

HENDERSON ASSISTANT ADMINISTRATOR/CLERK/TREASURER SELECTION PROCESS

Application Submission

All persons interested in being considered for the Assistant Administrator/Clerk/Treasurer Position must complete an application form and indicate experience and other factors that meet the criteria per the ad.

Applicants must submit a complete application form and the packet shall include, but is not limited to:

- 1. Cover Letter**
- 2. Resume**
- 3. Application Form**

Application Review

Background/Reference Check

A background/reference/reference check pursuant release will be required.

**Contact City Administrator Lon Berberich at 507-248-3234,
chenderson165@mchsi.com with any questions**

**APPLICATION FORM: CITY OF HENDERSON ASSISTANT CITY
ADMINISTRATOR/CLERK TREASURER**

***All positions will be subject to a complete background check prior to placement.**

Please print or type.

Last Name		First Name	
Street Address		City	
Phone:		Phone:	
Email			

LICENSES, REGISTRATION OR CERTIFICATES

Please list any licenses, registrations, training or certificates relevant to the Assistant Administrator, Clerk, Treasurer position. Copy/Scan if necessary.

License/Registration Certificates	Agency		

More Space if Necessary/Attach

EMPLOYMENT HISTORY	
Employer Name (present/most recent first)	Dates Employed From: To:
Address:	Telephone:
Title:	Reason for Leaving:
Description of Duties:	
May we contact this employer: <input type="checkbox"/> No <input type="checkbox"/> Yes	

Employer Name:	Dates Employed From: To:
Address:	Telephone:
Title:	Reason for Leaving:
Description of Duties:	
May we contact this employer: <input type="checkbox"/> No <input type="checkbox"/> Yes	

Employer Name		Dates Employed From: To:	
Address:		Telephone:	
Title:	Reason for Leaving:		
Description of Duties: _____ _____ _____ _____ _____ _____ _____			
May we contact this employer: <input type="checkbox"/> No <input type="checkbox"/> Yes			

MORE SPACE IF NECESSARY

Experience in City Administration/Clerk/Treasurer Fields		
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Organization (most recent first)		Dates Employed
		From:
		To:

Address:	Supervisor:	Telephone:

Description of Duties:

May we contact this organization:
<input type="checkbox"/> No <input type="checkbox"/> Yes

Experience in City Administration/Clerk/Treasurer Fields		
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Organization		Dates Employed
		From:
		To:

Address:	Supervisor:	Telephone:

Description of Duties:

May we contact this organization:
<input type="checkbox"/> No <input type="checkbox"/> Yes

Experience in City Administration/Clerk/Treasurer Fields

Organization		Dates Employed From: To:
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Address:	Supervisor:	Telephone:
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Description of Duties:

May we contact this organization:
 No Yes

Experience in City Administration/Clerk/Treasurer Fields

Organization		Dates Employed From: To:
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Address:	Supervisor:	Telephone:
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Description of Duties:

May we contact this organization:
 No Yes

PROFESSIONAL REFERENCES

List people who know you well, preferably from work environment, and not an acquaintance or relative.

Name	Address	Phone
Relationship		
Name	Address	Phone
Relationship		
Name	Address	Phone
Relationship		
Name	Address	Phone
Relationship		
Name	Address	Phone
Relationship		
Name	Address	Phone
Relationship		

MORE Space if Necessary!

BACKGROUND

Have you ever been convicted of felony(s)? ___yes ___no

If yes, please attach/explain (date, charge, sentence, circumstances)

All applicants will be subject to a background check prior to job offer

Before signing this application, please read the following waiver carefully.

(1) I have read and understand the job announcement/ad for the position for which I am applying and certify that the answers given in this application are true and complete to the best of my knowledge.

(2) I authorize all current and previous employers to release job-related information upon written request of the Henderson City Administrator’s Office. However, I understand that if, in the Employment History section, I have answered “no” to the question, “May we contact this employer/organization?” contact with that employer will not be made without my specific authorization.

(3) I authorize the Henderson City Administrator’s Office to verify all information on this application to determine whether or not I am qualified for the position for which I am applying.

(4) I understand that providing false information on this application may result in dismissal from any position gained on the basis of that false information.

Applicant’s Printed Name: _____

Applicant’s Signature: _____ Date: _____

Please return this completed application form to:
City of Henderson
chenderson165@mchsi (preferred)
or
PO Box 433, 600 Main Street
Henderson, MN 56044 507-248-3234

Minnesota Data Practices

In accordance with the Minnesota Government Data Practices Act, the City of Henderson is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public; the personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant with the City of Henderson. All data collected is considered private except for the following:

1. Your job history
2. Your education and training
3. Your work availability
4. Your rank on our eligibility list
5. Your veteran's status
6. Relevant test scores

Your name/company information is considered private information; however, if you are selected to be interviewed as a finalist this information becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of the City of Henderson. Furnishing social security numbers, your date of birth (unless a minimum age is required), sex, age, group, and disability data is voluntary, but refusal to supply other requested information will mean that your application may not be considered.

Private data is available only to you, appropriate City of Henderson employees and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the volunteer application which is not designated in this notice as private data.

I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.

Are you a Veteran? _____



Applicant's Printed Name



Applicant's Signature

