

CITY OF MINNEOTA EMPLOYMENT APPLICATION

PO BOX 307, 129 EAST FIRST STREET, MINNEOTA, MN 56264- (507) 872-6144

All persons are welcome to apply with the City of Minneota. The City of Minneota is an equal opportunity employer and does not discriminate against or harass any employee or applicant because of race, color, creed, religion, national origin, sex, disability, age, marital status, or status with regard to public assistance.

Please complete this application fully. You may attach any additional information that you believe qualifies you for the position for which you are applying. The attached material must supplement the application and not be in lieu of requested data.

POSITION SOUGHT					
ANNUAL SALARY DESIRED	TEMPORARY <input type="checkbox"/>	REGULAR <input type="checkbox"/>	PART-TIME <input type="checkbox"/>	FULL-TIME <input type="checkbox"/>	DATE AVAILABLE

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
PRESENT STREET ADDRESS		CITY	STATE ZIP CODE
DAY TELEPHONE NUMBER		HOME TELEPHONE NUMBER	

Are you under 18? Yes No

Are you a United States citizen OR, if not, do you have permission to work in this country? Yes No

EDUCATION AND TRAINING

HOW MANY YEARS OF SCHOOL HAVE YOU COMPLETED?	7 8 9 10 11 12 HIGH SCHOOL	13 14 15 16 UNDERGRADUATE	17 18 19 20+ GRADUATE
	NAME AND ADDRESS OF SCHOOL	DIPLOMA, DEGREE, OR CERTIFICATE	MAJOR & MINOR SUBJECTS
High School			
College or University			
College or University			
Graduate School			
Technical			
Technical			

List any courses, seminars, workshops, training, and skills that you have acquired that are related to this position

EMPLOYMENT HISTORY

List your work experience beginning with your most present or most recent employment or occupation. Resumes and additional supporting materials may be submitted in support of but not in lieu of the following.

EMPLOYER		JOB TITLE	
ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATES EMPLOYED (MO/YR)	REASON FOR LEAVING	LAST SALARY	IF NOT, WHY?
SUMMARIZE YOUR RESPONSIBILITIES			

EMPLOYER		JOB TITLE	
ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATES EMPLOYED (MO/YR)	REASON FOR LEAVING	LAST SALARY	IF NOT, WHY?
SUMMARIZE YOUR RESPONSIBILITIES			

EMPLOYER		JOB TITLE	
ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATES EMPLOYED (MO/YR)	REASON FOR LEAVING	LAST SALARY	IF NOT, WHY?
SUMMARIZE YOUR RESPONSIBILITIES			

MILITARY- Complete this section if you served in the U.S. Armed Forces. Also, please complete the separate Veteran's Preference Form.

DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING	BRANCH OF SERVICE
	LENGTH OF ACTIVE DUTY
	RANK AT DISCHARGE

OFFICE EQUIPMENT/ COMPUTER SOFTWARE PROGRAMS

WHAT OFFICE MACHINES DO YOU OPERATE PROFICIENTLY? COMPUTER <input type="checkbox"/> PHOTOCOPIER <input type="checkbox"/> FAX <input type="checkbox"/>
COMPUTER SOFTWARE YOU USE PROFICIENTLY MS WORD <input type="checkbox"/> MS EXCEL <input type="checkbox"/> WORDPERFECT <input type="checkbox"/> OTHER <input type="checkbox"/>

LICENSES

DO YOU HAVE A VALID MINNESOTA DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/> NUMBER		
LICENSE CLASSIFICATION: CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C <input type="checkbox"/> CLASS D <input type="checkbox"/> EXPIRATION DATE		
OTHER DRIVER'S LICENSES (LIST STATE, CLASS, AND NUMBER)		
IF RELEVANT, LIST OTHER CURRENT PROFESSIONAL REGISTRATIONS, LICENSES OR CERTIFICATIONS		
REGISTRATIONS, LICENSES, CERTIFICATIONS	DATE ISSUED	EXPIRATION DATE

CONVICTION INFORMATION

HAVE YOU EVER BEEN CONVICTED AS AN ADULT OF A FELONY, GROSS MISDEMEANOR OR MISDEMEANOR FOR WHICH A JAIL SENTENCE CAN BE IMPOSED? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, DATES AND NAME OF JURISDICTION.

IMPORTANT NOTICE TO ALL APPLICANTS

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Minneota during the application process or during employment.

Any information about yourself that you provide to the City of Minneota during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, you are required to provide the information requested in the Employment Application, if you wish to be considered for employment. If you do not supply the information requested, your application may not be considered.

This information may be provided to:

1. Persons authorized to have access to the information under state or federal law; and
2. Persons authorized by court order to have access to the information; and
3. Persons to whom you consent in writing to have access to the information.
4. City employees who need to know the information.

AUTHORIZATIONS

I authorize and consent to having city representatives make inquiries about me if I am to be considered for employment.

Former employers are authorized to give information about me in any form, oral or written. They are hereby released from all liability issuing such information. I hereby knowingly waive any privileges, including protection under the Data Practices Act, that I have as to such information.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or dismissal if employed.

I understand that employment may be conditional upon completion of a physical examination, completion of testing related to the position and a Driver's License check. The City may require drug and alcohol testing for certain positions involved with heavy equipment operations. I agree to complete applicable tests if I receive a conditional offer of employment.

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 _____

My signature confirms that I have read and understand the authorization and notice to applicants set forth above. I recognize that my failure to sign, accurately complete or falsify information in this application will automatically disqualify me from consideration for employment.

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veterans preference points you must be separated under honorable conditions from any branch of the armed forces for the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it.

YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? YES NO

If you answered yes, your DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

VETERAN'S PREFERENCE POINTS APPLICATION

VETERAN SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>	IF SPOUSE, VETERAN'S NAME		
BRANCH OF SERVICE	PERIOD OF ACTIVE DUTY FROM: _____ TO: _____		
RANK AT DISCHARGE	TYPE OF DISCHARGE	DATE OF FINAL DISCHARGE	SERVICE NUMBER
ARE YOU RECEIVING OR ELIGIBLE FOR A MILITARY PENSION? YES <input type="checkbox"/> NO <input type="checkbox"/>		DO YOU HAVE A COMPENSABLE SERVICE-RELATED DISABILITY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
PREFERENCE REQUESTED VETERAN <input type="checkbox"/> SPOUSE OF DISABLED VETERAN <input type="checkbox"/> DISABLED VETERAN <input type="checkbox"/> SPOUSE OF DECEASED VETERAN <input type="checkbox"/>			

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation is:

- Attached
- Will be submitted in 7 days of application deadline

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is removed from the application when received by our office. The City of Minneota appreciates your cooperation in our efforts to ensure affirmative and action and equal opportunity.

Please indicate the position(s) for which you are applying:

Please indicate how you heard about this position:

Please place a check mark in the appropriate boxes:

Gender Male Female

With which racial/ethnic group do you identify?

- Asian or Pacific Islander
- African American (Black)
- Hispanic
- Native American or Alaskan Eskimo
- Caucasian (White)
- Other (Please indicate) _____

DISABILITY STATUS

Defined as:

1. Has physical, sensory, or mental impairment (condition) which materially (significantly) limits one or more life activities;
2. Has record of such impairment (condition);
3. Is regarded as having such an impairment (condition).

Based on the above information, do you claim Disability status?

Yes No

PART-TIME SUMMER HELP

REPORTS TO: Park Superintendent, who in turn reports to the City Administrator, who in turn, reports to the City Council

Objective: To keep the City parks clean and free of weeds, maintain all restrooms, park shelters and playground equipment within the parks and assist in other departments when needed and if time permits.

Description of Duties: Responsible for maintenance of the City parks as directed by the Park Superintendent.

Tasks - Under the Direction of the Park Superintendent

1) Mowing and trimming of the following areas:

- Veteran's Park
- Riverside Park
- Eastwold Park
- L.R. Christianson Park
- Main Lift Station
- West Well Site
- South Well Site
- Water Tower Site
- East Lyon Lift Station
- North Grant Lift Station
- Road ditch by the golf course
- Boulevard - pie shape area between Highway 68 and East Lyon Street
- Ditch on the south side of Highway 68 – between Hwy 68 and Railroad Drive
- Ditch on the north side of Highway 68 between Grant and the Maintenance Shed
- Federal Street Lot
- EDA Lots on 3rd Street
- North side of the Maintenance Shed
- Flood Levee
- Sewer Lagoon
- City Burn-site

- 2) Assist with the spraying of noxious weeds as directed by the park superintendent and/or the street superintendent and/or the water/wastewater operator.
- 3) Maintain maintenance logs on the park equipment that is repaired, documenting oil changes, etc. If major repairs are required, advise the park superintendent.
- 4) Inform the park superintendent of progress and/or problems, and equipment needs.
- 5) Responsible for adhering to all city policies, i.e., personnel, OSHA, accident, city resolutions, ordinances, etc.

DESIRABLE KNOWLEDGE. SKILLS AND ABILITIES

Knowledge in the operation and maintenance of equipment used in maintaining the parks, i.e., J.D. Tractor, Snapper ZTR mower, weed eater, chain saw, pole saw, power pruner, push mower, etc.

Must have a valid Minnesota Driver's license

PHYSICAL AND/OR MENTAL JOB REQUIREMENTS

Job requires ability to handle last minute assignments due to equipment failure, weather conditions, unexpected crisis, management directive, and the like.

Job requires ability to, on a regular basis, bend, twist, reach and lift to carry weights of over 50 pounds, unaided by mechanical devices.

Physical Environment: Experience temperature extremes, outdoors or in artificial environments, where the heat or cold cause constant discomfort for an hour or more at a time (e.g., 90 degrees heat and humidity) or experiencing confinement in a small space for a similar length of time.

Job requires the ability to assess a situation and make sensible precautions and utilize learned procedures which can prevent physical injury or stress-related disability. Exceptions are very rare.