



City of Waconia, 201 South Vine Street, Waconia, MN 55387

TENNESSEN WARNING

It is the City of Waconia's responsibility to inform potential employees of their privacy rights. Please carefully read the Tennesen Warning provided below. Sign and date the form and return it with your application. Your signature indicates that you have received information regarding your rights as they pertain to the Minnesota Government Data Practices Act.

In accordance with the Minnesota Government Data Practices Act, the City of Waconia 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 to the public; the personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment at the City of Waconia. Data collected is considered private except for the following:

- Veteran status
- Relevant test scores
- Job history
- Education and training
- Work availability

Your name is considered to be 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 Waconia. Furnishing social security numbers is voluntary for applicants to the City of Waconia, but refusal to supply other requested information would mean that your application for employment might not be considered.

Private data is available only to you, to appropriate city employees, and others as provided by state and federal laws 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.

The information you give about yourself is needed to identify you and to assist the City of Waconia in determining your suitability for the position for which you are applying.

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

Applicant Signature

Date



DATE RECEIVED

Empty box for date received.

CITY OF WACONIA
201 South Vine Street
Waconia, MN 55387
(952) 442-2184

OFFICE USE ONLY

Interview: _____

EMPLOYMENT APPLICATION

The City of Waconia does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its programs or activities. It is the policy of the City of Waconia to provide reasonable accommodations to the 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.

THE CITY OF WACONIA IS AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS:

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE".
2. Complete all pages of this form.
3. If more space is needed to complete any question, use comments section on page 6.
4. Print clearly; incomplete or illegible applications will not be processed.

APPLICANT NOTE:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, religion, national origin or the presence of disabilities, sexual orientation, status with regards to public assistance, or any other characteristic protected by law. The City conducts criminal history background checks on firefighters, positions which work directly with children, positions in which you may be required to enter residential property and positions which work directly with financial records and cash receipts. A conviction of any kind will not necessarily bar an applicant from employment, each case is evaluated on individual merit and type of work sought. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on City policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the City. This application applies only to the position specified. It is considered inactive after 120 days. If at any time you wish to be considered for employment within the City of Waconia, another application must be completed.

1. Title of specific position for which you are applying	2. Date of application	3. Date available for work	
4. Last name	First name	Middle name	
5. Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state date of birth _____	6. Residence phone	7. Alternate phone	8. Email
9. Street address	10. City	11. State and zip code	
12. Do you have any relatives working for the City? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship _____ Department _____			
13. Employment condition desired: (check one) <input type="checkbox"/> Regular <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time		14. Have you previously been employed by the City? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date _____ Position _____	

16. Education

Name and location of high school _____

Did you graduate or obtain GED?
 Yes No

If No, or currently enrolled, what is the last grade completed?
 7 8 9 10 11 12

Names and locations of colleges, universities, technical schools	Did you graduate?	Certificate/degree	Course of study
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

17. Employment history. Experience and training ratings are determined by this information - please be complete. List your present or most recent experience first. Attach additional sheets if necessary. Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical.*

Employment Firm _____
 Address _____
 Phone Number _____ Supervisor _____
 Your Title _____ Supervisor's Title _____
 Number and type of positions you supervised _____

Principal Responsibilities - Be Complete

Length of Employment
 From _____

_____ month _____ year
 To _____ month _____ year

Hours per week _____ Last salary _____
 Reason for leaving: _____

May we contact your present employer?
 Yes No

If no, explain:

Employment Firm _____
 Address _____
 Phone Number _____ Supervisor _____
 Your Title _____ Supervisor's Title _____
 Number and type of positions you supervised _____

Principal Responsibilities - Be Complete

Length of Employment
 From _____

_____ month _____ year
 To _____ month _____ year

Hours per week _____ Last salary _____
 Reason for leaving: _____

Employment Firm _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and type of positions you supervised _____	Length of Employment From _____ To _____ month _____ year _____ month _____ year
Principal Responsibilities - Be Complete <div style="border: 1px solid black; height: 100px;"></div>	Hours per week _____ Last salary _____ Reason for leaving: <div style="border: 1px solid black; height: 80px;"></div>

Employment Firm _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and type of positions you supervised _____	Length of Employment From _____ To _____ month _____ year _____ month _____ year
Principal Responsibilities - Be Complete <div style="border: 1px solid black; height: 100px;"></div>	Hours per week _____ Last salary _____ Reason for leaving: <div style="border: 1px solid black; height: 80px;"></div>

Employment Firm _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and type of positions you supervised _____	Length of Employment From _____ To _____ month _____ year _____ month _____ year
Principal Responsibilities - Be Complete <div style="border: 1px solid black; height: 100px;"></div>	Hours per week _____ Last salary _____ Reason for leaving: <div style="border: 1px solid black; height: 80px;"></div>

Employment Firm _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and type of positions you supervised _____	Length of Employment From _____ To _____ month _____ year _____ month _____ year
Principal Responsibilities - Be Complete <div style="border: 1px solid black; height: 100px;"></div>	Hours per week _____ Last salary _____ Reason for leaving: <div style="border: 1px solid black; height: 80px;"></div>

NOTE: Do not fill out any part of this section you believe to be non-job related. Please exclude any information indicative of age, sex, religion, national origin, or disability.

18. Relevant current professional memberships, registrations, or licenses. Include date when first issued.

18a. Do you have a valid driver's license? No Yes If yes, what class? DL #

19. Job-Relevant Volunteer and Unpaid Work Experience

Kind of volunteer activity (Do not specify organization)	Major responsibilities	# Hours per month	Years	
			From	To

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

21. Please describe your word processing/computer experience

Typing speed _____ WPM Number of years _____ List software and hardware _____

22. Are you legally eligible to work in the United States? No Yes

23. Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty? No Yes
 If 'Yes', are you a permanent resident of the State of Minnesota? No Yes

Describe your duties and any special training:

24. Give the names of four people other than relatives who can be contacted regarding your qualifications, work habits, and character.

NAME	PRESENT ADDRESS	TELEPHONE	POSITION AND RELATION TO YOUR WORK

CERTIFICATION AND RELEASE AUTHORIZATION

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I also understand that the use of controlled substances and alcohol is prohibited during employment. If City policy requires, I am willing to submit to drug or alcohol testing to detect the use of controlled substances prior to and during employment. I also understand that if hired for this position, I may be required to undergo a physical examination at this employer's expense to determine whether or not I am able to perform the duties of this position in an effective and safe manner, and whether or not accommodations are necessary I agree that if I am employed, my employment shall not be construed as being for any definite period of time, but will be for an indefinite period, terminable at will by the City or me.

In connection with my application for employment with you, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my workers' compensation claims, motor vehicle operation history, credit history, and criminal background from various states, private and insurance sources along with other public records available. Workers' compensation information will only be requested in compliance with the ADA.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY THE CITY OF WACONIA TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota's Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

Today's Date _____	Signature _____
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Comments

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; that 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 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 Director of Personnel 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 all 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 those of others.
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Date of Birth (when requested on a 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 (This information is 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.

ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC; THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE

CITY OF WACONIA

ADDENDUM TO APPLICATION FORM

VETERANS 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:

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, 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 veterans preference points. You are not required to supply this information, but we cannot award veterans 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 VETERANS BONUS POINTS? YES NO

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

VETERANS PREFERENCE POINTS APPLICATION

Veteran <input type="checkbox"/> Self <input type="checkbox"/> Spouse	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 No.:
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	

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 seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.

Supporting documentation: is attached will be submitted within 7 days of application deadline

FOR OFFICE USE ONLY	
10 points	<input type="checkbox"/>
15 points	<input type="checkbox"/>