Application for Employment

221 E. Clark St. Albert Lea, MN 56007

We welcome you as an applicant for employment with the City of Albert Lea. It is the City's policy to provide equal opportunity in employment. The City of Albert Lea 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.

The City of Albert Lea 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 Human Resources at 507-377-4333.

Personal Information

Name: (Last) (First) (MI)	
Street Address	
City, State, Zip	
Phone Number	Alternate Phone
Email	

Please print in INK or type when completing this application

Title of position applying for:

Are you legally eligible to work in the United States in the position for which you are applying? *Proof of citizenship or work eligibility will be required as a condition of employment.*	☐ Yes ☐ No
Are you at least 18 years old?	☐ Yes ☐ No

Educational Information

Circle the highest grade completed			
1 2 3 4 5 6 7 8 Grade School	9 10 11 12 GED High School	13 14 15 16 College/Technical	MA MS PHD JD Graduate
Did you graduate: (Please check)	☐ Yes ☐ No *High School*	☐ Yes ☐ No *College/Technical*	☐ Yes ☐ No *Graduate JD*

School Name	**Address**	**Course of study**	**Degree**
High School:			
College:			
Graduate School:			
Technical/Vocational:			
Other:			
Other:			

List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position:
List any current licenses, registrations, or certificates you possess which may be related to this position:

Employment Experience

List present or most recent employer first. Please note “see resume” is not an acceptable response for any entries on this application. Resumes will only be considered in addition to, but not in lieu of, this application.

Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip	End Date	Final Salary
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? ☐ Yes ☐ No		

Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip	End Date	Final Salary
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? ☐ Yes ☐ No		

Employment Experience continued

Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip	End Date	Final Salary
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? ☐ Yes ☐ No		

Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip	End Date	Final Salary
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? ☐ Yes ☐ No		

Unsalaried Experience

Describe any unsalaried or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which would reveal race, sex, religion, age, disability, or other protected status).

Military Experience

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 Veterans' Preference points, and submit the application and required documentation to the City of Albert Lea by the application deadline of the position for which you are applying.

Authorization

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. I agree and understand that any false statements 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.

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 Albert Lea is "at will," and that employment may be terminated by either the City of Albert Lea or me at any time, with or without notice.

With my signature below, I am providing the City of Albert Lea 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 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 Albert Lea in writing of any changes to information reported in this application for employment.

_____ _____

Signature Date

Office use only: Date Received: _____

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. 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 Albert Lea 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, 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.

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 Albert Lea.

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 Closing Date:	
Address (Street) (City) (State) (Zip)	Phone Number	Are you a US Citizen or Resident Alien? ☐ YES ☐ 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 disability rating decision of 10% or more must be submitted to receive points)
Percent of Disability: _____%
Have you ever been promoted within the City of Albert Lea 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 certificate and proof veteran died on or as a result of active duty 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 disability rating decision of 10% or more 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 Albert Lea 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.

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 quality 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 City of Albert Lea. Please contact our office at (651) 281-1200 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 City of Albert Lea appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Name: Date:

Position(s) for which you are applying:

Gender: ☐ Male ☐ Female

With which racial/ethnic group do you identify?

☐ Black or African American

☐ Hispanic or Latino

☐ American Indian or Alaskan Native through Tribunal affiliation or community recognition

☐ Caucasian/White

☐ Asian

☐ Native Hawaiian or 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 impairment.

Do you claim disability status? ☐ Yes ☐ No

REFERRAL SOURCE: *How were you made aware of this employment opportunity?*

☐ City Website ☐ City Twitter Account ☐ City Facebook Page

☐ Albert Lea Tribune ☐ Freeborn County Shopper ☐ Walk-In

☐ Radio ☐ Employee ☐ Other _____

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 Albert Lea. 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 of 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;
- You 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 Albert Lea, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- You 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 works 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;

Applicant Data Practices Advisory continued

- 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. The optional data is used in summary form by the city’s Affirmative Action Program to monitor protected class employment and meet federal, state and local reporting requirements. Furnishing the optional data requested about you in voluntary.

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.

If you have any questions regarding your rights as a subject of data, please contact the City of Albert Lea Human Resources Department at 221 E. Clark Street, Albert Lea, MN 56007. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**