



Application for Employment

City of Waseca

508 State St. S.
 Waseca, MN 56093
 507-835-9700
 Fax: 507-835-9756
www.ci.waseca.mn.us

We welcome your application for employment. Please furnish us with complete information to assist us in giving you full consideration. Additional information that you believe qualifies you for the position for which you are applying may be attached to the application.

The City of Waseca is an Affirmative Action employer. The City of Waseca is committed to providing equal opportunity in all areas of employment, including, but not limited to, recruitment, hiring, demotion, promotion, transfer, selection, lay-off, disciplinary action, termination, compensation, and selection for training. The City of Waseca will not discriminate against any employee or job applicant on the basis of race, color, creed, religion, national origin, ancestry, sex, sexual orientation, gender identity (including pregnancy, childbirth, and related medical conditions), gender expression, disability, age, marital status, genetic information, status with regard to public assistance, veteran status, familial status, membership on a local human rights commission, lawful participation in the Minnesota Medical Cannabis Patient Registry, reserve or National Guard status, military service, citizenship, or any other basis protected by law, except where there is a bona fide occupational qualification. The City will not discriminate upon any protected class identified by the Human Rights Act, the US Civil Rights Act, or the Pregnancy Discrimination Act.

POSITION

Position Applied For:

Date of Application:

Date Received by City:

PERSONAL INFORMATION

Name: Last

First

Middle

Address: Street

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email Address

Are you under Age 18? Yes No If yes, 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

Are you presently or have you previously been employed by the City of Waseca? Yes No
 If yes, when and in what position?

EDUCATION AND TRAINING

Last High School: Name _____ Address _____	Did you graduate? Yes No
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SCHOOLS

TYPE	NAME AND LOCATION	DEGREE	MAJOR/MINOR	GPA
COLLEGE/ UNIVERSITY				
COLLEGE/ UNIVERSITY				
GRADUATE				
TECHNICAL				

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

Technology

How well can you operate a personal computer? Basic Intermediate Advanced

Please list the computer applications you are familiar with:

Other office equipment you can operate:

Complete this section if position requires a valid driver's license.

Please indicate whether you have any of the following licenses. Minnesota Class A, License #: Minnesota Class B, License #: Minnesota Class D, License #: Other (List state, class, #): Expiration Date:	If relevant, list other current registrations, licenses, or certificates you have. Include date first issued and expiration of current license. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 60%;">Registration, Licenses, Certificates</th> <th style="width: 20%;">Date of Issue</th> <th style="width: 20%;">Expiration Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Registration, Licenses, Certificates	Date of Issue	Expiration Date			
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Complete this section if applying for a labor or skilled trade position.

Apprenticeship(s) served or trades learned:

Capable of operating the following equipment:

ACTIVITIES – with a direct bearing on you qualifications for this position

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

Membership in Civic, Professional, Social, or Other Organization (include offices held)

Current:

Past:

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

Are you presently employed? Yes No		May we contact your present employer? Yes No	
Employer		Address	
Supervisor: Name	Title	Phone Number	Fulltime? Yes No
Job Title	Date Employed: From To (month/year)		
Nature of Duties:			
Reason for leaving or seeking change of position:			

Employer		Address	
Supervisor: Name	Title	Phone Number	Fulltime? Yes No
Job Title	Date Employed: From To (month/year)		
Nature of Duties:			
Reason for leaving or seeking change of position:			

Employer		Address	
Supervisor: Name	Title	Phone Number	Fulltime? Yes No
Job Title	Date Employed: From To (month/year)		
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Reason for leaving or seeking change of position:			

Employer		Address	
Supervisor: Name	Title	Phone Number	Fulltime? Yes No
Job Title	Date Employed: From To (month/year)		
Nature of Duties:			
Reason for leaving or seeking change of position:			

Employer	Address	Fulltime? Yes No
Supervisor: Name	Title	Phone Number
Job Title	Date Employed: From (month/year) To	
Nature of Duties:		
Reason for leaving or seeking change of position:		

ADDITIONAL WORK EXPERIENCE

Relating to the type of employment you are seeking. Include full time, temporary, and part-time positions. Indicate dates, employer, and jobs.

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REFERENCES

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

Name and Occupation	Years Acquainted	Phone Number

MILITARY SERVICE

Did you serve in the U.S. Armed Forces? Yes No

Describe your duties:

Do you wish to apply for Veterans' Preference points? Yes No

If you answered "yes," you must complete the enclosed application for Veteran's Preference points, and submit the application and required documentation to the City of Waseca by the application deadline of the position for which you are applying.

SIGNATURE

I understand that any falsified information or significant omissions on either the application or during my interview may disqualify me from further consideration for employment and may be considered justification for dismissal. This application is not a guarantee of anything, nor is it a contract, and employment is at-will.

Signature	Date
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AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the City of Waseca and its representatives to make an investigation of any information contained in this application and/or supplemental materials I have submitted in consideration for the position for which I am applying. I authorize my past and present employers and educational institutions to release information concerning my employment and educational background to the City of Waseca. The information obtained will be used by the City of Waseca to evaluate my qualifications for employment and may be disclosed to elected and appointed officials and employees of the City of Waseca whose work assignments reasonably require access during the hiring process; enforcement agencies with legal authority; and persons/entities authorized by law or court order.

To the fullest extent permitted by law, I release my present or former employers and educational institutions from responsibility for any harm or damages that I may experience as a result of their good faith compliance with this authorization.

I understand that I am not legally required to sign this authorization, but if I do not do so, the City of Waseca may be unable to adequately evaluate my qualifications for employment.

This authorization is valid for one year from the date below or until the purpose has been fulfilled, whichever occurs first. This authorization may be withdrawn by notifying the City in writing, but such withdrawal does not affect the validity of disclosures made prior to the withdrawal notice. A photocopy of this release is valid for all purposes as an original.

Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Waseca appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position for which you are applying:

Gender: Female Male Non-Binary

With which racial/ethnic group do you identify?

Black or African American

Hispanic or Latino

American Indian or Alaskan Native through Tribal affiliation or community

Caucasian/White

Asian

Native Hawaiian of other Pacific Islander

Two or more races

Disability status, defined as:

- 1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing, or learning);
- 2) Has a history of a disability (such as cancer that is in remission);
- 3) Is regarded as having such an impairment.

Do you claim disability status? Yes No

Your Rights as a Subject of Data

Minnesota Statutes, section 13.04 requires that you be informed of the following about private data requested on this application. The data obtained may be disclosed to elected and appointed officials and employees of the City whose work assignments reasonably require access during the hiring process; enforcement agencies with legal authority; and persons/entities authorized by law or court order.

Private Data	Purpose and intended use	Known consequence arising from supplying or refusing to supply
Name	To identify you in relation to other applicants. If you become a finalist for a position, then your name becomes public data.	You are legally required to provide this data. If this data is not provided, the City will reject your application.
Age 18 or older	To certify applicants for certain types of work	You are legally required to provide this data. If this data is not provided, the City will reject your application.
Residence Information	To be able to notify you of your application's status	You are not legally required to provide this data, but you will be required to provide this data if you are hired If this data is not provided, the City may not be able to contact you.
Telephone Numbers	To contact you regarding availability for interviews, to notify you of vacancies, to request clarification on your application	You are not legally required to provide this data. If this data is not provided, the City may not be able to contact you.
Close Relatives	To assist the City in determining whether your employment would result in any conflicts with the City's nepotism policy	You are not legally required to provide this data. If this data is not provided, the City will not be able to make this determination.
Military	To assist the City in evaluating your qualifications for employment	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information.
Professional or Technical Licenses, Certificates, Memberships, or Other Credentials	To allow you to identify additional information that may assist the City in evaluating your qualifications for employment	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information.
Job-related volunteer and unpaid work experience	To allow you to identify additional information that may assist the City in evaluating your qualifications for employment	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information.
Additional experience	To allow you to identify any other information that may assist the City in evaluating your qualifications for employment	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information.
Eligibility to Work	To certify that applicants are eligible to work.	You are not legally required to provide this data, but you will be required to provide this data if you are hired. If this data is not provided, the City may reject your application.
References	To assist the City in evaluating your qualifications for employment	You are not legally required to provide this data. If this data is not provided, the City will reject your application.

All other data on this application is public data.



Application for Veterans Preference Points

Eligibility:

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their training and experience examination results. Points are awarded subject to the provisions of Minnesota Statutes, section 197.455. To be eligible for veteran’s preference points, you must be either be (1) 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, by reason of disability incurred while serving on active duty, met the minimum active duty required as defined by federal rule or have certain active military service certified under federal law not identified elsewhere, and be a citizen of the United States or resident alien; or (2) 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.

Instructions:

The information you provide on this form will be used to determine your eligibility for veteran’s 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 do not include these documents with this application, be sure to include your name, and the name of position for which you are applying, when you do submit the documents.

All documentation must be received no later than 7 calendar days after the application deadline for the position for which you are applying.

VETERANS PREFERENCE APPLICATION				
Veteran:	Self	Spouse	If spouse, 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 service-related disability?	Self	Spouse		
Type of preference requested:	Veteran	Disabled Veteran	Spouse of Veteran	Spouse of Disabled Veteran
Supporting Documentation:	Is attached	Will be provided within 7 days of application deadline		