



Something is happening here....

City of Wadena
222 2nd St SE
PO Box 30
Wadena, MN 56482
Phone: 218-631-7707
Fax: 218-631-7709

Application for Employment

I. Position Desired

Date: \_\_\_\_\_

Title of position for which you are applying: \_\_\_\_\_

Date available to begin employment: \_\_\_\_\_

II. Personal Data

Name: \_\_\_\_\_
Last First Middle

Address: \_\_\_\_\_
Street City State Zip

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

If hired, can you provide documents required to prove your eligibility to work in the United States?

[ ] Yes [ ] No

Minnesota P.O.S.T. #: \_\_\_\_\_ (If applicable)

Have you previously worked for the City of Wadena? [ ] Yes [ ] No

If yes, position held/department: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of Resignation: \_\_\_\_\_

List all other names under which you have been employed or educational records may be found: \_\_\_\_\_

Do you have any special needs which may necessitate accommodations in the application/interview process? [ ] Yes [ ] No

If Yes, please describe the type of accommodation requested: \_\_\_\_\_

Have you had any violations on your driving record within the past (5) years? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

III. Personal Statement

Please indicate why you are interested in the position and what you hope to accomplish if selected:

\_\_\_\_\_  
\_\_\_\_\_

#### IV. Work/Volunteer Experience

List most recent work and volunteer experience first. Please attach additional relevant work experience history sheets if necessary.

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment/Experience: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference?  Yes  No

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Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment/Experience: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference?  Yes  No

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Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment/Experience: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference?  Yes  No

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**V. Education**

List all schools attended. Please attach additional education sheet if necessary.

**High School**

Name of High School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Diploma or GED Received: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

**Higher Education**

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Major/Minor: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Major/Minor: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

List/describe any other training and/or experience relevant to the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**VI. Licenses**

List current licenses, registrations, or certificates relevant to the position for which you are applying.

<u>Description</u>	<u>License No.</u>	<u>Issued by</u>	<u>Date Issued</u>	<u>Expiration</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

All applicable licenses or certifications must be received by the City Administrator in the City Administrative Office prior to beginning employment. If hired, you remain responsible for ensuring all applicable licenses remain in effect.

**VII. References**

References should be people in a position to discuss your qualifications for the position you seek. Include managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you.

Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

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**VIII. Certification, Acknowledgment and Release**

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the City of Wadena.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the City Council or the appointing authority referenced in the job description, and that until such approval, the City of Wadena shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") and references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the City of Wadena and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession.

I hereby release the City of Wadena and all current and former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of the City of Wadena, former employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.

- Notice to Applicant: If you do not agree with any portion of the acknowledgement, certification, authorization and release, cross out that section and initial it.
- Applications must be signed to be considered for employment. Complete all applicable areas. Do not mark your application "see resume". An incomplete application may reduce your opportunity for employment with the City of Wadena. Applications must be received by the application deadline.

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

## IX. Data Privacy Notice

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

1. Purpose and intended use of the data:

The City collects this information for purposes of selecting a candidate for hire. 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.

2. 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.

3. 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.

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## X. Equal Employment Opportunity Form

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 does not determine eligibility for employment with the City of Wadena. The City of Wadena appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

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 tribal affiliation or community recognition
- Caucasian/White
- Asian
- Native Hawaiian or another 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

## XI. Veteran's Preference Points Application

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes § 43A.11. 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 United States, after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty; and be a citizen of the United States or a resident alien; or be 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; and
2. Not be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

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.

If you supply the supporting documentation by separate mail, your name and the position applying for must be included.

Are you applying for veteran's preference points  Yes  No

If you answered "yes", your DD214 or other documentation must be submitted with application.

Preference:  Veteran  
 Disabled Veteran  
 Spouse of Disabled Veteran  
 Unremarried Widow of Deceased Veteran  
 Unremarried Widow of Deceased Veteran who was disabled at time of death

Branch of Service: \_\_\_\_\_ Active Duty From: \_\_\_\_\_ To: \_\_\_\_\_

Rank of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Date of Final Discharge: \_\_\_\_\_ Service Number: \_\_\_\_\_

Are you receiving or eligible for a military pension?  Yes  No

Do you have a compensable service rated disability?  Yes  No

If you answered "yes", your USDVA Letter of Disability must be submitted with application.

Your preference points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than seven (7) calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

## XII. Authorization for Background Investigation and Driving Record Release

As an applicant for employment with the City of Wadena, you are being asked to provide information about yourself which will be used to evaluate your suitability for employment.

The purpose of this background investigation and driving record release is to review information concerning criminal and non-criminal history which reflects upon the character of the individual. The Wadena Police Department will be involved in this screening process. This process will include, but not be limited to, incidents of police contact in the areas of domestic abuse, child abuse, sexual misconduct, fraud, theft, abuse of controlled substances, alcohol abuse, driving record, and/or other incidents of information (conviction data, incident data, neighborhood data) which may be relevant during the hiring process for the City of Wadena positions.

The purpose and intended use of this data is to conduct the background inquiries and driving record release under applicable City of Wadena policies before offering employment to a prospective applicant. The specific use for each category of data is described below:

1. In order to conduct a criminal history and background check and driving record release, name(s) by which an applicant is known must be listed.
2. In order to access driver's license data, date of birth must be provided.
3. In order to access criminal history data, date of birth and gender must be provided.
4. Criminal history, background check and driver's license check are required minimum selection standards under applicable City policy in order to determine whether there are any job-related factors which affect the applicant's suitability for employment.

This data will be used solely for the above-mentioned purposes. The data will be forwarded to the appropriate City staff and/or consultants as determined necessary for completion of the background investigation and driving record release. This data may also be used for other purposes necessary for the administration of law, rule or ordinance but will be disseminated only as required by law. You are not legally required to provide the requested information. However, if you do not, the City of Wadena will be unable to conduct the required background inquiries and driving record release and will not be able to process your application and the City of Wadena will not be able to consider you for employment.

**Your Full Name:** \_\_\_\_\_  
First Middle Last

**Other Names You Have Been Known to Use, Including Maiden Name:** \_\_\_\_\_

**Your Current Address:** \_\_\_\_\_  
Street City State Zip

**Other States in Which You Have Resided:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_ **Class:** \_\_\_\_\_  
Month/Day/Year

### **THIS FORM MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC**

I hereby authorize the City of Wadena to use this information to determine my suitability for employment.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_. (SEAL)

Signature of Notary \_\_\_\_\_