



The Town of White welcomes you as an applicant for employment.

It is the policy of the Town of White to provide equal opportunity to all employees and applicants for employment. The Town of White will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, or status with regard to public assistance. Our employment decisions are made on the basis of individual ability and merit. Upon request, accommodations will be provided to applicants in accordance with Americans with Disabilities Act (ADA). The Town of White is an equal opportunity employer. Please call (218) 229-2813.

Applicant's Last Name_____ First_____ Middle_____

Applying for position of:_____

APPLICATION INSTRUCTIONS:

To ensure that your application will be accurately processed, please review the following:

- 1) Please print or type when completing this form.***
- 2) Complete a separate application form for each position opening you apply for, following instructions completely and signing your application where required.***
- 3) Be specific and complete when filling out the Employment History section. Application forms that are incomplete will be removed from further consideration. If additional space is needed to complete your employment history, you may make copies of that page. A resume may be attached to the completed application.***
- 4) Applications must be received at City Hall by the advertised closing date and time. When the stated deadline is past, all applications will be reviewed and evaluated to determine how well each applicant is suited for the position opening.***
- 5) The Town Office Manager/Clerk will inform the successful applicant and arrange a starting date. Other applicants will be notified by mail that the position has been filled.***

RETURN COMPLETED APPLICATION FORM TO:
Town of White - 16 W. 2nd Ave. N. - PO Box 146 Aurora, MN 55705
Telephone: (218) 229-2813

The Town of White is an Equal Opportunity Employer

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the Town of White 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 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 with the Town of White. All data collected is considered private except for the following:

- 1) Your veteran's status.
- 2) Relevant test scores.
- 3) Your rank on our eligibility list.
- 4) Your job history.
- 5) Your education and training.
- 6) Your work availability.

Your name is considered 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 Town of White. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age 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, appropriate Town employees, and others as provided by state and federal law 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.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the Town in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the Town of White to monitor protected class employment and to meet federal, state, and local reporting requirements.

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

Applicant's Printed Name _____

Applicant's Signature _____

Date _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Between hours of _____ and _____

Telephone: _____ Between hours of _____ and _____

Email: _____

Are you under 18 years of age? ☐ No ☐ Yes

If so, are you 16 years of age or older? ☐ No ☐ Yes

EDUCATION

Educational Institution	Names and Address of Institution	Course (Major/Minor)	Level of Education	Did you Graduate? (Y/N)	List Diploma or Degree Awarded
High School					
College					
Other (Specify)					

DRIVER'S LICENSE (Only complete this section if a driver's license is required for the position you are applying for.)

Driver's License # _____ License Class (A, B, C, D) _____
State in which license is issued: _____ Expiration Date: _____

OTHER LICENSES & CERTIFICATES

Please list any other licenses, registrations, or certifications that are required or pertinent to the position you are applying for. If this licensing, etc., is required for the position, and you fail to include a photocopy of it with your application form, your name will be removed from further consideration for the position. If this licensing is not required for the position, but you feel it is relevant and may be an item for which we are awarding points, please indicate below for credit to be awarded.

Type of License or Certificate	Licensing Agency	Expiration Date	License Number

**** Attach a copy of each license or certificate ****

EMPLOYMENT HISTORY

Please give accurate and complete information. List your present or most recent experience first.

DO NOT MARK YOUR APPLICATION "Please see resume."

PRESENT OR MOST RECENT EMPLOYER:

Employer: _____ May we contact this employer? ☐ No ☐ Yes

Employer Address: _____

Employer Phone Number: _____ Supervisor's Name & Title: _____ Your

Job Title: _____ Average Number of Hours Worked per Week: _____

Numbers and types of positions you supervised: _____

Your Duties and Responsibilities: _____

Dates of employment: _____ to _____

Reason for leaving: _____

PREVIOUS EMPLOYER:

Employer: _____ May we contact this employer? ☐ No ☐ Yes

Employer Address: _____

Employer Phone Number: _____ Supervisor's Name & Title: _____

Your Job Title: _____ Average Number of Hours Worked per Week: _____

Numbers and types of positions you supervised: _____

Your Duties and Responsibilities: _____

Dates of employment: _____ to _____

(month/year)

(month/year)

Reason for leaving: _____

PREVIOUS EMPLOYER:

Employer: _____ May we contact this employer? ☐ No ☐ Yes

Employer Address: _____

Employer Phone Number: _____ Supervisor's Name & Title: _____

Your Job Title: _____ Average Number of Hours Worked per Week: _____

Numbers and types of positions you supervised:

Your Duties and Responsibilities: _____

Dates of employment: _____ to _____
(month/year) (month/year)

Reason for leaving: _____

PREVIOUS EMPLOYER:

Employer: _____ May we contact this employer? ☐ No ☐ Yes

Employer Address: _____

Employer Phone Number: _____ Supervisor's Name & Title: _____

Your Job Title: _____ Average Number of Hours Worked per Week: _____

Numbers and types of positions you supervised:

Your Duties and Responsibilities: _____

Dates of employment: _____ to _____
(month/year) (month/year)

Reason for leaving: _____

PROFESSIONAL REFERENCES

List people who know you well, preferably from a work environment and not an acquaintance or relative.

Name_____ Address_____

Occupation_____ e-mail (if available)_____

Home Phone_____ Work Phone_____

~~~~~

Name\_\_\_\_\_ Address\_\_\_\_\_

Occupation\_\_\_\_\_ e-mail (if available)\_\_\_\_\_

Home Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

~~~~~

Name_____ Address_____

Occupation_____ e-mail (if available)_____

Home Phone_____ Work Phone_____

~~~~~

---

## CLAIM FOR VETERAN'S PREFERENCE

---

The eligibility requirements for veteran's preference are listed below. Read them carefully to see if you qualify. If you do wish to receive preference, be sure to complete this section. Anyone eligible for receiving a monthly veteran's pension benefit based exclusively on length of military service is not eligible. Providing the information in this section is voluntary. You must do so if you wish to obtain preference.

### Veteran Eligibility for Open Competitive Position (5 Points)

Must be a U.S. Citizen or resident alien who has separated under honorable conditions:

After serving on active duty for 181 consecutive days, or

By reason of disability incurred while serving on active duty.

### Disabled Veteran Eligibility for Open Competitive Position (10 points)

Must have compensable service connected disability as adjudicated by the United States Veteran's Administration or by the Retirement Board of the several branches of the armed forces and the disability must exist at the time preference is claimed.

### Disabled Veteran Eligibility for Promotional Position (5 points)

Must, at the time of election to use preference, be entitled to disability compensation for a permanent service-connected disability rated at 50% or more and the position for which you are applying must be the first promotion after entering public employment.

### Eligibility as a Spouse of a Deceased or Disabled Veteran

Must be a spouse of either a deceased veteran or the spouse of a disabled veteran who, because of a disability, is unable to qualify for the particular position due to his/her disability and who would have or does meet the criteria for one of the above-listed preferences.

ALL APPLICANTS CLAIMING VETERAN'S PREFERENCE MUST ATTACH A COPY OF HIS/HER FORM DD214.  
FAILURE TO DO SO MAY RESULT IN LOSS OF VETERAN'S PREFERENCE ELIGIBILITY.

### Town of White Veteran's Preference Claim Form

For V.A. Use Only: Is the veteran named below rated as having a compensable service-related disability?

☐ No ☐ Yes % Disability \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

---

Name of Veteran (last-first-middle)

---

Name of Applicant if different than veteran (last-first-middle)

---

Classification: To Be Completed by Veteran or Spouse of Deceased Veteran

1) Are you a U.S. Citizen or resident alien? ..... ☐ No ☐ Yes

2) Were you honorably discharged from military service? ..... ☐ No ☐ Yes

3) Were you separated from military service after serving active duty for a least 181 consecutive days? .. ☐ No ☐ Yes

4) Do you currently have a compensable service-related disability? ..... ☐ No ☐ Yes

5) Are you currently receiving a monthly pension based exclusively on length of military service? ..... ☐ No ☐ Yes

6) Branch of Service \_\_\_\_\_ Date of Discharge Serial Number \_\_\_\_\_

Type of Separation \_\_\_\_\_ Date of Entry \_\_\_\_\_

For spouse of deceased veteran, date of death \_\_\_\_\_

If Spouse of Disabled Veteran, please answer the following:

If spouse is disabled, please explain why your spouse does not qualify for this position: \_\_\_\_\_

Claim Number (if disabled) \_\_\_\_\_ State Claim is Filed In \_\_\_\_\_

Signature of Veteran \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date \_\_\_\_\_



---

# EMPLOYEE CERTIFICATION

---

Before signing this application, please read the following waiver carefully.

- 1) I have read and understand the job announcement for the position for which I am applying and certify that the answers given in this application are true and complete to the best of my knowledge.
- 2) I authorize all current and previous employers to release job-related information upon the written request of the Town of White. However, I understand that if, in the Employment History section, I have answered "No" to the question, "May we contact this employer?", contact with the employer will not be made without my specific authorization.
- 3) I authorize the Town of White to verify all information on this application to determine whether or not I am qualified for the position for which I am applying.
- 4) I understand that providing false information on this application may result in dismissal from any position gained on the basis of that false information.

Applicant Printed Name: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

## BEFORE YOU SUBMIT YOUR APPLICATION, HAVE YOU....

- ✓ Thoroughly read this entire application with special attention to the Tennessen Warning?
- ✓ Signed this application in all the required places? This application will not be accepted without all necessary signatures:
  - Tennessen Warning
  - Claim for Veteran's Preference, if applicable
  - Employee Certification
- ✓ Provided sufficient information so that proper credit for training and experience are given?
- ✓ Completed the claim for Veteran's Preference if applicable to you? Also, a copy of your Form DD214 must be submitted at the time of application to determine your eligibility points.
- ✓ Included copies of all required licensing and/or certifications?