

CITY OF NASHWAUK EMPLOYMENT APPLICATION

218-885-1210 FAX: 218-885-1305 Email: nashwaukcityhall@mchsi.com nashwauk.govoffice.com	City of Nashwauk 301 Central Avenue Nashwauk, MN 55769	Received:
--	--	------------------

QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION CANNOT BE CONSIDERED IF INCOMPLETE.**JOB INFORMATION**

* POSITION TITLE:

PERSONAL INFORMATION

* FIRST NAME	MIDDLE INITIAL	* LAST NAME
* ADDRESS		
* CITY	* STATE	* ZIP
HOME PHONE	ALTERNATE PHONE	
* EMAIL ADDRESS		

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> High School	<input type="checkbox"/> Technical College	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctorate

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES NO

IF NO, WHAT WAS THE HIGHEST LEVEL COMPLETED? 7 8 9 10 11 12

SCHOOL NAME	CITY	STATE
-------------	------	-------

COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME	DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR		
SCHOOL NAME	DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR		
SCHOOL NAME	DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR		

CERTIFICATES & LICENSES

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
NUMBER	ISSUING AGENCY	
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
NUMBER	ISSUING AGENCY	

WORK HISTORY

DATES From _____ To _____		COMPANY/AGENCY NAME	POSITION TITLE
ADDRESS		CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUTIES			
REASON FOR LEAVING			

DATES From _____ To _____		COMPANY/AGENCY NAME	POSITION TITLE
ADDRESS		CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUTIES			
REASON FOR LEAVING			

WORK HISTORY

DATES From _____ To _____		COMPANY/AGENCY NAME	POSITION TITLE
ADDRESS		CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUTIES			
REASON FOR LEAVING			

DATES From _____ To _____		COMPANY/AGENCY NAME	POSITION TITLE
ADDRESS		CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUTIES			

REASON FOR LEAVING

SKILLS

OTHER SKILLS

SKILL NAME

SKILL LEVEL

BEGINNER SKILLED EXPERT

EXPERIENCE (YEARS AND MONTHS)

SKILL NAME

SKILL LEVEL

BEGINNER SKILLED EXPERT

EXPERIENCE (YEARS AND MONTHS)

SKILL NAME

SKILL LEVEL

BEGINNER SKILLED EXPERT

EXPERIENCE (YEARS AND MONTHS)

LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN

LANGUAGE

SPEAK READ WRITE

LANGUAGE

SPEAK READ WRITE

ADDITIONAL INFORMATION

REFERENCES

Please list references you wish to include (Professional). Please include: Name, title, phone number, email, and mailing address.

APPLICANT DECLARATIONS

You are hereby advised, (per Minnesota Statute 13.04, Subd. 2., as amended, Tennessee Warning), that the information requested when completing your application for employment will be used for the purpose of determining job qualifications, salary rates within range and for summary data purposes (M.S. 13.02, Subd. 19, as amended). You are not legally required to supply the requested information but the information is necessary to identify you and assist in determining your qualifications for the position for which you have applied. Unless your application is complete, you cannot be considered for City employment. The following individuals and authorities may have access to information classified by laws as private or confidential: 1) staff members of the City of Nashwauk Clerk's Office; 2) staff members of the City Department to which you have applied when their work assignments reasonably require access; 3) other employees of the City of Nashwauk, when their work assignments reasonably require access; 4) persons or entities authorized by state or federal law to whom we are required to release the data by law, rule or court order; 5) any individual, firm, organization, or corporation providing employment recruitment, evaluation, and selection assistance services on behalf of and under contract with the City.

Some of the data may constitute a public record per Minnesota Statute 13.43, Subd. 3, as amended. The following data is public information on current and former applicants and is accessible to anyone: veteran's status; relevant test scores; rank on eligible list; job history; education and training; and work availability. All other personally identifiable information is considered private, including but not limited to your name, home address, and phone number. As an applicant, your name is considered private except when certified as eligible for appointment to a vacancy or when considered by the appointing authority to be a finalist for a position in public employment. "Finalist" means an individual selected to be interviewed by the appointing authority prior to selection.

If you are selected for employment with the City of Nashwauk, the following additional information about you will be public per Minnesota Statute 13.43, Subd 2, as amended: name; employee identification number; actual gross salary; salary range; contract fees; actual gross pension; the value and nature of employer paid fringe benefits; the basis for and the amount of any added remuneration, including expense reimbursement in addition to salary; job title and bargaining unit; job description; education and training background; previous work experience; date of first and last employment; the existence and status of any complaints or charges against the employee regardless of whether or not the complaint or charge resulted in a disciplinary action; the final disposition of any disciplinary action and supporting documentation; work location; work telephone number; badge number; honors and awards received; payroll time sheets or other comparable data that are only used to account for employee's work time for payroll purposes; except to the extent that release of time sheet data would reveal the employee's reasons for the use of sick or other medical leave or other not public data. Anything not previously listed which is placed in your personnel file (i.e. medical information) is made private information by law.

I understand that falsification of information and significant omissions or misrepresentation of information may disqualify me from further consideration of employment and dismissal from any position gained on the basis of that information. I authorize investigation of all statements contained in this application or made during an interview for employment as may be necessary in arriving at an employment decision. I release such employers and individuals from all liability for damages whatsoever that may arise from furnishing this information per Minnesota Statute 181.967, as amended.

In consideration of being permitted to apply for the position herein, I voluntarily assume all risks in connection with my participating in any tests the City deems necessary to determine my fitness and eligibility and I release and forever discharge the City of Nashwauk, its officials, officers and employees from any and all claims for any damage or injury that I might sustain as a result of the tests. I understand that my application is not a contract or offer of employment.

I hereby certify that I have read the above and that every statement I have made in the application is true and complete to the best of my knowledge.

Applicant signature

Date

AGENCY WIDE QUESTIONS

The purpose of the following Agency-wide Questions is to provide us with statistics needed to evaluate our recruitment program and to prepare statistical reports required by Federal, State and local agencies as well as obtain required administrative related information to evaluate you for the position you are applying. Providing private data (i.e. race, sex, age, disability) is voluntary and is only used in summary format for statistical reporting purposes. The other data you give us about yourself is needed to identify you and to assist in evaluating you for the position for which you are applying.

All questions with an * are required to be answered. Your application will not be considered if incomplete.

* FORMER LAST NAME, IF APPLICABLE (List Only One; Leave Blank If None):

* MONTH/DAY OF BIRTH:
PLEASE DO NOT ENTER YEAR OF BIRTH

1. GENDER: MALE FEMALE

2. RACE/ETHNIC GROUP:

- I AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- A ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
- B BLACK: (not of Hispanic origins) All persons having origins in any of the Black racial groups of Africa.
- H HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
- W WHITE: (not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

8. DO YOU REQUIRE A REASONABLE ACCOMMODATION TO PARTICIPATE IN THE HIRING PROCESS (M.S. 363A.08, SUBD. 6, AS AMENDED)? THE HIRING PROCESS MAY INCLUDE ONE OR MORE OF THE FOLLOWING: PERFORMANCE TEST, WRITTEN TEST, ORAL INTERVIEW. IF YES, STATE YOUR NAME AND LIST KNOWLEDGEABLE PERSON OR AGENCY AND PHONE NUMBER WE MAY CONTACT FOR ADDITIONAL INFORMATION REGARDING YOUR REQUEST OR YOU MAY CONTACT US AT 218-885-1210, OR VIA EMAIL AT NASHWAUKCITYHALL@MCHSI.COM.

NAME: _____

KNOWLEDGEABLE PERSON OR AGENCY: _____

PHONE NUMBER: _____

12. *ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?

PROOF OF IDENTITY AND EMPLOYMENT ELIGIBILITY WILL BE REQUIRED UPON EMPLOYMENT PER THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.

YES NO

13. *ARE YOU AT LEAST 18 YEARS OF AGE?

YES NO

14. ARE YOU CLAIMING VETERAN'S PREFERENCE?

A "VETERAN" (PER M.S. 197.447, AS AMENDED) MEANS A CITIZEN OF THE UNITED STATES OR A RESIDENT ALIEN WHO HAS 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, OR BY REASON OF DISABILITY INCURRED WHILE SERVING ON ACTIVE DUTY, OR MET THE MINIMUM ACTIVE DUTY REQUIREMENT AS DEFINED BY CODE OF FEDERAL REGULATIONS, TITLE 38, SECTION 3.12A, OR HAS ACTIVE MILITARY SERVICE CERTIFIED UNDER SECTION 401, PUBLIC LAW 95-202.

ACTIVE MILITARY SERVICE MUST BE CERTIFIED BY THE UNITED STATES SECRETARY OF DEFENSE AS ACTIVE MILITARY SERVICE AND A DISCHARGE UNDER HONORABLE CONDITIONS MUST BE ISSUED BY THE SECRETARY.

YES NO

15. IF YOU ANSWERED "YES" TO THE QUESTION ABOVE, CHECK THE BOX BELOW THAT YOU ARE ELIGIBLE TO CLAIM. VETERAN'S PREFERENCE POINTS ARE AWARDED TO APPLICANTS THAT: APPLY FOR THE POINTS; SUBMIT THE REQUIRED DOCUMENTATION; MEET THE MINIMUM QUALIFICATIONS OF THE POSITION FOR WHICH YOU ARE APPLYING.

YOU MUST SUBMIT YOUR DD214 OR DD215 AND OTHER MILITARY DOCUMENTS REQUESTED TO SUBSTANTIATE THE SERVICE INFORMATION BY THE JOB POSTING CLOSING DATE/TIME FOR WHICH YOU ARE APPLYING. CLAIMS NOT ACCOMPANIED BY PROPER DOCUMENTATION WILL NOT BE PROCESSED. FOR ASSISTANCE IN OBTAINING YOUR DD214, CONTACT THE VETERAN'S SERVICE OFFICE AT 218-327-2858. BE CERTAIN TO INCLUDE YOUR IDENTIFYING INFORMATION AND THE JOB(S) YOU ARE APPLYING FOR.

- NONDISABLED VETERAN ELIGIBILITY OF OPEN COMPETITIVE EXAMINATION: PER M.S. 197.447, AS AMENDED, AS DEFINED ABOVE IN #14 AND M.S. 197.455, SUBD. 4, AS AMENDED.

DD214 OR DD215 REQUIRED

- DISABLED ELIGIBILITY OF OPEN COMPETITIVE EXAMINATION: PER M.S. 197.455, SUBD. 5 AND 6, AS AMENDED, ("DISABLED VETERAN" MEANS A PERSON WHO HAS A COMPENSABLE SERVICE-CONNECTED DISABILITY AS ADJUDICATED BY THE UNITED STATES VETERANS ADMINISTRATION, OR BY THE RETIREMENT BOARD OF ONE OF THE SEVERAL BRANCHES OF THE ARMED FORCES, WHICH DISABILITY IS EXISTING AT THE TIME PREFERENCE IS CLAIMED).

DD214 OR DD215 AND USDVA LETTER OF DISABILITY RATING DECISION OF 10% OR MORE REQUIRED

- DISABLED VETERAN ELIGIBILITY FOR PROMOTIONAL EXAMINATION: PER M.S. 197.455, SUBD. 5 AND 6, AS AMENDED, ("DISABLED VETERAN" MEANS A PERSON WHO, AT THE TIME OF ELECTION TO USE A PROMOTIONAL PREFERENCE, IS ENTITLED TO DISABILITY COMPENSATION UNDER LAWS ADMINISTERED BY THE VETERANS ADMINISTRATION FOR A PERMANENT SERVICE-CONNECTED DISABILITY RATED AT 50 PERCENT OR MORE AND IS APPLYING FOR A FIRST PROMOTION AFTER ENTERING PUBLIC EMPLOYMENT).

DD214 OR DD215 AND USDVA LETTER OF DISABILITY RATING DECISION OF 10% OR MORE REQUIRED

- SPOUSE ELIGIBILITY AS SPOUSE OF A DECEASED VETERAN OR DISABLED VETERAN: PER M.S. 197.455, SUBD. 7, AS AMENDED, MAY BE USED BY THE SURVIVING SPOUSE OF A DECEASED VETERAN OR BY THE SPOUSE OF A DISABLED VETERAN WHO BECAUSE OF THE DISABILITY IS UNABLE TO QUALIFY. (5 POINTS, 10 IF THE VETERAN WAS DISABLED)

SPOUSE OF DECEASED VETERAN: DD214 OR DD215, MARRIAGE CERTIFICATE, SPOUSE'S DEATH CERTIFICATE AND PROOF VETERAN DIED ON OR AS A RESULT OF ACTIVE DUTY. YOU ARE INELIGIBLE TO RECEIVE POINTS IF YOU HAVE REMARRIED OR WERE DIVORCED FROM THE VETERAN)

SPOUSE OF DISABLED VETERAN: DD214 OR DD215, MARRIAGE CERTIFICATE AND USDVA LETTER OF DISABILITY RATING DECISION OF 10% OR MORE REQUIRED

- Nondisabled Veteran eligibility of OPEN COMPETITIVE examination (3 points)
- Disabled Veteran eligibility of OPEN COMPETITIVE examination (3 points)
- Disabled Veteran eligibility for PROMOTIONAL examination (3 points)
- Spouse eligibility AS SPOUSE OF A DECEASED VETERAN OR DISABLED VETERAN (3 points, 3 if the Veteran was disabled)

16. *I UNDERSTAND THAT IN ORDER FOR MY APPLICATION TO RECEIVE EVERY CONSIDERATION IN THE SELECTION PROCESS, I HAVE COMPLETED THE AGENCY-WIDE QUESTIONS AND WILL COMPLETE THE SUPPLEMENTAL QUESTIONS (IF ANY) FOR THE POSITION I AM APPLYING FOR AND WILL SUBMIT THE REQUESTED APPLICATION MATERIALS (I.E. TRANSCRIPT).

YES NO