



EMPLOYMENT APPLICATION

To apply, please read and follow these instructions:

Complete and submit the attached application along with any applicable certifications or transcripts to the Town of White as follows:

- By mail to: PO Box 146, Aurora, MN 55705-0146
- In person: City/Town Government Center –2nd floor at 16 W 2nd Ave N, Aurora, MN 55705
- By email: townofwhite@yahoo.com
- **IMPORTANT! You must complete all parts of the application.** Read the job announcement carefully before you apply. Announcements may contain special instructions and requirements.
- **Type or print clearly in dark ink.** Applications in pencil will not be accepted.
- **We cannot be responsible for failure of other agencies or postal services to forward applications by the deadline. Applications must be received by the posted deadline.**
- **If your application is incomplete or does not clearly show the experience and/or training required, your application will be rejected.**
- **RESUMES WILL NOT BE ACCEPTED IN LIEU OF A COMPLETED APPLICATION**, but may be attached.
- Your application and all attachments become the property of the employer and will not be returned and will be kept on file for one year.
- **Keep a copy of your completed application.**

If you have questions about the application process or position, please contact Jodi Knaus at (218) 229-2813 or townofwhite@yahoo.com. A complete job description and detailed announcement are online at www.townofwhite.com.

We welcome you as an applicant for employment with the Town of White. It is the Town of White's policy to provide equal opportunity in employment, and to prohibit discrimination 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. This policy applies to all employment at the Town of White.

Please furnish complete information, so we may accurately and completely assess your qualifications. Your opportunity for employment may be reduced if your application is incomplete. We encourage you to attach any additional information which you believe qualifies you for the position. Any materials submitted in support of an application are not normally returned. Applications must be received by the application deadline. **LATE APPLICATIONS WILL NOT BE ACCEPTED.** 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.

The Town of White 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 Jodi Knaus at (218) 229-2813 or townofwhite@yahoo.com.

PLEASE ***PRINT IN INK OR TYPE***

Position for which you are applying for:		Date available to work:	
Are you interest in: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Other (Please explain):			
Personal Information			
Last Name		First Name	
Middle Name			
Address:		City/State	
Zip Code			
Phone Number		Alternate Phone #1	
Alternate Phone #2			
E-mail address (if applicable)			
General Information			
Are you 18 years of age or older? Yes <input type="checkbox"/> NO <input type="checkbox"/>			
Are you legally eligible to work in the United States in the position for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/> (If hired, you will be required to provide proof of citizenship or work eligibility will be required as a condition of employment.) Will your continued employment require employer sponsorship? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you been previously employed by the Town of White? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, position(s) held and when:			

Educational Information			
Circle the highest grade completed:			
1 2 3 4 5 6 7 8 Grade School	9 10 11 12 or GED High School	13 14 15 16 College/Technical	MA MS PHD JD Graduate

Education Detail:

Name and address of college, university, technical, vocational, or business schools:	Course of Study		Degree, Diploma or Certificate received

List any other certificates, awards, courses, seminars, workshops or training you have that may provide you with skills related to this position:

Military: Do you wish to apply for Veteran’s 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 Town of White by the application deadline of the position for which you applying.

Branch of Service:	Length of Active Duty:	Rank at Discharge:
--------------------	------------------------	--------------------

Describe your duties and any special training:

Licenses:

Do you have a valid Driver’s License?
If yes, list the State it is from and expiration date:
If relevant, list other current registrations, licenses or certifications you possess which are related to this position:

Employment History:

Please give accurate, complete employment information of the last ten years. List your present or most recent employer FIRST. **DO NOT USE "SEE RESUME" or SIMILAR.** Attach additional sheets, if needed.

Employer:	Phone:	Dates Employed (M/YR)	
Address:		From:	To:
City/State/Zip		Total (Years/Months):	
Supervisor's Name & Title:		Hours worked per week:	
Your Job Title:		Reason for Leaving:	
Primary Responsibilities:		May we contact?	
		If no, explain:	
Employer:	Phone:	Dates Employed (M/YR)	
Address:		From:	To:
City/State/Zip		Total (Years/Months):	
Supervisor's Name & Title:		Hours worked per week:	
Your Job Title:		Reason for Leaving:	
Primary Responsibilities:		May we contact?	
		If no, explain:	
Employer:	Phone:	Dates Employed (M/YR)	
Address:		From:	To:
City/State/Zip		Total (Years/Months):	
Supervisor's Name & Title:		Hours worked per week:	
Your Job Title:		Reason for Leaving:	
Primary Responsibilities:		May we contact?	
		In no, explain:	

Summary:

Briefly summarize why you think you should be selected for this job:

References: Please list 3 supervisory references (not relatives) that you have worked for and who can attest to your work qualities.

Name	Relationship to You	Occupation	Telephone Number and e-mail (if applicable)

Driver's License Checks and Criminal History Background Checks

The Town of White conducts driver's license checks and criminal history background checks on all regular fulltime employees, part-time employees, and volunteer firefighters. Each applicant who successfully passes the oral interview of the recruitment selection process will be asked to complete authorization forms to authorize the Town of White to conduct driving records and criminal record background checks.

For criminal history background checks, the township will look at the type of conviction and whether it is directly related to the job for which you are applying. Applicants for positions involving the care, contact and/or supervision of children may also be required to be fingerprinted and/or complete an authorization for Child protection Worker Act (Minnesota Statutes 299C.61). Generally, this includes child abuse crimes, murder, manslaughter, felony level assault or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct, and prostitution-related crimes.

Before any applicant is rejected on the basis of criminal conviction, he or she will be notified in writing and will be given any rights afforded by Minnesota Statutes Chapter 364. This includes the right to show evidence of rehabilitation.

Applicant Data Practices Advisory

The Minnesota Data Practices Act (Minnesota Statutes 13.01 – 13.90) includes two sections affecting applicants seeking employment with the Town of White. First, under "Rights of Subjects of Data" (Minn. Stat. §13.04), when an applicant is asked to provide information about him/herself, the Town 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: Veteran's Status, Job History, Education and Training, Relevant Test Scores, Rank on our Eligibility List, and Work Availability.

With the exception of the optional data requested, consider this advisory your notice, the data you provide to the Town of White is needed to identify you as an applicant and to assess your qualifications for employment with the Township. If you wish to be considered for employment, you are required to provide the information requested during the application process. Refusal to supply requested information may mean your application will not be considered. The optional data is used in summary form by the Town to meet federal, state and local reporting requirements.

The following information you are asked to provide in the employment application process is considered private until you are certified as eligible for appointment to a position or are considered by the Town of White to be a finalist for a position (which is public employment):

- Name
- Employee Identification Number (not your social security number)
- Actual gross salary, contract fees, salary range, and actual gross pension
- 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

- Job title, bargaining unit and job description
- Dates of your first and last employment
- Status of written complaints or charges against you while you work for the Town of White, regardless whether or not they resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation
- Work location and work telephone number
- Work-related continuing education
- Education and training background
- Honors and awards 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 timesheet data would reveal employee's reasons for the use of sick or other medical leave or other non-public data
- 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
- 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 Township staff needing it to process Township records. In addition, the following persons or organizations 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 to others through court order.

Notice regarding Social Security Number: This information will be used for payroll taxes, insurance purposes, and retained in the employee's data record.

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.

Notice regarding request for marriage certificate for veterans' preference documentation: This information will be used for documentation purposes for verifying marital status for requesting applicable spousal Veterans' Preference credits.

If you have any questions regarding your rights as a subject of data, please contact the Data Compliance Official, Jodi Knaus at PO Box 146, Aurora, MN 55705. THIS INFORMATION IS SUBJECT TO CHANGE CONSISTENT WITH SUBSEQUENT AMENDMENTS TO THE MINNESOTA GOVERNMENT DATA PRACTICES ACT.

APPLICANT'S STATEMENT

I certify that I have read the “**Data Practices Advisory**”, regarding the MN Data Practices Act, and understand my rights as a subject of data. I authorize that a transcript may be requested where necessary to verify any education record. With my signature below, I am providing the Town of White authorization to verify all information I have 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 hereby expressly authorize the collection, use and release of any and all information concerning me, which relates to my employment. I hereby release the Town of White, with which I am seeking employment, from any liability which may result from releasing information requested.

I understand that if offered a position, I may be required to submit to and pass a drug and/or alcohol screen. I may be required to submit to and pass a background investigation, psychological examination, a physical examination and a physical ability test if related to the position for which I am applying. 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 also understand it is my responsibility to notify the Town of White in writing of any changes to information reported in this application for employment. By signing this form I hereby acknowledge I have read and understand the above statements. **Failure to sign this form may result in rejection of your application.**

Signature of Applicant

Date

ELECTION OF VETERAN'S 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. To be eligible for veteran's preference points you must: (1) Be separated under honorable conditions from any branch of the armed forces of the U.S. 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 (2) be a citizen of the U.S. or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability. 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 veteran's points without it. 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.

If you are a veteran, do you wish to claim veteran's preference? YES _____ NO _____

If yes, please check the preference you are claiming:

Honorably Discharged Veteran – Attach a copy of your “member copy 4” of DD214 or DD215, or other documentation verifying service to receive 10 points.

Disabled Veteran – Must be disability rated 10% or higher to receive points. Attach a copy of your “member copy 4” of DD214, or other documentation verifying service, and USDVA letter of disability rating decision of 10% or more must be submitted to receive 15 points.

Spouse of Deceased Veteran - Attach a copy of your marriage certificate, “member copy 4” of the DD214 or DD215 or other documentation verifying service, spouse's death certificate and proof veteran died on or as a result of active duty to receive 10 points or 15 points if the veteran was disabled at time of death. 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 - Attach a copy of your marriage certificate, the “member copy 4” of DD214 or DD215, or other documentation verifying service, and USDVA letter of disability rating decision of 10% or more must be submitted to receive 15 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):

IMPORTANT – If you elect to use veteran' preference, you must attach the documentation establishing your right to claim the preference.

Affidavit:

I hereby claim veteran's preference points for this vacancy and certify that all 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 Veteran's Preference verification documents and submit them to the Town of White by the required application deadline.

Applicant's 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.

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. 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.
- 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, USDVA verification that veteran died on or as a result of active duty, 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 Town of White. Please contact our office at (218) 229-2813 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

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 Town of White appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Please indicate the position(s) for which you are applying:

Please indicate how you heard about this position:

Please place a check in the appropriate blanks:

Gender: _____ Male _____ Female

With which racial/ethnic group do you identify?

_____ Asian

_____ Native Hawaiian or other Pacific Islander

_____ African American or Black

_____ Hispanic or Latino

_____ American Indian or Alaskan Native

_____ Caucasian (White)

_____ Two or More Races – All persons who identify with more than one of the above

_____ Other (Please indicate: _____)

A person can show that he or she has a disability in one of three ways:

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

Based on the above information, do you claim disability status?

_____ Yes _____ No