

City of East Grand Forks, Minnesota

EMPLOYMENT APPLICATION - INSTRUCTIONS -

PLEASE READ AND FOLLOW THESE INSTRUCTIONS

- **IMPORTANT!** You must complete all parts of the application. Read the job description carefully before you apply.
- Complete a separate application for each position. Type or print clearly in dark ink. Applications in pencil **will not** be accepted. Legible photocopies are acceptable.
- The Civil Service is not responsible for failure of postal services or other agencies to forward applications by the deadline. **Applications will not be accepted after the closing date in the job announcement.**
- If your application is incomplete or does not clearly show the required experience and/or training, your application will be rejected. *Please fill out application completely and return the entire application with original signature.* Faxed or e-mailed copies will be accepted by deadline, however original application form still required.
- **Resumes will not be accepted in lieu of a completed application.** All applicants must complete employment application form. Do not submit letters of recommendation with the application.
- Pay close attention to items 9-14. The job related experience and training you describe on the application form must be complete.
- Your application and all attachments become the property of the East Grand Forks Civil Service and will not be returned.

*** KEEP A COPY OF YOUR COMPLETED APPLICATION ***

IMPORTANT INFORMATION ABOUT YOUR APPLICATION

This application is to assist in the process of referring you for possible employment.

Certain information requested on the application is private, that is, it may be released only to you or to departments where you may be considered for employment (to comply with MS 13.43, Subd 2). If you are employed, the data will be available to the Office of Administration/Finance, the Internal Revenue Service and the Social Security Administration for payroll and tax purposes.

If you disagree with the data we have about you, notify the Civil Service by letter.

MAIL YOUR APPLICATION TO: East Grand Forks Civil Service, 600 DeMers Ave,
East Grand Forks, MN 56721.

NOTICE TO APPLICANT

The Minnesota Government Data Practices Act (Minnesota Statutes 13.01-13.88) has two sections that affect the applicants seeking employment with the City of East Grand Forks.

First, under "Rights of Subjects of Data" (MN 13.04) when an applicant is asked to provide personal data, 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 consequence arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal Law to receive the data you provide.

Second, under "Personnel Data" (MN Statute 13.43) the following data 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 position in public employment.

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

- Your name;
- Your city and county of residence;
- Your actual gross salary, salary range, and actual gross pension.
- The value and nature of employer paid benefits, including the basis for and the amount of any added remuneration to your salary;
- Your job title and job description;
- Your bargaining unit
- 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 East Grand Forks, and whether or not they resulted in disciplinary action;
- Your work location and work telephone number;
- Your education and training background;
- Honors and awards you have received;
- Time sheets or other comparable data used to account for an employee's time (does not include the reason for taking sick or medical leave); and
- Your previous work experience.

All data concerning you which is placed in your personnel file and which is not listed above is private data. This private data will be available to you and to those members of the City staff needing it to process City records. In addition, the following persons or organizations are authorized by State and Federal Law to receive this data if they so request:

- 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 racial and ethnic data, the data you provide is needed to identify you and to assist in determining your suitability for the position for which you are applying. Racial and ethnic data are 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 racial and ethnic data about yourself is voluntary.

APPLICATION FOR EMPLOYMENT

BE SURE TO READ INSTRUCTIONS BEFORE COMPLETING APPLICATION

	<p>FOR OFFICE USE ONLY</p> <p>Date Received: _____</p> <p>Time Received: _____</p> <p>By: _____</p>
--	---

1) Title of Specific Position
For Which You Are Applying: _____

<p>2) Last Name First Name M.I.</p>	<p>3) Contact Info:</p> <p>Home: _____</p> <p>Cell: _____</p> <p>E-mail: _____</p> <p>Work: _____</p>
---	---

4) Street Address: _____ City: _____ State & Zip Code: _____

<p>5) Social Security Number: (optional) _____</p>	<p>7) Your employment may involve use of a public vehicle. Do you have a valid driver's license? _____ Yes _____ No</p>
<p>6) Have you previously been employed by the city? ___ Yes ___ No Date: _____ Position: _____</p>	

8) Are you fluent in a language, including sign language, other than English? ___ Yes ___ No
if yes, which: _____

PLEASE BE COMPLETE
Training and Experience -- Items 9 through 14

9) Education: Did you graduate from high school or receive a GED? ___ Yes ___ No
Name and Location of High School/Institution Attended: _____

Name and Location of College, University, Technical School	Did you Graduate?	Certificate or Degree	Major Courses of Study
	_____ Yes _____ No		
	_____ Yes _____ No		
	_____ Yes _____ No		

10) Work Experience: List your present or most recent experience first.

Employing Firm _____ Phone No. () _____

Address _____ Title _____

Supervisor's Name & Title _____

Length of Employment (mm/dd/yy): From _____ To _____

Hours Per Week _____ Total Years _____ Months _____

Last Salary: _____

Number and Type of Positions You Supervised _____

Principal Responsibilities - Be Complete

Reason for Leaving: _____

May we contact this employer? ___ Yes ___ No If no, explain _____

Employing Firm _____ Phone No. () _____

Address _____ Title _____

Supervisor's Name & Title _____

Length of Employment (mm/dd/yy): From _____ To _____

Hours Per Week _____ Total Years _____ Months _____

Last Salary: _____

Number and Type of Positions You Supervised _____

Principal Responsibilities - Be Complete

Reason for Leaving: _____

May we contact this employer? ___ Yes ___ No If no, explain _____

Employing Firm _____ Phone No. () _____
Address _____ Title _____
Supervisor's Name & Title _____
Length of Employment (mm/dd/yy): From _____ To _____
Hours Per Week _____ Total Years _____ Months _____
Last Salary: _____
Number and Type of Positions You Supervised _____

Principal Responsibilities - Be Complete

Reason for Leaving: _____

May we contact this employer? ___ Yes ___ No If no, explain _____

Employing Firm _____ Phone No. () _____
Address _____ Title _____
Supervisor's Name & Title _____
Length of Employment (mm/dd/yy): From _____ To _____
Hours Per Week _____ Total Years _____ Months _____
Number and Type of Positions You Supervised _____

Principal Responsibilities - Be Complete

Reason for Leaving: _____

May we contact this employer? ___ Yes ___ No If no, explain _____

11) Relevant current professional memberships, registrations or licenses.
 Include date first issued. _____

12) Job Relevant Volunteer and Unpaid Work Experience

Kind of Volunteer Activity (Do not specify organization)	Major Responsibilities	Hours Per Month	How Long?

13) Describe any additional experience or training that qualifies you for this job.
 (Be Specific) _____

14) Job related equipment experience, including software: _____

15) REFERENCES: Give the names of at least four people (excluding elected officials, current city employees, and relatives) who can be contacted regarding your qualifications, work habits and character

NAME	PRESENT ADDRESS	TELEPHONE	POSITION AND RELATION TO WORK
------	-----------------	-----------	----------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ABSENCE OF CONTRACT

I realize that this application is in no way a contract.

Date _____ Signature _____

I understand this employer has the right to verify information provided in the application. If there are any misrepresentations on this application or my resume or made by me in an interview, which may be discovered now or anytime in the future, I may be discharged for cause without severance pay of any kind. False information or misrepresentation may also subject me to the penalty provisions of M.S. 43A.39.

In connection with application for employment, I authorize this employer and any agent acting on its behalf to conduct an inquiry into any job related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance (such as transcripts).

Moreover, I hereby release this employer and any agent acting on its behalf from any liability by reason of requesting such information from any person.

I understand that no management official other than the City Council or Water & Light Commission has the authority to make oral or written agreements for employment for a specified period of time or specified conditions of my employment. I further understand that any agreement for employment for a specified period of time or specified conditions of my employment must be reduced to writing.

I declare that any and all statements in this application or information provided are true and complete and hereby acknowledge that I have read and understand the information contained herein, including the job description.

DATE: _____ **SIGNATURE(Do Not Print)** _____

EMPLOYMENT ELIGIBILITY AND IDENTIFICATION
STATEMENT OF UNDERSTANDING

Federal law requires that employees verify eligibility for US employment and identity. An employer must decline to hire an individual if a new employee fails to present adequate proof of eligibility and identity within three (3) days of the commencement of employment.

Should you be hired by the City of East Grand Forks, you will be asked to submit an ORIGINAL of one of the following documents:

If you are a US citizen:

1. A US passport;
2. A driver's license, school identification card with photo, or voter's registration; and
3. A document to show eligibility to work by showing a resident alien card (I-551 or I-151) containing your photo or an unexpired foreign passport with an unexpired I-551 stamp.
4. Non-resident aliens must show a form I-94 attached to their passport which indicates they are authorized to work, or show proper identification and other documentation from INS proving work authorization.

If you are hired for the position for which you are applying, you must provide the required documentation within three (3) business days of your first date of employment. Since the City cannot employ you without the required documents, it is essential that you have the documents available, and if you do not have them, apply for them now.

I have read the above and understand that I will be asked to submit the required proof of my identity and eligibility for US employment and that I will be required to attest, under penalty of perjury, the documents presented are genuine and related to me.

Date _____ Signature _____

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; this is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd. 2). If you become employed by the City, the data will be available to the Department of Clerk-Treasurer, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the Civil Service by letter.

Private Data	Why We Ask For It	Are you legally Obligated to Provide It?	What May Happen If You Don't Provide It?
Social Security Number	To distinguish you from other applicants and to make processing more efficient.	No	In most cases, nothing. However, it will help to ensure that your records are not confused with others.
Name	To distinguish you from other applicants.	Yes	Failure to provide information may be cause for rejecting an applicant.
Date of Birth on separate form	To conduct a check of criminal records for certain positions	No	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Sex, Racial/Ethnic Group, Handicapped Status, Veteran Status, (requested on a separate form)	To be able to make Equal Opportunity reports as required by law.	No	We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring.
Conviction Record	To determine whether we may legally accept an application from you to determine whether your record may be a job-related consideration.	Yes	We will not be able to make determinations required by law. Failure to provide relevant conviction information may be grounds for dismissal.

The employer does not discriminate on the basis of handicapped status in the admission or access to, treatment of, or employment in, its programs or activities. It is the policy of this employer to provide reasonable accommodations to known physical and mental limitations of qualified handicapped applicants and employees in order for them to perform the essential functions of the job in question.

THIS EMPLOYER IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, The City of East Grand Forks is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87 on Government Data Practices require that you be informed that the following information which you are asked to provide on the application for employment is considered private data; 1. Name, 2. Home address, 3. Home phone number, 4. Disability type. Your name, however, may become public upon consideration as a finalist for a job opening.

We ask this information for the following reasons: to distinguish you from all other applicants and identify you in our personnel files; to enable us to verify that you are the individual who makes the application; to enable us to contact you when additional information is required, send you notices and/or schedule you for interviews; to determine if you meet the minimum age requirements (if any); to conduct proper investigations if you are applying for a position; to determine whether or not your conviction record may be job related considering affecting your suitability for the position you applied for; to enable us to ensure your rights to equal opportunities and to meet affirmative action goals; to meet federal and state reporting requirements; and to make processing more efficient. The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in the City of East Grand Forks and the policies, rules, and regulations promulgated pursuant thereto.

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 and to other persons in the City of East Grand Forks Offices who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this.

Witness my signature that I fully understand the contents of this warning.

Signature of Applicant _____

Date _____

VETERAN'S PREFERENCE POINTS SUPPLEMENT
(Must be completed by all applicants)

VETERAN'S PREFERENCE POINTS INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veteran's 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 for 181 consecutive days, or by reason of disability incurred while serving on active duty; or who has met the minimum active duty required as defined by CFR, Title 38, Section 3.12a; or who has active military service certified under 38 U.S.C.A. Section 106, Part I, Chapter 1; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of their disability does not qualify to use the preference; AND
2. Be a United States citizen or resident alien;

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.

ELIGIBLE 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.

APPLICANT'S FULL NAME: _____

POSITION APPLYING FOR: _____

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

If you answered "YES" you must complete this entire page. Your DD214 or other documentation must be received in our office no later than 7 calendar days after the application deadline for the position.

VETERAN'S PREFERENCE POINTS APPLICATION

Veteran: Self Spouse If spouse, veteran's name: _____

Branch of Service	Service Number	Period of Active Duty From: _____ To: _____
Rank at Discharge	Type of Discharge	Date of Final Discharge

Do you have a compensable service-related disability? Yes No

Preference Requested:

- Veteran Spouse of Disabled Veteran
 Disabled Veteran Spouse of Deceased Veteran

Your preference application cannot be considered without supporting documentation (see instructions). If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline.

Supporting documentation: is attached will be submitted within 7 days

APPLICANT'S SIGNATURE: _____

DATE: _____

AFFIRMATIVE ACTION INFORMATION

The information requested below will be used for statistical purposes only. It will enable this employer to evaluate its recruitment process in light of Federal and State Equal Opportunity laws. Your cooperation is strictly voluntary. Your application will be reviewed whether or not you provide this information. Thank you for your help.

DATE: _____

POSITION: _____

GENDER: _____ Male _____ Female AGE: _____

ETHNIC IDENTIFICATION:

White Black Asian

Hispanic Origin American Indian

SPECIAL NOTICE TO DISABLED INDIVIDUALS:

If you are a disabled person, you are invited to volunteer information concerning any physical or mental disability. If you desire, please state below any personal disability and your suggestions on how it may be accommodated.

Do you have a disability which substantially limits basic work activities? _____ Yes _____ No

Suggestions for reasonable accommodations: _____

REFERRAL SOURCE:

Walk-in Government Employment Agency

Employee School _____

Friend/Relative Other _____

Advertisement - Source _____

✓ Your application must include a copy of your POST license or your notification of passing the POST Board's examination only if applying for a Police Officer position.