

## **Application for Employment**

We welcome you as an applicant for employment with the City of Wabasha. It is the City of Wabasha's policy to provide equal opportunity in employment. The City of Wabasha will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, sexual preference, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

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 for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for information regarding what is considered public and private information as an applicant, and if you are selected for the position, as an employee.

The City of Wabasha 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 city hall (651) 565-4568.

#### **Personal Information**

Name:	(Last)	(First)	(MI)	(Prior)*
Street Address				
City, State, Zip				
Phone Number			Alternate Phone	
Email				

<sup>\*</sup> Optional: include only if needed to verify previous employment or education.

Please print in INK or ty	pe when completing th	is application		
Title of position applying for	r:			
Are you legally eligible to w	Are you legally eligible to work in the United States in the position for which you are applying? $\square_{Yes}$ $\square_{No}$			
Proof of citizenship or work	c eligibility will be required a	s a condition of employment.		
Are you at least 18 years old?			☐ Yes ☐ No	
	Education	al Information		
Circle the highest grade	completed			
12345678	9 10 11 12 GED	13 14 15 16	MA	MS PHD JD
Grade School	High School	College/Technical	(	Graduate
Did you graduate:	☐ Yes ☐No	□Yes□No		∕es <sup>□</sup> No
(Please check)	High School	College/Technical	Gr	aduate JD
School Name	Address	Course of study	Degree	
High School:		,		
College:				
Graduate School:				
Technical/Vocational:				
Other:				
Other:				
List any other courses, sem position:	ninars, workshops, or trainin	g you have that may provide	you with ski	lls related to this

List any current licenses, registrations, or certificates you possess which may be related to this position:

#### **Employment Experience**

List present or most recent employer first. Please note "see resume" is not an acceptable response for any entries on this application. Resumes will only be considered in addition to, but not in lieu of, this application. [NOTE: Cities should decide on a finite period of time to ask for in terms of work history, something on the order of 5-10 years of relevant experience is recommended. Cities should consult with legal counsel on the duration of work experience requested.]

Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip	End Date	Final Salary
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? ☐ Yes	s □ No	
Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip	End Date	Final Salary
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? ☐ Yes	s □ No	

## **Employment Experience Continued**

Company	Name of last supervisor	Hrs/vveek		
Address	Start Date	Starting Salary		
City, State, Zip	End Date	Final Salary		
Phone Number	Last job title	ast job title		
Reason for leaving (be specific):				
Describe your work in this job:				
May we contact this employer? □	′es □No			
Company	Name of last supervisor	or Hrs/Week		
Address	Start Date	Starting Salary		
City, State, Zip	End Date	Final Salary		
Phone Number	Last job title	•		
Reason for leaving (be specific):				
Describe your work in this job:				
May we contact this employer? $\square$ Y	′es □No			

### **Unsalaried Experience**

Describe any unsalaried or volunteer experience relevant to the position for whexclude, if you wish, information which would reveal race, sex, religion, age, disstatus).	
Military Experience	
Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No	
Describe your duties:	
Do you wish to apply for Veterans' Preference points: ☐ Yes ☐ No	
If you answered "yes," you must complete the enclosed application for Veteran submit the application and required documentation to the City of by the position for which you are applying.	
Authorization	
I certify that all information I have provided in this application for employment is tr my knowledge. Any misrepresentation or omission of any fact in my application, re or during any interviews, can be justification for refusal of employment, or if emplo dismissal, regardless of length of employment or when the misrepresentation or of	esume or any other materials, byed, will be grounds for
I acknowledge that I have received a copy of the job description summary for the applying. I further acknowledge my understanding that employment with the City of that employment may be terminated by either the City of Wabasha or me at any time.	of Wabasha is "at will," and
With my signature below, I am providing the City of Wabasha authorization to verwithin this application packet, including contacting current or previous employers. in the Employment Experience section I have answered "No" to the question, "Ma employer?," contact with my current employer will not be made without my specification.	However, I understand that if, y we contact your current
I further understand that criminal history checks may be conducted (after I have be the case of non-public safety positions) and that a conviction of a crime related to being rejected for this job opening. I also understand it is my responsibility to not of any changes to information reported in this application for employment.	this position may result in my
Signature	Date

12/2012

#### **Veterans' Preference**

# COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE NOTE: COPY OF "MEMBER COPY 4" VETERAN'S DD214 MUST BE ATTACHED (Veteran is defined by Minn. Stat. § 197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "member Copy 4" of your DD214, contact your County Veterans' Service Office.			the full period called <b>or</b> ordered for federal, active duty <b>and</b> be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.		
The City of operates under a point preference system, which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; Fifteen (15) points are awarded if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).			To qualify for preference on a <b>promotional exam</b> , a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five points preference only for the first promotion after securing employment with the City of		
To qualify for preference for a <b>competitive exam</b> , you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, <b>or</b> by reason of disability incurred while serving on active duty, <b>or</b> after having served		Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.			
Name (Last)	(First)	(MI)		Social Security Number	Position For Which You Applied
Address (Street)	(City)	(State)	(Zip)	Phone Number	Closing Date:  Are you a US Citizen or Resident Alien?  YES NO
DISABLED VETER  ("Member Copy 4" Percent o Have you  SPOUSE OF DEC  ("Member Copy 4" result of active duty the veteran.) Date of D  SPOUSE OF DISA  ("Member Copy 4" How does	of DD214 or DD215 r r/ discharged veteran  RAN (15 points): of DD214 and USDV f Disability:% ever been promoted r  EASED VETERAN (1 of DD214 or DD215, r r must be submitted to eath:  BLED VETERAN (15 of DD214 or DD215 a	A letter of disabile within the City of <b>0 points or 15 i</b> chotocopy of made receive points.  Have you response to points.  Figure 1.	Tyes  ity rating decidence  f the veterant raige certification You are inelessed emarried?  It of disability nce of a state	□ No sion of 10% or more must be ployment? □ Yes was disabled at time of de ate, spouse's death certificatigible to receive points if you □ Yes □ No rating decision of 10% or mod job "requirement?" Due to	e submitted to receive points)  Death):  The and proof veteran died on or as a have remarried or were divorced from the proof where the submitted to receive points.)  The must be submitted to receive points.)  The veteran's service-connected
complete and cor	rect to the best of m	y knowledge. I	hereby ackr	owledge that I am respons	m that the information given is true, sible to obtain the required Veterans' quired application deadline.

**Information Regarding Claiming Veterans' Preference** 

Signature

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

#### The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
  - i. served on active duty for at least 181 consecutive days, or
  - ii. have been discharged by reason of service connected disability, or
  - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
  - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the "Member Copy 4" of your DD214 or DD215. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions. ("DD214 "Member-1" copy will not be accepted.)
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of, active duty for training purposes does not quality for disabled veteran preference per Minn. Stat. §§ 197.455 and 197.447.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, USDVA verification that veteran died on or as a result of active duty, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of Wabasha. Please contact our office at (651) 281-1200 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

#### **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 Wabasha appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) for which you are applying:		
Gender: ☐ Male ☐ Female		
With which racial/ethnic group do you identify?		
☐ Black or African American		
☐ Hispanic or Latino		
☐ American Indian or Alaskan Native through Tribunal affiliation or community recognition		
☐ Caucasian/White		
☐ Asian		
□ Native Hawaiian or other Pacific Islander		
☐ Two or more races		
Disability status, defined as:		
<ol> <li>Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);</li> <li>Has a history of a disability (such as cancer that is in remission);</li> <li>Is regarded as having such an impairment.</li> <li>Do you claim disability status?   Yes  No</li> </ol>		

#### **Applicant Data Practices Advisory**

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of Wabasha. First, under "Rights of Subjects of Data" (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, 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 of Federal law to receive the data you provide.

Second under "Personnel Data" (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically public:

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

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment.

If you are hired, the following additional data about you will be considered public information:

- Your name:
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- You job title, bargaining unit (if applicable) and job description;
- The dates of your first and last employment with us;
- The status of any written complaints or charges against you while you work for the City of Wabasha, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- · Your work location and work telephone number;
- · Your education and training background;
- · Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your works time for payroll purposes: except to the extent that release of time sheet data would reveal employee's reasons for the use of sick or other medical leave or other non-public data;
- Your previous work experience;
- The "complete" terms of any settlement agreement (including buyout agreements) except that reasons if it involves the payment of more than \$10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file and which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of city staff needing it to process city records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census;
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

With the exception of the optional data requested, the data you provide is needed to identify you and you assist in determining your suitability for the position for which you are applying. The optional data is used in summary form by the city's Affirmative Action Program to monitor protected class employment and meet federal, state and local reporting requirements. Furnishing the optional data requested about you in voluntary.

NOTICE REGARDING SOCIAL SECURITY NUMBER: This information will be used for payroll taxes, insurance purposes, and retained in the employee's data record.

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.

If you have any questions regarding your rights as a subject of data, please contact the City of Wabasha Human Resources at City Hall, 900 Hiawatha Drive East, Wabasha, MN 55981. This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.