer? If no, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer 4		Supervisor's Name and Title	
Address		Phone Number	
Position Title		Description of Duties	
Length of Employment From: To:			
Hours Worked per Week	Salary / Wage		
Reason for Leaving			
May we contact this employer? If no, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No			

IV. UNPAID EXPERIENCE

Describe any unpaid or volunteer experience relevant to the position for which you are applying (exclude information which would reveal race, sex, religion, age, disability, or other protected status)

V. MILITARY EXPERIENCE / VETERAN'S PREFERENCE

Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No Which Branch:

Describe your duties:

Do you wish to apply for Veterans' Preference points: ☐ Yes ☐ No

If you answered "yes," you must complete the section below, and submit the application and required documentation to the City by the application deadline of the position for which you are applying.

ELIGIBILITY REQUIREMENTS: To qualify for preference on a Competitive Examination, you must have been separated, under honorable conditions, from any branch of the armed forces of the United States after having served 181 consecutive days or by reason of disability incurred while on active duty and be a United States Citizen or resident alien. One may also be the spouse of a qualified, deceased Veteran or the spouse of a disabled Veteran where the Veteran, because of a service-related disability, is unable to perform the job for which the spouse is applying. To qualify for preference on a Promotional Examination, you must be entitled to a disability compensation for a service-connected disability rated fifty (50%) percent or more. Persons who meet the criteria for qualifying for promotional Veteran's Preference may use it only for their first promotion after securing employment with the City of Alexandria.

- ☐ I am a Veteran, or the surviving spouse of a deceased Veteran, that has been issued a DD214 form (10 points)
- ☐ I am a disabled Veteran as determined by the United States Veterans Administration, or the spouse of a disabled Veteran who because of the disability is unable to qualify for this position (15 points)

If spouse, provide Veteran's full name and service number : _____

You must supply a copy of your DD214. Disabled Veterans must also supply form FL802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate, the Veteran's DD214 and FL802 or death certificate no later than the application deadline for this position. If you supply the supporting documentation by separate mail, your name and position applied for must be included.

VI. SUPPLEMENTAL QUESTIONS – FINANCE CLERK

1. The following supplemental information will be used as a scored evaluation of your knowledge, training, skills and experience. Be certain that the choices you make correspond to the information you have provided elsewhere in your application and resume. You must be honest and accurate in answering the supplemental questions and do not type "see resume". You may also be asked to demonstrate your knowledge and skills in a work sample or during an interview for this position. By completing this supplemental questionnaire you are attesting that the information you have provided is true and accurate. Any misstatements or falsification of information will eliminate you from consideration or may result in dismissal. Do you understand and agree with this statement: ☐ Yes ☐ No
2. Do you have experience with a computerized financial system: ☐ Yes ☐ No
If yes, list programs or systems:
3. Which of the following best describes your education:
- ☐ Less than an Associate's Degree
 - ☐ Associate's Degree in a related field (Accounting, Finance or closely related degree)
 - ☐ Associate's Degree in a non-related field
 - ☐ Bachelor's Degree in related field (Accounting, Finance or closely related degree)
 - ☐ Bachelor's Degree in a non-related field
 - ☐ Master's Degree
4. I have completed a two-year technical program in Accounting or closely related field: ☐ Yes ☐ No
If yes, list program completed/certificate received:
5. I do not possess a degree but have taken the following post high school classes related to Accounting or Finance. List all post high school classes related to Accounting, or a closely related field:
6. Which of the following best describes your bookkeeping/accounting Experience:
- ☐ None
 - ☐ Less than 1 year
 - ☐ More than 1 year, but less than 2
 - ☐ More than 2 years, but less than 3
 - ☐ More than 3 years, but less than 4
 - ☐ 5 years+
7. Which of the following best describes your computerized AP/AR experience:
- ☐ None
 - ☐ Less than 1 year
 - ☐ More than 1 year, but less than 2
 - ☐ More than 2 years, but less than 3
 - ☐ More than 3 years, but less than 4
 - ☐ 5 years+
8. Do you have any experience working with governmental accounting and financial recordkeeping: ☐ Yes ☐ No

9. Do you have 10 key skills: ☐ Yes ☐ No

10. Do you have any computer software experience: ☐ Yes ☐ No

If yes, please detail below your experience and each software used:

11. Which of the following best describes your payroll processing experience:

- ☐ None
- ☐ Less than 1 year
- ☐ More than 1 year, but less than 2
- ☐ More than 2 years, but less than 3
- ☐ More than 3 years, but less than 4
- ☐ 5 years+

VII. APPLICANT'S STATEMENT

I certify that I have read the Applicant Data Practices Advisory regarding the Minnesota Data Practices Act, and understand my rights as a subject of data. I authorize that a transcript may be requested where necessary to verify any education record. I hereby expressly authorize the collection, use and release of any and all information concerning me, which relates to my employment. I hereby release the City of Alexandria, with which I am seeking employment, from any liability which may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless my present and past employers from any liability whatsoever arising out of its release of information pursuant to this release.

I acknowledge I have read and understand the job announcement for the position of which I am applying. I further acknowledge my understanding that employment with the City of Alexandria is "at will" and that employment may be terminated by either the City of Alexandria or me at any time, with or without notice. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted City of Alexandria policies. I understand that if offered a position, I may be required to submit to and pass a drug screen and consumer report.

I certify that all information I have provided in this application (and accompanying materials, if any) and during any interview for employment is true and complete. I authorize investigation of all statements contained in this application for employment with the City of Alexandria as may be necessary in arriving at an employment decision. I agree and understand that any false or misleading statements or omission of information contained in this application or any supplemental materials I submit will be grounds for disqualification from employment, or in the event of employment, dismissal of employment upon discovery of the information at a later date.

By signing this form I hereby acknowledge I have read and understand the above statements. *Failure to sign this form may result in rejection of your application.*

Signature

Date