



CITY OF PINE CITY

315 Main Street South, Suite 100 · Pine City MN 55063
 Phone: (320) 629-2575
 Fax: (320) 629-6081
 Pinecity.govoffice.com

CITY OF PINE CITY
 Application for Employment

We welcome you as an applicant for employment with the City of Pine City. It is the City's policy to provide equal opportunity in employment. The City will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for information regarding what is considered public and private information as an applicant, and if you are selected for the position, as an employee. Pine City accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact the City Administrator at admin01@pinecitygov.com or by phone at 320-629-2575.

Personal Information

First Name	Middle Initial	Last Name
Street Address		
City, State, Zip		
Email Address		
Home Phone		Cell Phone

If the City decides to interview you, what is your preferred contact number?

Position Information

What position are you applying for?				
Date available to begin working?				
Type of Work Desired?	<input type="checkbox"/> Full - Time	<input type="checkbox"/> Part - Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Temporary
Are you at least 18 years old?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driver's License #	Expires On:	
Class (e.g. A, B, C, D, provisional, etc.):	Endorsements (e.g. airbrake, motorcycle, trailer, etc.):	

For positions requiring a license, list your State license or certificate number (e.g. , building official's license, water operator, wastewater operator, etc.):

Type of license: _____ Number: _____

Do you have any physical limitations which require reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes, please attach an additional sheet to explain:	
If you are not a U.S. Citizen, do you have Bureau of Immigration approval to work in the U.S?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you serve in the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your duties while you were in the service:

Do you wish to claim Veterans' Preference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please complete the Veterans' Preference Section at the end of this application.
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Education Information

Circle the highest grade completed

9 10 11 12 GED High School	13 14 15 16 College/Technical	MA MS PHD JD Post-Graduate
Did you graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you graduate <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of School (Begin with High School)	Location (City & State)	Major/Course of Study	Degree or Certification

Other Training or Continuing Education

Name of Course	Date(s) Taken	School or Institution Providing Training

Special Skills, Experiences, Interests

Include items that may be useful in evaluating your employment, include volunteer work

For Clerical Positions - please check the box next to items that you have working knowledge of:

<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Publisher	<input type="checkbox"/> Accounting Software	<input type="checkbox"/> GIS Software
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- - - To Be Completed by Applicants for Labor & Skilled Trade Positions Only - - -

Apprenticeship(s) served or trades learned:

Licenses or Certifications held & expiration date:
(e.g. wastewater operator's license)

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Capable of operating the following equipment (note – snowplowing requires Class B drivers license):

<input type="checkbox"/> Bobcat	<input type="checkbox"/> Loader	<input type="checkbox"/> Snowplow	<input type="checkbox"/> Mower	<input type="checkbox"/> Rodder/Jetter
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Employment History

Please provide employment history for the last 8 years, if applicable.

Employer:		Address:		
Supervisor Name:		City, State, Zip:		
Position Title:		Start Date:	End Date:	Last Salary:
Duties Performed:				
Reason for Leaving:				
May we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide a phone number:

Employer:		Address:		
Supervisor Name:		City, State, Zip:		
Position Title:		Start Date:	End Date:	Last Salary:
Duties Performed:				
Reason for Leaving:				
May we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide a phone number:

Employer:		Address:		
Supervisor Name:		City, State, Zip:		
Position Title:		Start Date:	End Date:	Last Salary:
Duties Performed:				
Reason for Leaving:				
May we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide a phone number:

REFERENCES

Please list both professional and personal references, but do not list relatives.

Name:	Relationship:	Telephone:

I certify that all information I have provided in this application is true and complete to the best of my knowledge. I agree and understand that any false statements, misleading information or omission of information contained in this application or any supplemental materials I submit may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

With my signature below, I am providing the City of Pine City authorization to verify all information I provided within this application packet including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered "no" to the question "may we contact your current employer", contact with my current employer will not be made without my specific authorization.

I further understand that criminal history checks, drug and alcohol testing, a credit history investigation, and a physical examination may be conducted after I have been selected for employment. I also understand that a conviction of a crime related to this position, failed alcohol/drug test, failed physical examination or poor credit report may result in my being rejected for the job opening. I understand it is my responsibility to notify the City in writing of any changes to information reported in this application for employment.

Applicant's Signature:	Date:
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INFORMATION REGARDING CLAIMING VETERANS' PREFERENCE

Complete this form only if you are claiming Veterans' Preference and include all necessary documentation as noted below.

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

The veteran or a spouse of a veteran must:

- a) be a U.S. citizen or resident alien;
- b) you or your spouse must 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 disability incurred while on active duty, or
 - iii. have met the minimum active duty requirement as defined by Code of Federal Regulations, title 38, section 3.12a, or
 - iv. has active military service certified under Section 401, U.S. Public Law 95-202. The 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.

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 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. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions. ("DD214 "Member-1" copy will not be accepted.)

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. 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.

Applicant Name:		<input type="checkbox"/> Self <input type="checkbox"/> Spouse		If spouse, list Veteran's Name:	
Branch of Service:			Dates of Active Duty:		
Rank at Discharge:			Type of Discharge:		
Date of Final Discharge:			Service Number:		
Do you have a compensable service-related disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Preference Requested		<input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran			
		<input type="checkbox"/> Spouse of Veteran <input type="checkbox"/> Spouse of Disabled Veteran			
Have you or your spouse has been honorably discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If disabled veteran, please note percentage of disability:	_____ %	Are you a US Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SPOUSE OF DECEASED VETERAN: ("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

Supporting Documentation

Attached

Will be submitted within 7 days of application deadline

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 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 Pine City by the required application deadline.

Signature

Date

**NOTICE TO EMPLOYMENT APPLICANTS
DATA PRACTICES ADVISORY**

Instructions for completing application:

1. Fill out a separate application for each job you are applying for.
2. Read the job announcement carefully to be sure you meet all the minimum qualifications.
3. Your application must be received in the City Administrator's Office of the City of Pine City no later than 4:30 p.m. on the LAST DAY FOR FILING as stated in the job announcement, or be post-marked on or before that date.
4. If you require special testing conditions, attach an explanation or contact the City Administrator's Office. (Example: Hearing impairment requiring written other than oral instructions.)
5. All materials submitted in support of your application become the property of the City of Pine City and cannot be returned. Work samples, letters of recommendation, etc. should not be submitted at the time of application.
6. Veterans' preference: Qualified veterans and spouses of disabled or deceased veterans may apply to have extra points credited to their examination scores. However, you must pass the examination for this preference to be applied. If you have any questions about this preference, check with our office.

Important facts concerning information provided on your application:

Minnesota Statutes § 13.04 on data privacy requires that you be informed that the following information, which you will be asked to provide in the employment process, is considered private data:

- Home address
- Home phone number
- Social Security number
- Date of birth
- Conviction record
- Sex
- Age group
- Racial/ethnic group
- Disability type

We ask for 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 takes the examination.
- 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 determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position you applied for.
- To enable us to ensure your rights to equal opportunities.
- To meet federal reporting requirements.
- To make processing more efficient.

The data supplied may be used for other purposes as may be determined to be necessary in the administration of the City of Pine City Civil Service Act and the rules and regulations promulgated pursuant thereto.

Furnishing Social Security number, date of birth (unless a minimum age is required), sex, age group, racial/ethnic 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 or city-related programs that have a bona fide 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 notice as private data.

If you pass the examination, your name, score, and standing will become public information and may be provided to anyone.

If you are hired by the City of Pine City, you will be legally required to supply your Social Security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration, and will enable us to compute your salary deductions. Insurance data, which you will be required to furnish in order to participate in city health and life insurance plans, will be classified as private as will payroll deduction data.

If you have any questions regarding your rights as a subject of data, please contact the Data Compliance Officer, City of Pine City, at 315 Main Street South, Pine City MN 55063.

This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.



Informed Consent Form

Date: _____

You have made application with this agency for employment. The Minnesota Data Practices Act requires that you be advised of the following information:

You are being asked to provide private and/or confidential data about yourself which will be used to check criminal histories, arrest records, and warrant information.

You may refuse to provide this information; however, should you refuse, the investigation cannot be completed and will result in your application not being processed. The information that you provide will be used by the City of Pine City to complete its background investigation.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full)(please print): _____

Maiden, Alias or Former(please print): _____

Date of Birth: _____ **Sex** (M or F): _____
Month/Day/Year

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to City of Pine City for the purpose of employment with this agency.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant: _____ **Date** _____

Notary: _____ Date _____