

City of Waterville, Minnesota
Employment Application Instructions

APPLICATION INSTRUCTIONS

Job Applying For: _____

Print Your Name: _____

To ensure that your application will be accurately processed:

- 1) Complete a separate application form for each position you are applying for.
- 2) Make sure that the application is completed in its entirety. Incomplete applications may lose credit or be removed from further consideration. Attach résumé or additional information for consideration only upon request.
- 3) Applications received after 4:30 p.m. on the closing date cannot be accepted unless otherwise stated in the job announcement.

RETURN COMPLETED APPLICATION TO:

City of Waterville
200 3rd Street
Waterville, MN 56096

Phone: (507) 362-8300 – Fax: (507) 362-8835
e-mail: cityofwaterville@frontiernet.net

City of Waterville, Minnesota Employment Application

City of Waterville, 200 3rd Street, Waterville, MN 56096
Phone: (507) 362-8300

PERSONAL INFORMATION

1) Title (of position for which you are applying)	2) Date of Application	3) Date Available for Work	
4) Last Name	First Name		Middle Name
5) Street Address	City	State	Zip Code
County	6) Home Phone	7) Business Phone	
8) Are you under the age of 18? ___ YES ___ NO If YES, are you at least 15 years old? ___ YES ___ NO	9) Do you have relatives working for the City? ___ YES ___ NO If yes, relationship _____ Department _____		
10) Employment Condition Desired (check any you would accept) ___ Full-time ___ Part-time ___ Temporary		11) Have you previously been employed by the City? ___ YES ___ NO If yes, position _____	

WORK EXPERIENCE

List your present or most recent experiences first. (Do not include dates more than 10 years ago.) Attach additional sheet if necessary. Be complete.

12) Employer	Full Address	Phone Number
Your Position Title	Number and types of positions supervised	
Length of Employment From: _____ To: _____	Supervisor's Name	Supervisor's Title
Last Salary	Hours per Week	Reason for Leaving
Principal Responsibilities		
May we contact this employer? ___ Yes ___ No If no, explain:		

WORK EXPERIENCE (continued)

13) Employer		Full Address	Phone Number
Your Position Title		Number and type of positions you supervised	
Length of Employment From: To:		Supervisor's Name	Supervisor's Title
Last Salary	Hours per Week	Reason for Leaving	
Principal Responsibilities			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			

14) Employer		Full Address	Phone Number
Your Position Title		Number and type of positions you supervised	
Length of Employment From: To:		Supervisor's Name	Supervisor's Title
Last Salary	Hours per Week	Reason for Leaving	
Principal Responsibilities			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			

WORK EXPERIENCE (continued)

15) Employer		Full Address	Phone Number
Your Position Title		Number and type of positions you supervised	
Length of Employment From: To:		Supervisor's Name	Supervisor's Title
Last Salary	Hours per Week	Reason for Leaving	
Principal Responsibilities			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			

EDUCATION

16) Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, school attended:		How many years of education have you completed (circle one) Grade School: 7 8 High School: 9 10 11 12 College: 13 14 15 16 Post Grad: 1 2 MA PHD		
Name, Location of College, University or Tech School	Qtr. or Sem. Hrs	Did you graduate?	Certificate or Degree	Course of Study

MEMBERSHIPS, REGISTRATIONS, AND LISCENSES

17) List current professional memberships, registrations or licenses. Include date issued. (i.e. Water Safety Instructor's Certificate, CPR, First Aid, etc.)

JOB RELEVANT VOLUNTEER AND UNPAID WORK EXPERIENCE

18) Kind of Volunteer Activity (Do not specify organization)	Major Responsibilities	Percent of Time per Responsibility	No. Hrs. per month	Years	
				From	To

19) Describe any additional experience or training that qualifies you for this job.

OFFICE EQUIPMENT, WORD PROCESSING AND COMPUTER EXPERIENCE

20) Computer Hardware Experience *(be specific)*

21) Computer Software Experience *(be specific)*

22) Other _____ Typing Speed *(words per minute)* _____

23) **Driver's Information** *(include if position involves driving)*

Driver's License Number _____ State _____ Class _____

REFERENCES

24)	Name	Present Address	Telephone	Position and Relation to Your Work

LEGAL TO WORK

25) Do you legally have the right to work in the United States? ___ Yes ___ No

In accordance with the Immigration Reform and Control Act of 1986, the City of Waterville hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien programs.

The City of Waterville is an Equal Opportunity Employer. The City of Waterville does not discriminate in employment on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or age. Managers and supervisors are required to make all employment decisions on the basis of individual ability and merit, without discrimination or favor.

TENNESSEN WARNING

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

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

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name 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 Waterville. Furnishing social security numbers, 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 for employment may not be considered.

Private data is available only to you, appropriate City 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 application for employment that is not designated in this notice as private data.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the Waterville City Administrator's Office in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the City of Waterville to monitor protected class employment and to meet federal, state, and local reporting requirements.

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

Applicant's Printed Name: _____

Applicant's Signature: _____ Date _____

CLAIM FOR VETERAN'S PREFERENCE

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 veteran preference points you must:

1. be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty of 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; AND
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

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.

VETERAN'S PREFERENCE POINTS APPLICATION	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preference Requested: <input type="checkbox"/> Veteran	<input type="checkbox"/> Spouse of Disabled Veteran
<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Spouse of Deceased Veteran

Veteran (10 Points):

("Member Copy 4" of DD214 or DD215 must be submitted to receive points)

Honorably discharged veteran Yes No

Disabled Veteran (15 Points):

("Member Copy 4" of DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points)

Percent of Disability: _____%

Have you ever been promoted within the City of Waterville employment? Yes No

Spouse of Disabled Veteran (15 points):

("Member Copy 4" of DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.

How does the veteran's disability prevent performance of a stated job "requirement"? Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

Spouse of Deceased Veteran (10 points, or 15 points if the veteran was disabled at time of death):

("Member Copy 4" of DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: _____ Have you remarried? Yes No

Signature _____ Date _____

For Office Use Only: 10 Points 15 Points
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EMPLOYEE CERTIFICATION

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

- (1) I have read and understand the job announcement 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 the written request of the 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?," contact with the employer will not be made without my specific authorization.
- (3) I authorize the 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 _____

BEFORE YOU SUBMIT YOUR APPLICATION, HAVE YOU:

- Thoroughly read this entire application with special attention to the Tennesen Warning?
- Signed this application in all the required places? This application will not be accepted without all necessary signatures:
 - Tennesen Warning
 - Claim for Veteran's Preference, if applicable
 - Employee Certification
- Provided sufficient information so that proper credit for training and experience are given?
- Completed the claim for Veteran's Preference if applicable to you? Also, a copy of your Form DD214 must be submitted at the time of application to determine your eligibility for points.
- Have you included copies of all required licensing and / or certificates?

The City of Waterville needs your cooperation in the completion of this form. It will enable the City to report accurate information to both the State and Federal governments.

AFFIRMATIVE ACTION APPLICANT INFORMATION

To All Applicants:

The following information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in validation of our selection methods. The information will **not** be maintained in personnel files and it will not be made available to any person involved in decisions affecting an individual's appointment or promotion to a position. Although providing this information is voluntary, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the recruitment and selection of employees for public service.

Position Applying For: _____

Department: _____

Instructions: Check the choice that answers each of the following questions.

(1) What sex are you? Male Female

(2) Of the following, of what racial/ethnic group do you consider yourself?

- _____ American Indian/Alaskan Native
- _____ African American
- _____ Asian and Pacific Islander
- _____ Spanish or Mexican American
- _____ White
- _____ Other _____

(3) Do you have a disability? No Yes

(4) How did you learn about this job opening?

- _____ City Employee
- _____ City Website
- _____ Family/Friend
- _____ League of Minnesota Cities
- _____ Newspaper Ad
- _____ P.O.S.T./POOL Line
- _____ Posting in City Hall
- _____ School
- _____ Walk-In
- _____ Internet (websites): _____
- _____ Other (be specific): _____

***Note: This page must be maintained separately. Do not double-side it with another page.**