

CITY OF MINNEOTA

APPLICATION FOR TEMPORARY AND SEASONAL EMPLOYMENT

Please return completed form to:

City of Minneota • 129 E. First Street • Minneota, MN 56264
 • Phone: 507-872-6144 • Fax: 507-872-6143

• E-mail: minneotaadmin@centurytel.net or minneotaclerk@centurytel.net

FOR OFFICE USE ONLY

Date Received: _____

The City of Minneota is an Equal Opportunity Employer. It is our policy to provide equal opportunity in employment. The City will not discriminate on the basis of race, color, creed, religion, national origin, ancestry, gender, sexual orientation, disability, age, marital status, status with regard to public assistance, membership or activity in a local human rights commission, or any other basis protected by law.

Applications are accepted only for posted positions. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek.

--- PLEASE PRINT CLEARLY OR TYPE ---

Position(s) applying for: (list in order of preference)

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Last Name	First Name			M.I.
Street Address	City	State	Zip	
Email Address	Phone Number(s)			

Are you at least 18 years of age or older? Yes No If no, date of birth: ____ / ____ / ____

AVAILABILITY

First date available to work _____ / ____ / ____	Check ALL that apply:
Last date available to work _____ / ____ / ____	<input type="checkbox"/> All Day <input type="checkbox"/> Full Time <input type="checkbox"/> Mornings <input type="checkbox"/> Part Time <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Flexible, up to 40 hours

EDUCATION

Did you graduate from high school or receive a GED? Yes No

Indicate the highest grade level completed:

High School	College/Technical	Graduate
9 10 11 12 or GED	Certificate AA/AAS BA/BS MA MS PHD	JD

Area(s) of Study: _____

Training & Skills: _____

EMPLOYMENT EXPERIENCE

List employment history in past 5 years with your present or most recent employer first. Include paid and unpaid experience. **Do not use “See Resume” or similar.** Attach additional sheets if needed. Resumes will be considered in addition to, but not in lieu of, this application.

Employer _____

Address _____ Full-time Part-time

Dates employed _____ to _____ Supervisor’s Name _____

Job Title	Duties

Reason for leaving: _____

May we contact this employer? Yes No

If no, please state reason: _____

Employer _____

Address _____ Full-time Part-time

Dates employed _____ to _____ Supervisor’s Name _____

Job Title	Duties

Reason for leaving: _____

May we contact this employer? Yes No

If no, please state reason: _____

LICENSES

Do you have a valid Drivers License ? Yes No

License Classification: Class A Class B Class C Class D Expiration Date: _____

Other Drivers Licenses (List State, Class, and Number): _____

If Relevant, List other current professional registrations, licenses or certifications:

Registrations, Licenses, Certifications	Date Issued	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATA PRACTICES ADVISORY

The information requested on the application is necessary, either to identify you or to assist in determining your suitability for the position for which you are applying. You may legally refuse, but refusal to supply the requested information will mean that your application for employment may not be considered.

Information requested on your application that is defined by State Statute as public may be released on request and includes job history, education and training, rank on our eligibility list, relevant test scores, veteran's status, and work availability.

Your name is private except when you are certified as eligible for appointment to a vacancy or selected as a finalist for the position. Certain other information requested on your application is private and may be released only to you or to governmental entities authorized access by law (MS 13.02, Subd. 12). Private data contained above:

NAME: Used to identify you in relation to other applicants.

LOCAL/PERMANENT ADDRESS/PHONE NUMBERS: Used to contact you regarding your application's status. You are not legally required to provide this information. Failure to provide this information may result in a delay in processing or notifying you of your application's status.

LICENSE INFORMATION: Used to certify applicants for position where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in your rejection as an applicant for these positions.

AGE RANGE: Use to accurately certify applicants for certain types of work according to State law. You are legally required to provide this information. Failure to provide this information may result in rejection of your application.

NOTICE TO MINORS: Minors from whom private data or confidential data is collected have the right to request that parental access to the private data be denied.

CITIZENSHIP STATUS: Used to certify applicants for work in the United States as determined by laws of the United States Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application.

EMPLOYMENT: If you are selected for employment with the City, the following additional information about you will be public: your name, actual gross salary and salary range; contract fees; actual gross pension; the value and nature of your fringe benefits; the basis for and the amount of any added remuneration, such as expenses or mileage reimbursement, in addition to your salary; your job title; job description; bargaining unit (if applicable); the dates of your first and last employment with the City; the status of any written complaints or charges against you while at work, regardless of whether or not they have resulted in disciplinary action; the final disposition of any disciplinary action taken against you, specific reasons for it, and all supporting documentation about your case; terms of any agreement settling administrative or judicial proceedings; your work location and work telephone number; your employee identification/badge number; honors/awards received; your education/training background and previous work experience; your work-related continuing education; and payroll time sheets. Information not listed as public, which is maintained as part of your personnel record, is private, and will not be shared with anyone but those members of our staff and appointing authorities whose work assignment requires access, those persons authorized by law to have access, and those persons to whom you have given your informed written consent. Examples, but not an exclusive listing, of those authorized by law to have access to personnel data include labor organizations to the extent they need it in the conduct of normal business as your representative, insurance providers, City contractors whose contracts require access (e.g., the City Attorney or insurance claims adjuster), Public Employees Retirement Association, Internal Revenue Service, Social Security Administration, State Department of Employment and Security and any other entity authorized by law. Personnel data will be disclosed as required by a court order or for the purposes of wage attachments, and as may be required by any State or Federal law subsequently enacted.

This information is subject to change consistent with subsequent amendments to the MN Government Data Practices Act. For further information refer to MN Statutes Ch. 13.

CONVICTION INFORMATION

No person shall be disqualified from public employment solely or in part because of prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly relate to the position of employment sought. In determining the effect of a conviction, the City shall consider the requirements of MN Stat. Ch. 364. Applicants who are finalists for certain positions will be subject to a criminal background investigation. I understand that a conviction of a crime related to this position may result in my being rejected for this job opening.

PHYSICAL AND PSYCHOLOGICAL EXAMINATION

If you are hired for this position, you may be required to undergo a physical and/or psychological examination at the City's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner and whether or not reasonable accommodations are necessary for you.

DRUG AND ALCOHOL TESTING

The City of Minneota has adopted a drug and alcohol testing policy. The purpose of this policy is to provide for a safe public and employment atmosphere, as set forth by MN Statute 191.951. As a job applicant for any City position, you are subject to testing under the policy and will be asked to provide a urine specimen after you have received a conditional offer of employment. You may legally refuse to undergo a drug or alcohol test. If you refuse, the City's conditional offer of employment may be withdrawn. If you undergo an initial screening test with a positive test result, a confirmatory test verifying that result must be performed. You have the right to explain a confirmatory test's positive result within three working days after receiving notice. You have the right to request and pay for a confirmatory retest of the original sample within five working days after receiving notice.

If the confirmatory test does not confirm the original positive test result, no adverse personnel action based on the confirmatory test may be taken against you. A job applicant who receives a positive test result and fails or refuses a confirmatory test or does not request in writing a confirmatory retest within five working days after notice, may be refused employment and will be notified of the reason for such refusal. Except as otherwise noted, the job applicant has no additional right of appeal with the City of Minneota. The Drug and Alcohol personnel policy is available for review at the City office 129 E. First St. Minneota, MN 56264, during regular business hours. A job applicant receiving a conditional offer of employment will be given a complete policy at least one day prior to testing.

AUXILIARY AIDS AND ASSISTANCE

If you have a job-related disability and require a reasonable accommodation to compete in the application process, please contact the City of Minneota at 507-872-6144

APPLICANT CERTIFICATION, AUTHORIZATION, AND RELEASE

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. I understand and agree that any false statements or omission of information contained in this application or any supplemental materials I submit may disqualify me from further consideration for employment or may result in immediate dismissal, without notice or benefits, if discovered at a later date. False information or misrepresentation may subject me to the penalty provisions in accordance with MN Statute 43A.39. I acknowledge that if offered a position with the City of Minneota, that employment is "at will" and that employment may be terminated by either the City of Minneota or me at any time, with or without notice.

I authorize the City of Minneota and/or any agency acting on its behalf to investigate/verify all information I provided on this application and any supplemental materials I submitted. I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact this employer?" contact with my current employer will not be made without my specific authorization. I authorize the collection, use and release of any and all information concerning me, including information of a confidential or privileged nature, which relates to my employment. Moreover, I hereby release the City of Minneota and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person. I understand that the failure to provide the data required for this position, including my signature, may result in the rejection of my application.

Note for on-line applicants: by submitting my application via e-mail, I do agree that all the information provided is true and accurate. If I am invited to an interview, I will be requested to sign my original application at that time.

I declare that all information provided is true and complete and acknowledge that I have read and understand the information above.

Date: _____ **Signed:** _____

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EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

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We request that you voluntarily complete the information on the following form. The information you provide will be maintained as confidential information in Human Resources. The information you provide will be separated from your application and will not be used in our selection process. The purpose of collecting this information is to evaluate our overall efforts in reaching all segments of the population. The inclusion or exclusion of data will not affect any recruitment selection decisions. The City of Minneota appreciates your cooperation in our efforts to ensure equal opportunity.

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The following information is voluntary and confidential. The purpose of collecting this information is to evaluate our overall efforts in reaching all segments of the population. This form will be filed separate from your application and it will not be used in our recruitment evaluation process. The inclusion or exclusion of data will not affect any recruitment selection decisions. The City of Minneota appreciates your cooperation in our efforts to ensure equal opportunity.

Title of position for which you are applying: _____

How did you learn about this position?

- City Website
- Other internet website: _____
- School/University website
- Workforce Center
- Friend or relative working for the City of Minneota
- Bulletin Board or other announcement
- Job Fair
- School or College counselor
- Other: (specify) _____

Gender: Male Female

With which racial/ethnic group do you identify?

- Black or African American
- Hispanic or Latino
- American Indian or Alaskan Native through Tribal affiliation or community recognition
- Caucasian/White
- Asian
- Native Hawaiian or other Pacific Islander
- Two or more races

Do you claim disability status? Yes No

Disability status, defined as: _____

- 1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);
- 2) Has a history of a disability (such as cancer that is in remission);
- 3) Is regarded as having such impairment.

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in my application for employment or this addendum will be grounds for disqualification for employment, or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

I further understand that if offered a position, I will be required to submit to and pass a criminal background check and employment reference checks.

By my signature on this form, I hereby acknowledge that I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant's signature: _____

Date: _____

**APPLICATION FOR 10-POINT VETERAN PREFERENCE
(TO BE USED BY VETERANS & RELATIVES OF VETERANS)**

Form Approved:
O.M.B. No. 3206-0001

U.S. Office of Personnel Management

PERSON APPLYING FOR PREFERENCE

1. Name (*Last, First, Middle*)

2. Home address (*Street Number, City, State and ZIP Code*)

VETERAN INFORMATION (to be provided by person applying for preference)

3. Veteran's name (*Last, First, Middle*) exactly as it appears on Service Records

4. Periods of service

Branch of service	Date entered active duty	Date Separated or Released from Active Duty (if applicable)

TYPE OF 10-POINT VETERANS' PREFERENCE CLAIMED

Instructions: Check the block indicating your veterans' preference claim. Answer any questions associated with a block. The Required Documentation column refers you to information provided on the back of this form regarding the types of documents that are acceptable proof of your claim for preference. (Please note that eligibility for veterans' preference is governed by 5 U.S.C. 2108, 2108a, and 5 CFR part 211. All conditions are not fully described on this form due to space restrictions.

				Required Documentation (See reverse of this form.)						
<input type="checkbox"/>	5. Veterans' preference based on non-compensable service-connected disability; award of the Purple Heart; or receipt of disability pension under public laws administered by the Department of Veterans Affairs (DVA).	----->		A and B						
<input type="checkbox"/>	6. Veterans' preference based on a compensable service-connected disability of 10% or more as determined by the DVA or disability retirement from a Military Service Department.	----->		A and C						
<input type="checkbox"/>	7. Veterans' preference for a living veteran's spouse based on the fact that the veteran, because of a service-connected disability, has been unable to qualify for a Federal Government job, or any other position.	a. Are you currently married to the veteran? If <i>No</i> , you are not eligible for preference.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Yes</td> <td style="width:50%; text-align: center;">No</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	C and H		
Yes	No									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	8. Veterans' preference for a veteran's widow or widower.	a. Were you married to the veteran at the time of death? If <i>No</i> , you are not eligible for preference. b. Have you ever remarried? (Do not count annulments.) If <i>Yes</i> , you are not eligible for preference	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Yes</td> <td style="width:50%; text-align: center;">No</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A, D, E, and G (Submit G when applicable.)
Yes	No									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	9. Veterans' preference for a mother of a veteran who has a service-connected disability that is permanent and totally disabling, or who is deceased provided you are or were married to the veteran's father and	a. Are you married?	<input type="checkbox"/> <input type="checkbox"/>	Disabled Veteran C, F, and H						
	• your husband is totally and permanently disabled;	b. Are you separated? If <i>Yes</i> , go to question D.	<input type="checkbox"/> <input type="checkbox"/>							
	• you are widowed, divorced, or separated from the veteran's father and have not remarried; or	c. Is your husband totally and permanently disabled?	<input type="checkbox"/> <input type="checkbox"/>							
	• you are widowed or divorced from the veteran's father and have remarried, but are now widowed, divorced, or separated from the husband of your remarriage.	d. Did the veteran die on active duty? If <i>No</i> to C or D, you are not eligible for preference.	<input type="checkbox"/> <input type="checkbox"/>							

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The Veterans' Preference Act of 1944 authorizes the collection of this information. The information will be used, along with any accompanying documentation to determine whether you are entitled to 10-point veterans' preference. This information may be disclosed to: (1) the Department of Veterans Affairs, or the appropriate branch of the Armed Forces to verify your claim; (2) a court, or a Federal, State, or local agency for checking on law violations or for other related authorized purposes; (3) a Federal, State, or local government agency, if you are participating in a special employment assistance program; or (4) other Federal, State, or local government agencies, congressional offices, and international organizations for purposes of employment consideration, e.g., if you are on an Office of Personnel Management or other list of eligibles. Failure to provide any part of the information may result in a ruling that you are not eligible for 10-point veterans' preference.

Public burden reporting for this collection of information is estimated to take approximately 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to OPM Forms Officer, U.S. Office of Personnel Management, Washington, D.C. 20415; The OMB Number, 3206-0001, is currently valid. OPM may not collect this information and you are not required to respond, unless this number is displayed.

DOCUMENTATION REQUIRED - READ CAREFULLY

*Please submit photocopies of documents because they will **not** be returned.*

A. Documentation of Service and Separation.

Any official document or statement from the Armed Forces showing separation, discharge or release from active duty is under honorable conditions (Honorable or General Discharge). **Note: Only the branch of service in which the individual served can certify active duty service was performed "Under Honorable Conditions."** Such documents include, but are not limited to:

- DD-214, "Certificate of Release or Discharge from Active Duty"
- Retirement or separation orders
- Documents showing transfer to any of the reserve corps of the Armed Forces
- Certification: any written document from the armed forces that certifies the service member is expected to be discharged or released from active duty service in the armed forces under honorable conditions not later than 120 days after the date the certification is signed.
- Official statement from military personnel records center

B. Documentation of Non-Compensable Service-Connected Disability (less than 10%); Purple Heart, and Nonservice-Connected Disability Pension. Such documents include, but are not limited to:

- An official statement, *dated 1991 or later*, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying to the present existence of the veteran's service-connected disability of less than 10%.
- An official citation, document, or discharge certificate, issued by a branch of the Armed Forces, showing the award to the veteran of the Purple Heart.
- An official statement, *dated 1991 or later*, from the Department of Veterans Affairs, certifying that the veteran is receiving a nonservice-connected disability pension.

C. Documentation of Compensable Service-Connected Disability (10% or more). Such documents include, but are not limited to:

- An official document, *dated 1991 or later*, from the Department of Veterans Affairs, or from a branch of the Armed Forces, certifying that the veteran has a service-connected disability of 10% or more.
- An official document or retired orders from a branch of the Armed Forces, showing that the veteran was retired due to a service-connected disability or has been transferred to a Disability Retirement List with a service-connected disability of at least 10% or more.

For spouses and mothers of disabled veterans, who checked item 7 or 9, *submit* the following:

An official statement, *dated 1991 or later*, from the Department of Veterans Affairs, or from a branch of the Armed Forces, certifying:

- the present existence of the veterans service-connected disability;
- the percentage and nature of the service-connected disability or disabilities (including the combined percentage); and
- a notation as to whether or not the service-connected disability is rated as permanent and total.

D. Documentation of Veteran's Death

- If death occurred while not on active military duty, *submit* certified copy of death certificate.
- When a veteran dies on active duty, the family does not receive a DD Form 214; the family receives a DD Form 1300, *Report of Casualty*, on which there is no place to record the character of service. Thus, when a veteran dies on active duty, his or her service should be presumed to be under honorable conditions unless the military service specifically indicates otherwise.

E. Documentation of Service or Death During a War, in a Campaign or Expedition for which a Campaign Badge is Authorized, or During the Period Authorized, or During the Period of April 28, 1952 through July 1, 1955.

Submit documentation of service or death during a war or during the period April 28, 1952, through July 1, 1955, or during a campaign or expedition for which a campaign badge is authorized.

F. Documentation of Deceased or Disabled Veteran's Mother's Claim for Preference because of Her Husband's Total and Permanent Disability.

Submit a statement from husband's physician showing the prognosis of his disease and percentage of his disability.

G. Documentation of Annulment of Remarriage by Widow or Widower of Veteran.

Submit either:

- Certification from the Department of Veterans Affairs that entitlement to pension or compensation was restored due to annulment; or
- A certified copy of the court decree of annulment.

H. Documentation of Veteran's Inability to Work Because of a Service-Connected Disability.

Answer questions 1-7 below:

1. Is the veteran currently working? If *No*, go to Item 3.

Yes No

2. If currently working, what is the veteran's present occupation?

3. What was the veteran's occupation, if any, before military service?

4. What was the veteran's military occupation at the time of separation?

5. Has the veteran been employed, or is he/she now employed, by the Federal civil service or D.C. Government?

Yes No

A. Title and Grade of position most recently, or currently, held

B. Name and address of agency

C. Dates of employment

From: _____ To: _____

6. Has the veteran resigned from, been disqualified for, or separated from a position in the Federal civil service or D.C. Government along the lines of his/her usual occupation because of service-connected disability?
If Yes, submit documentation of the resignation, disqualification, or separation.

Yes No

7. Is the veteran receiving a civil service retirement pension?

If Yes, give the Civil Service annuity (CSA) or Federal employee retirement annuity number.

Yes No

CSA# _____