

City of Gem Lake . Heritage Hall 4200 Otter Lake Road | Gem Lake, MN 55110 651-747-2790/92 | 651-747-2795 (fax) E-mail city@gemlakemn.org

Application for Employment Please return this form to the City of Gem Lake offices, 4200 Otter Lake Road, Gem Lake, MN 55110, or email to the City Clerk at <u>city@gemlakemn.org</u>. Please include a copy of your Résumé and Cover Letter when returning your completed application.

| Position for which you are applying: | | | |
|---|---------------------------------|--|--|
| Personal Information | | | |
| Full Name: | | Da | ate: |
| Address: | | | |
| City: | | State: | Zip: |
| Home Phone: | | Cell Phone: | |
| Email: | | | |
| Were you previously employed by the City | of Gem Lake? Yes | No | |
| If yes, provide details: | | | |
| Are you legally eligible for employment in | the United States? Yes | No | |
| Do you have a valid Minnesota Driver's Lio | cense? Yes No |) | |
| | | | |
| Education and Training | | | |
| Did you graduate from high school or receiv | ve a GED? Yes N | o | |
| How many years of education have you had | beyond high school? | | |
| Name of Technical, Community, College, University Attended | City/State | Major Course(s) of Study | Certificate/Degree Attained |
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| Special Chills and Tusining | | | |
| <u>Special Skills and Training</u> Include any special skills or training that you | feel more fully explains your o | qualifications for employment, i.e. License, | Certifications, machine operations, etc. |
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| mployment and Business Experience (List most recent job first, a | attach additional sheets if necessary. |) | |
|--|--|-----------------|------|
| Company Name: | | | |
| Address: | | | |
| City: | | State: | Zip: |
| Phone: | Employed from (mo/yr): | | to |
| Name of Supervisor: | | Hours Per Week: | |
| Job Title: | Reason for Leaving: | | |
| May we contact your previous employer? Yes No | | | |
| Job Responsibilities/Duties: | | | |
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| | | | |
| Company Name: | | | |
| Address: | | | |
| City: | | State: | Zip: |
| Phone: | | - | |
| Name of Supervisor: | | | |
| Job Title: | | | |
| May we contact your previous employer? Yes No | <u> </u> | | |
| Job Responsibilities/Duties: | | | |
| too Responsionnes Duties. | | | |
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| N | | | |
| Company Name: | | | |
| Address: | | | 7. |
| City: | | | Zip: |
| Phone: | | | |
| Name of Supervisor: | | | |
| Job Title: | Reason for Leaving: | | |
| May we contact your previous employer? Yes No | | | |
| Job Responsibilities/Duties: | | | |
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| <u>Military Experience</u> | | | | |
|--|--|---|---|-----------------------------------|
| Did you serve in the U.S. Armed Fo | orces? Yes No | | | |
| Describe your Duties: | | | | |
| | | | | |
| - | | | | |
| Do you wish to apply for Veterans' | Preference points? Yes | No | | |
| If you answered "yes", you must con the City of Gem Lake by the applicat | | | bmit the application and require | ed documentation to |
| Additional Information List additional information that you f activities or volunteer work, skills or | eel may be important for us to know specific accomplishments. | in evaluating your application, i. | e. professional memberships, re | levant community |
| | | | | |
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| | | | | |
| <u>References</u> | | | | |
| Name | Address | Phone (including area code) | Relationship (personal/professional) | Years Known |
| | | | | |
| | | | | |
| Authorization | | | | |
| I certify that all information I have promission of any fact in my application employed, will be grounds for dismis I acknowledge that I have received a that employment with the City of Ger- without notice. | n, resume or any other materials, or or sal, regardless of length of employm copy of the job description summary | during any interviews, can be just ent or when the misrepresentation of for the position/s for which I am | tification for refusal of employn n or omission is discovered. applying. I further acknowledg | nent, or if e my understanding |
| With my signature below, I am provi contacting current or previous emplo we contact your current employer?" | yers. However, I understand that if, in | n the Employment Experience se | ction I have answered "No" to t | |
| I have read the included Applicant D for an interview, in the case of non-p opening. I also understand it is my re employment. | ublic safety positions) and that a con- | viction of a crime related to this p | position may result in my being | rejected for this job |
| The City of Gem Lake may conduct authorize the City to make these inve disqualify you for employment or, if | stigations and indicated your awaren | ess that false statements or failur | | |

Applicant Signature:

Application for Veterans' Preference Points Complete this form only if you are claiming Veterans' Preference

| | locumentation. Attach a copy of "Member Copy 4" Veteran's DD214, or other application deadline of the posting in order to be considered. (Veteran is defined by | | |
|---|---|--|--|
| You must submit a photocopy of your "Member Copy 4" of your DD2 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 cop your "Member Copy 4" of your DD214, or other documentation verify service, contact your County Veterans' Service Office. | the full period called or ordered for federal, active duty and be a United States citizen or resident alien. Veterans' preference may be used by the surviving spouse of a deceased veteran, and by the spouse of a disabled veteran who is unable to qualify because of the disability. | | |
| The City of Gem Lake operates under a point preference system, which aw points to qualified veterans to supplement their application. Ten (10) points granted to non-disabled veterans on open competitive examinations; Fiftee points are awarded if the veteran has a service connected compensable disa as certified by the U.S. Department of Veterans Affairs (USDVA). | 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 be the five (5) point's preference only once when applying for the first promotion after securing public employment. | | |
| To qualify for preference for a competitive exam , you must have earned a passing score and ben separated under honorable conditions from any branche armed forces of the United States after having served on active duty for consecutive days, or by reason of disability incurred while serving on active duty, or after having served | 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. | | |
| | . Stat. § 197.447, and to certain spouses of deceased or disabled veterans subject to the n. Stat. §§ 197.447 and 197.455. | | |
| The veteran must: 1. see a) be a U.S. Citizen or Resident Alien; 2. ha b) have received a discharge under honorable conditions 3. ha from any branch of the U.S. Armed Forces; AND have tit either: or | rved on active duty for at least 181 consecutive days, or ve been discharged by reason of service connected disability, or ve completed the minimum active duty requirement of federal law, as defined by CFR le 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or dered to active duty by the United States President, or rtified service and verification of "veteran status" granted under U.S. PL 95-202. | | |
| Full Name: | | | |
| Address: | | | |
| City: | State: Zip: | | |
| Home Phone: | Cell Phone: | | |
| Are you a U.S. Citizen or Resident Alien? Yes No Pos | sition for Which you Applied Closing Date: | | |
| 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, as be submitted to receive points). | nd USDVA Summary of Benefits Letter of disability rating decision of 10% or more must | | |
| Percentage of Disability: % | | | |
| Have you ever applied for promotion in Public Government? | No | | |
| Spouse of Deceased Veteran (10 points or 15 if the veteran was disable ("Member Copy 4" of DD214 or DD215, or other documentation verifying deceased must be submitted to receive points. You are ineligible to receive | service, photocopy of marriage certificate, spouse's death certificate and proof veteran is | | |
| Date of Death: | | | |
| Have you Remarried: Yes No | | | |
| more must be submitted to receive points). | service, and US VA Summary of Benefits Letter of disability rating decision of 10% or nent"? Due to the veteran's service-connected disability the veteran is unable to qualify | | |
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| | ion and swear/affirm that the information given is true, complete and correct to the tain the required Veterans' Preference verification documents and submit them to the | | |
| Applicant Signature: | Date: | | |

General Information on the Minnesota Government Data Practices Act for Applicants

The Minnesota Government Data Practices Act (Minn. Stat. \$ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of Gem Lake. 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 Gem Lake, 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.
- 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 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 is 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 Gem Lake's Administrative Department at 4200 Otter Lake Road, Gem Lake, MN 55110. This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.

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.

Applicant Must Sign as Acknowledgement of the Data Practices Warning (Tennessen Warning)

Applicant Signature:

Date:

Equal Employment Opportunity Information

| Equal Employment Opportunity Information |
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| 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 Gem Lake appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity. |
| Position 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: |
| 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. |
| Do you Claim Disability Status? Yes No |
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Applicant Data Practices Advisory

According to Minn. Stat. § 13.04, the City must advise you of the following.

Purpose and intended use of the data:

The city collects this information for purposes of selecting a candidate for hire. Your data will be used to determine your eligibility for the position. For public safety positions or in the event you are selected for hire, your data will be used to perform a criminal background check, including using the BCA's website. Consultant, city staff and elected officials involved in the hiring process will have access to the data provided. Data may be shared upon court order or provided to the state or legislative auditor, upon request.

Whether you may refuse or are legally required to supply this data: Application for employment as well as supplying any data in application for employment is voluntary.

Consequences arising from supplying or refusing to supply this data:

We take pride in hiring the best candidates, but we can't do this without a complete application. Filling out the application is voluntary, and the more complete the application, the better your chances of conveying to the city you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.

Minors submitting this application have the right to request that parental access to private data be denied. If you wish to make this request, please submit the request in writing to The City of Gem Lake, 4200 Otter Lake Road, Gem Lake, MN 55110.

| Herita 4200 Otter Lake Road 651-747-2790/92 | | | |
|---|--|---------------------------------------|---|
| Release of Informa | ntion Authoriza | tion | |
| The following named individual has applied for employment with t | he City of Gem Lal | ke: | |
| When filling out this form please print clearly. Thank you. | | | |
| Last Name: | | | |
| First Name: | | | |
| Middle: | | | |
| Maiden, Alias or Former: | | | |
| Current Address: | | | |
| City: | | State: | Zip: |
| Date of Birth: | | | |
| Gender: Male Female | | | |
| I, the above named applicant, authorize the City of Gem Lake to re the White Bear Lake Police Department and/or the Minnesota Bure section 364.03, relating to my employment with the City of Gem L Apprehension and White Bear Lake Police Department to disclose the purpose of completing my employment application. | au of Criminal App ake. Additionally, I | orehension, pursu authorize the Mi | ant to Minnesota Statutes, innesota Bureau of Criminal |
| This authorization request form shall expire one year from this | day of | , 20 | |
| | | | |
| Signature | Date | | |
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