Application for Employment

CITY OF WINONA
207 Lafayette Street, PO Box 378
Winona, MN 55987
(507) 457-8234
(507) 457-8293 (fax)
www.cityofwinona-mn.com

Date Received

We welcome your application for employment. Please complete all of the application so we may give you full consideration. Additional information, which you believe qualifies you for the position you are applying for, may be attached to this application. Submission of an incomplete application disqualifies you from consideration for employment.

We provide equal employment opportunities to all and do not discriminate on the basis of race, color, creed, religion, national origin, marital status, status with regard to public assistance, sexual orientation, sex, age or disability. It is the policy of the City of Winona 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.

All information contained in or connected with this application will be used only in conjunction with your possible employment with the City of Winona.

PERSONAL INFORMATION

Name: Last First Middle

Present Address: Street City State Zip Code

Permanent Address: Street City State Zip Code
(If different from above)

Home Phone Number | Business Phone Number | Cell Phone Number

Email address: **Please print clearly**

Are you 18 years of age or over? Yes ☐ No ☐ If no, state date of birth: _____
Are you willing to work overtime if required? Yes ☐ No ☐
Are you a United States citizen OR if not, do you have permission to work in this country? Yes ☐ No ☐

Have you previously been employed by the city?

Yes ☐ No ☐ If yes, date _____ to _____ Position(s) _____

POSITION APPLYING FOR

Position for which you are applying:

☐ Full Time ☐ Part Time ☐ Temporary/Seasonal

Date Available:

EDUCATION AND TRAINING

Did you graduate from high school or receive a GED? Yes ☐ No ☐

School Attended:_____

Highest Grade Completed (circle one) 12 13 14 15 16 17 18 19 20+

TYPE	NAME/LOCATION	DATES ATTENDED		GRADUATED	DEGREE	COURSE OF STUDY
		From	To			
College/ University				Y ☐ N ☐		
College/ University				Y ☐ N ☐		
College/ University				Y ☐ N ☐		
Technical				Y ☐ N ☐		
Technical				Y ☐ N ☐		

List any correspondence courses, special courses, seminars, workshops and training programs you attended that might be related to this position. Please review the job description before responding.

_____

_____

Typing ability: ☐ Yes ☐ No Personal Computer/Word Processor: ☐ Yes ☐ No

Please list computer applications that you are familiar with: _____

_____

_____

Other office equipment you can operate: _____

_____

_____

TO BE COMPLETED BY APPLICANTS FOR LABOR AND SKILLED TRADE

Apprenticeship(s) served or trades learned: _____

_____

_____

Capable of operating the following equipment: _____

_____

_____

EMPLOYMENT HISTORY – Please list past employers beginning with your most recent employment.

Currently working for this employer? ☐ Yes ☐ No | May we contact this employer? ☐ Yes ☐ No | Full Time ☐ Yes ☐ No

Employer | Address

Supervisor: Name | Title | Telephone Number

Job Title | Date Employed: From To | Ending Base Salary/Wage:

Nature of Duties: _____

_____

_____

Reason for leaving or seeking change of position:

Currently working for this employer? ☐ Yes ☐ No | May we contact this employer? ☐ Yes ☐ No | Full Time ☐ Yes ☐ No

Employer | Address

Supervisor: Name | Title | Telephone Number

Job Title | Date Employed: From To | Ending Base Salary/Wage:

Nature of Duties:

_____

_____

Reason for leaving or seeking change of position:

Currently working for this employer? ☐ Yes ☐ No | May we contact this employer? ☐ Yes ☐ No | Full Time ☐ Yes ☐ No

Employer | Address

Supervisor: Name | Title | Telephone Number

Job Title | Date Employed: From To | Ending Base Salary/Wage:

Nature of Duties: _____

_____

_____

Reason for leaving or seeking change of position:

Currently working for this employer? ☐ Yes ☐ No | May we contact this employer? ☐ Yes ☐ No | Full Time ☐ Yes ☐ No

Employer | Address

Supervisor: Name | Title | Telephone Number

Job Title | Date Employed: From To | Ending Base Salary/Wage:

Nature of Duties: _____

_____

_____

Reason for leaving or seeking change of position:

ADDITIONAL WORK EXPERIENCE

Please attach additional sheets relating to the type of employment you are seeking. Include full/part time and temporary positions. Indicate dates, employer and job titles.

Was any of your education or experience under another name? ☐ Yes ☐ No If yes, what name? _____

ACTIVITIES – with direct bearing on your qualifications for the position.

Exclude organizations indicating race, creed, religion, color, sex, national origin, marital status, political affiliation, age or disability in their name or character.

Current: _____

_____

Past: _____

DRIVER'S LICENSE INFORMATION

Please indicate whether you have any of the following licenses.

☐ Class A No. _____

☐ Class B No. _____

☐ Class C No. _____

☐ Class D No. _____

State: _____ Expiration Date: _____

Have you had any moving violations in the last five (5) years?

☐ No ☐ Yes, Explain _____

If relevant, list other current registrations, licenses or certificates you have. Include date first issued and expiration of current license.

Registration, Licenses, Certificates	Issue Date	Expiration

CONVICTION INFORMATION

No person shall be disqualified from public employment solely or in part because of prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly relate to the position of employment sought. In determining the effect of a conviction, the City shall consider the requirements of Minnesota Statutes, Chapter 364. Applicants who are finalists will be subject to a criminal background investigation.

Have you ever been convicted as an adult for a criminal violation? ☐ Yes ☐ No

If yes, date and place	Nature of Offense	Disposition

If yes, date and place	Nature of Offense	Disposition

REFERENCES

Please list below the names of three people who are not related to you.

Name and Occupation	Address	Phone Number

VETERAN'S PREFERENCE POINTS

Do you wish to claim a veteran's preference if you achieve a passing score? ☐ Yes ☐ No

- ☐ Veteran (defined as person separated under honorable conditions who has served on active duty from at least 181 days, or honorably discharged by reason of disability incurred while on active duty).
- ☐ Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of on of the branches of the Armed Forces, which disability is currently existing).
- ☐ Spouse of the deceased veteran
- ☐ Spouse of disabled veteran who is unable to use preference due to disability.

Note: If you elect to use a veteran's preference please provide documentation (DD214) establishing your right to claim the preference.

Signature: _____

SIGNATURE

Please be sure to sign this application and read the following statements carefully

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Winona during the application process or during employment.

Any information about yourself that you provide to the City of Winona during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, you are required to provide the information requested in the Application for Employment if you wish to be considered for employment. If you do not supply the information requested, your application may not be considered.

Collected information may be provided to (1) persons authorized to have access to the information under state or federal law; (2) persons authorized by court order to have access to the information; and (3) persons to whom you consent in writing to have access to the information. City officials and staff who need to know the information will also have access.

I certify that all the information in this application is true and complete. I understand that giving false information or omitting requested information may disqualify me from further consideration for employment or result in dismissal, if discovered at a later date.

I authorize the City of Winona to verify this information to determine whether or not I am qualified for the position for which I am applying. I hereby authorize all current and previous employers to release job-related information to the City of Winona and release all persons, employers and educational institutions from any liability to me if they supply information to this employer as part of its investigation.

I understand that any offer of employment by the City of Winona may be contingent upon (1) my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States, (2) successful completion of any pre-employment physical exam and/or drug/alcohol test that may be required, and (3) proof of a valid driver's license and satisfactory driving record.

My signature reflects that I have read, understood and have agreed to these terms and conditions. I understand that this application may be considered active for one year. If I wish to be considered for other open positions within that time, I must contact City Manager's office and request to be considered. After one year, I must submit a new application.

_____ _____

Signature Date

NOTICE TO APPLICANT

The Minnesota Government Practices Act (Minnesota Statutes 13.01-13.90) has two sections that affect applicants seeking employment with the City of Winona.

First, under "rights of Subjects of Data," (Minnesota Statutes 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 "Personal Data" (Minnesota Statue 13.43) the following data as an applicant for employment by 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;
- Work availability.

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

If you are hired, the following data about you will be public;*

- Your name
- Your city and county of residence
- Your actual gross salary, contract fees, 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, including expense reimbursement to your salary;
- Your job title an 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 Winona, whether or no they 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;
- Honors and awards you have received;
- Payroll time sheets or other comparable data that are only used to account for you work time for payroll purposes;
- Your previous work experience; 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 are 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 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 Archive
- 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 optional date requested, the data you provide is needed to identify you and to assist in determining your suitability for the position for which you are applying.

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

NOTICE TO MINORS: Minors from whom private or confidential data is collected have the right to request that parental access to the private data be denied.

Supplement to City of Winona
Employment Application

Position: Wastewater Treatment Plant Superintendent

TO ALL JOB APPLICANTS: Completion of this supplemental questionnaire is required as part of the City of Winona employment process in order to more accurately evaluate your qualifications for this position. This questionnaire will be considered as the initial examination for those applicants meeting the minimum qualifications for this position. Please attach additional sheets if necessary. Complete all questions. **Resumes will <u>not</u> be accepted in lieu of this supplement and should not be referenced in place of answering the questions below.**

1. Do you possess a high school diploma or equivalent? **YES** **NO**

2. Do you possess a valid Driver's License? **YES** **NO**

3. Do you possess a valid Commercial Driver's License **YES** **NO**

4. Have you attended college/university or vocational institute? **YES** **NO**

   A. How long attended: _____

   B. Did you graduate? **YES** **NO**

   C. Name of course of study (e.g. mechanics, electronics, etc.): _____

5. What class of MN wastewater license do you currently have? Please attach a copy to you application. **A** **B** **C** **D**

6. Do you have a type 4 Operator's License for Land Application of Biosolids? **YES** **NO**

7. Please explain your experience working in a wastewater treatment plant.

8. List your experience with various computer software and your proficiency with each (1 being the lowest proficiency to 5 being the highest proficiency)

9. Please describe any employee supervisory experience you have had.

I certify that all answers to the above questions are true and understand that any false information on or omission of information from this supplemental questionnaire will be cause for rejection of this application or termination of employment.

_____
Printed Name

_____ _____
Applicant's Signature Date