



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
<input style="width: 100px; height: 20px;" type="text"/>

Application for Employment

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, disability, membership or activity in a local commission, reserve or national guard status, military service and citizenship unless otherwise authorized by law. It is the policy of the City of Winona to provide reasonable accommodations to the known physical and mental limitations of qualified disabled applicants and employees in order for them to participate in the hiring process and 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
Home Phone Number	Business Phone Number	Cell Phone Number
Email address: Please print clearly		
Are you 18 years of age or over? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state date of birth: _____ Are you willing to work overtime if required? Yes <input type="checkbox"/> No <input type="checkbox"/> Will you be able to present documents to establish your identity and authorization to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you previously been employed by the city? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date _____ to _____ Position(s) _____		
POSITION APPLYING FOR		
Position for which you are applying:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal		
Date Available:		

EMPLOYMENT OR MILITARY SERVICE HISTORY

Please list previous work history beginning with your most recent employment or service.

Currently working for this employer or military branch? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Military Branch	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 or military branch? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Military Branch	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 or military branch? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Military Branch	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 or military branch? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Military Branch	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 of page 2 relating to the type of employment you are seeking. Include full/part time and temporary positions and job titles.

VETERAN'S PREFERENCE

If you have served in the military and wish to apply for Veteran's preference points you must complete the application for Veterans' Preference points, and submit the application and required documentation to the City of Winona by the application deadline of the position for which you are applying.

EDUCATION AND TRAINING

TYPE	NAME/LOCATION	Number of Years Attended	GRADUATED	DEGREE	COURSE OF STUDY
High School or GED			Y <input type="checkbox"/> N <input type="checkbox"/>		
College/ University			Y <input type="checkbox"/> N <input type="checkbox"/>		
College/ University			Y <input type="checkbox"/> N <input type="checkbox"/>		
Technical			Y <input type="checkbox"/> N <input type="checkbox"/>		
Technical			Y <input type="checkbox"/> N <input type="checkbox"/>		

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

TO BE COMPLETED BY APPLICANTS FOR LABOR AND SKILLED TRADE

Apprenticeship(s) served or trades learned: _____

Equipment you have worked with: _____

ACTIVITIES – to inquire about job related work experience, education or training.

The City recommends that you exclude organizations indicating race, creed, religion, color, sex, national origin, marital status, political affiliation, age or any additional protected categories per introduction comment above 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: _____

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

REFERENCES

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

Name and Occupation	Address	Phone Number

SIGNATURE

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

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. I further acknowledge my understanding that employment with the City of Winona is "at will," and that employment may be terminated by either the City of Winona or me at any time, with or without notice.

With my signature below, I am providing the City of Winona authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, contact with my current employer will not be made without my specific authorization.

I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the City of Winona in writing of any changes to information reported in this application for employment.

Signature

Date

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE, MUST BE ATTACHED

(Veteran is defined by Minn. Stat. § 197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other documentation verifying service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "member Copy 4" of your DD214, or other documentation verifying service, contact your County Veterans' Service Office.

The City of Winona operates under a point preference system, which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; Fifteen (15) points are awarded if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score and 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** after having served

the full period called **or** ordered for federal, active duty **and** be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, or have active military service certified under 38 U.S.C. § 106, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five points preference only for the first promotion after securing employment with the City of Winona.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" DD214, or other documentation verifying service, is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

Name (Last)	(First)	(MI)	Position For Which You Applied		
Address (Street)			(City)	(State)	(Zip)
Closing Date:			Phone Number		
Are you a US Citizen or Resident Alien?			<input type="checkbox"/> YES <input type="checkbox"/> NO		

VETERAN (10 points):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, must be submitted to receive points)

Honorably discharged veteran Yes No

DISABLED VETERAN (15 points):

("Member Copy 4" of DD214, or other documentation verifying service, and USDVA letter of a compensable disability rating decision must be submitted to receive points)

Percent of Disability: _____%
 Have you ever been promoted within the City of Winona employment? Yes No

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, photocopy of marriage certificate, spouse's death 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

SPOUSE OF DISABLED VETERAN (15 points):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, and USDVA letter of a compensable service connected disability rating decision must be submitted to receive points).

How does 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):

AFFIDAVIT: I hereby claim Veterans' Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to the City of _____ by the required application deadline.

Signature _____

Date _____

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202 (38 U.S.C. § 106)

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the "Member Copy 4" of your DD214 or DD215, or other documentation verifying service, This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Generally, disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per Minn. Stat. §§ 197.455 and 197.447 if it was incurred prior to September 7, 1980.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, or other documentation verifying service, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of Winona. Please contact our office at 507-457-8234 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

APPLICANT DATA PRACTICES ADVISORY

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of Winona. First, under “Rights of Subjects of Data” (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, 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 consequences 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” (Minn. Stat. §13.43) the following data on you 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 a position in public employment.

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

- Your name;
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- Your job title, bargaining unit (if applicable) and 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, regardless whether or not they have 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;
- Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your work time for payroll purposes: except to the extent that release of time sheet data would reveal employee’s reasons for the use of sick or other medical leave or other non-public data;
- Your previous work experience;
- The “complete” terms of any settlement agreement (including buyout agreements) except that the agreement must include the specific reasons if it involves the payment of more than \$10,000 of public money; 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 is placed in your personnel file and which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of city staff needing it to process city records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- 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 the optional data requested, the data you provide is needed to identify you and you assist in determining your suitability for the position for which you are applying.

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

If you have any questions regarding your rights as a subject of data, please contact the City of Winona Human Resources Department at 207 Lafayette Street, Winona, MN 55987. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**

SUPPLEMENTAL QUESTIONNAIRE WASTEWATER MAINTENANCE WORKER

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 not be accepted in lieu of this supplement, and should not be referenced in place of answering the questions below.**

Name: _____

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

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

3. 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, water, wastewater technology, etc.):

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

5. Do you possess a current Class "D" or higher Wastewater Treatment Plant Operator's License? YES NO

If so, please provide a copy of the license with this questionnaire.

6. Do you have previous work experience in municipal government? YES NO

If yes, describe in detail where you worked, how long, what your responsibilities were, etc.

Wastewater Maintenance Worker Supplemental Questionnaire

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7. Please describe any experience you may have in the operation and maintenance of pumps and/or electrical skills.

8. Please describe any experience you may have in building and/or mechanical maintenance and repairs.

9. Do you have previous working experience in a wastewater treatment plant?

YES NO

If yes, describe in detail where you worked, how long, what your responsibilities were, etc.

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 application will be cause for rejection of this application or termination of employment without notice or benefits.

Applicant's Signature

Date