



APPLICATION FOR EMPLOYMENT CITY OF ST. CHARLES

www.stcharlesmn.org

Thank you for applying for employment with the City of St. Charles. Complete the entire application, including signature and date, to ensure consideration. A resume may be attached but is not a replacement for the information requested in the application. The City of St. Charles does not discriminate based on race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability. Applicants are not required to reveal any information that may identify these attributes. Completed applications should be submitted to City of St. Charles, Attn: Nick Koverman, 830 Whitewater Avenue, St. Charles, MN 55972

POSITION INFORMATION

Position you are applying for:		Date:
Type of Work Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal Hours <input type="checkbox"/> Limited Term/Temporary		
Date available to begin working:	Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever worked for the City of St. Charles? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, when? In what position(s)?	
Are you related to any current City of St. Charles employee or elected official? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, who?		
Do you wish to claim Veterans' Preference? <input type="checkbox"/> YES <input type="checkbox"/> NO *If yes, please complete the Veterans' Preference Section at the end of this application.		
How did you learn of this Position? <input type="checkbox"/> Newspaper <input type="checkbox"/> Employee <input type="checkbox"/> Walk-In <input type="checkbox"/> City Website <input type="checkbox"/> Other _____		

APPLICANT INFORMATION

Last Name:	First Name:	M.I.:
Home Address:		Apartment/Unit #:
City:	State:	ZIP:
Phone #:	E-mail Address:	

EDUCATION

Did you graduate from high school or receive a GED? YES NO

How many years of education have you completed (circle one) 12 13 14 15 16 17 18 19 20

Name of College, University, Technical, High School (Begin with High School)	Location (City & State)	Dates		Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Certificate or Degree	Major/Course of Study
		From	To			
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		

SPECIAL SKILLS, EXPERIENCES, QUALIFICATIONS

Please summarize any special skills or experience which will help you with the position you are applying for, include volunteer work.

LICENSE INFORMATIONDo you have a valid driver's license? YES NO

Driver's License #:

Expiration Date:

Class (e.g. A, B, C, D, provisional, etc.):

Endorsements (e.g. airbrake, motorcycle, trailer, etc.):

- - - To Be Completed by Applicants for Clerical & Administrative Positions Only - - -Typing Ability: YES NO _____ WPMCan you operate a personal computer: YES NO

Other office equipment you can operate:

Please select below the software/programs you have used:

Microsoft Software:

 Word Excel PowerPoint Publisher

Other Programs:

 Word Press Smart HR GIS Software

Banyon Software:

 Utility Billing Fund Accounting**- - - To Be Completed by Applicants for Public Works or Park Maintenance Positions Only - - -**

Apprenticeship(s) served or trades learned:

Licenses or Certifications held & expiration date (e.g. water/wastewater operator's license, journeyman lineman):

Proficient in operating the following equipment (note – snowplowing requires Class B driver's license):

 Bobcat Loader Snowplow Jetter Grader Mower Digger Derrick Street Sweeper
 Other:**Known Languages (Other than English):**(1) _____ Speak Read Write(2) _____ Speak Read Write

PREVIOUS EMPLOYMENT

Please provide all employment or volunteer experience. Begin with your present/last position and work back. Provide sufficient, qualifying experience. Please explain all periods of unemployment exceeding 90 days. Additional Information Sheets are available if needed.

Employer:		Phone #:	<input type="checkbox"/> FT <input type="checkbox"/> PT	
Address:		City/State/Zip:		
Position Title:	Dates Employed (Mo/Yr): From to	Total Yrs/Mos Employed:	Hours Per Week:	
Reason for Leaving:		Last Salary:		
Supervisor Name/Title:	Supervisor Phone #	May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Responsibilities and duties performed:				

Employer:		Phone #:	<input type="checkbox"/> FT <input type="checkbox"/> PT	
Address:		City/State/Zip:		
Position Title:	Dates Employed (Mo/Yr): From to	Total Yrs/Mos Employed:	Hours Per Week:	
Reason for Leaving:		Last Salary:		
Supervisor Name/Title:	Supervisor Phone #	May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Responsibilities and duties performed:				

Employer:		Phone #:	<input type="checkbox"/> FT <input type="checkbox"/> PT	
Address:		City/State/Zip:		
Position Title:	Dates Employed (Mo/Yr): From to	Total Yrs/Mos Employed:	Hours Per Week:	
Reason for Leaving:		Last Salary:		
Supervisor Name/Title:	Supervisor Phone #	May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Responsibilities and duties performed:				

Employer:		Phone #:		<input type="checkbox"/> FT <input type="checkbox"/> PT	
Address:		City/State/Zip:			
Position Title:		Dates Employed (Mo/Yr): From to		Total Yrs/Mos Employed:	Hours Per Week:
Reason for Leaving:				Last Salary:	
Supervisor Name/Title:		Supervisor Phone #		May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Responsibilities and duties performed:					

Employer:		Phone #:		<input type="checkbox"/> FT <input type="checkbox"/> PT	
Address:		City/State/Zip:			
Position Title:		Dates Employed (Mo/Yr): From to		Total Yrs/Mos Employed:	Hours Per Week:
Reason for Leaving:				Last Salary:	
Supervisor Name/Title:		Supervisor Phone #		May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Responsibilities and duties performed:					

Employer:		Phone #:		<input type="checkbox"/> FT <input type="checkbox"/> PT	
Address:		City/State/Zip:			
Position Title:		Dates Employed (Mo/Yr): From to		Total Yrs/Mos Employed:	Hours Per Week:
Reason for Leaving:				Last Salary:	
Supervisor Name/Title:		Supervisor Phone #		May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Responsibilities and duties performed:					

REFERENCES - Please list three professional references (no relatives)		
Full Name:	Title:	Phone #:
Organization:	Relationship:	
Full Name:	Title:	Phone #:
Organization:	Relationship:	
Full Name:	Title:	Phone #:
Organization:	Relationship:	



APPLICATION DISCLAIMER AND SIGNATURE

- I certify that the information provided in this application (and accompanying resume, if any) is true, correct and complete to the best of my knowledge without omissions of any kind. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.
- I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information to the City of St. Charles that may be required to enable the City of St. Charles to arrive at an employment decision.
- I release the City of St. Charles and all providers of information from any liability and a result of furnishing and receiving any information related to the City of St. Charles's hiring process.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of St. Charles is of an "at will" nature, which means that as an "at will" employee, I may resign at any time and that the City of St. Charles may discharge me at any time with, or without cause.
- I understand that if hired, I am required to abide by all rules and regulations of the City of St. Charles.
- I am also aware that my application is subject to the Minnesota open records law and may be released as a public document.
- I also understand that this application is the property of the City of St. Charles and will become a part of my personnel file if I am hired.

Applicant's Printed Name:

Applicant's Signature:

Date:

TENNESEN WARNING / DATA PRACTICE ADVISORY (Important facts concerning information provided on your application)

Minnesota Statutes § 13.04 on data privacy requires that you be informed that the following information, which you will be asked to provide in the employment process, is considered private data. If you are employed, the data will be available to the Department of Finance, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, please notify the City of St. Charles office by letter.

Private Data:

We ask for this information for the following reasons:

- Name
- Home address
- Home phone number
- Social Security number
- Date of birth
- Conviction record
- Sex
- Age group
- Racial/ethnic group
- Disability type

- To distinguish you from all other applicants and identify you in our personnel files.
- To enable us to verify that you are the individual who takes the examination.
- To enable us to contact you when additional information is required, send you notices, and/or schedule you for interviews.
- To determine if you meet the minimum age requirements (if any).
- To determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position you applied for.
- To enable us to ensure you rights to equal opportunities.
- To meet federal reporting requirements.
- To make processing more efficient.

The data supplied may be used for other purposes as may be determined to be necessary in the administration of the City of St. Charles Civil Service Act and the rules and regulations promulgated pursuant thereto.

Furnishing Social Security number, date of birth (unless a minimum age is required), sex, age group, racial/ethnic 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 and to other persons in the city or city-related programs that have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

If you are selected for an interview, your name, score, and address will become public information and may be provided to anyone.

If you are hired by the City of St. Charles, you will be legally required to supply your Social Security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration and will enable us to compute your salary deductions will be classified as private as will payroll deduction data.

If you have any questions regarding your rights as a subject of data, please contact the Deputy Clerk, City of St. Charles, at 830 Whitewater Avenue, St. Charles, MN 55972.

This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.

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CITY OF ST. CHARLES VETERANS' PREFERENCE POINTS APPLICATION INSTRUCTIONS

Complete this form **ONLY** if you are a veteran **AND** are claiming Veterans' Preference

The Minnesota Veterans' Preference Act (MVPA) requires political subdivisions of the state to award preference points to veterans for most open and competitive positions. *It does not apply* to internal applicants, except for promotional exams.

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans subject to the provisions of Minnesota Statutes 197.447. Preference points are awarded to qualified veterans to supplement their application. Preference is a credit of points available to qualified veteran applicants to recognize the training and experience they received as a result of serving in the military. Preference is awarded by rating applicants on a 100-point scale. Veterans (as defined below) who receive a passing score (i.e. meet the minimum qualifications for a job) are awarded an extra ten (5) points. Eligible spouses of a disabled or deceased veteran must also meet the minimum qualification in order to receive preference points. Ten (10) points are added if the veteran has a service-connected compensable disability as certified by the Veterans Administration.

For open hiring, veterans can use preference points for each position in which they apply. To qualify for preference for a **competitive hiring process**, you must have 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 active duty OR having served the full period called or ordered for 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 and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on an **internal promotion**, a veteran must have received a USDVA active duty service-connected disability rating of 50% or more. For a promotion exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five (5) points preference only for the first promotion after securing City employment.

To meet the MS 197.447 eligibility requirements of "veteran," the person must:

1. Be a U.S. citizen or resident alien AND
 2. Have received a DD Form 214 (Separation or Discharge from Active Duty) that is characterized as "under honorable conditions" from any branch of the U.S. Armed Forces
- AND have either:
- a) Served on Active Duty (not active duty for training-ADT) for at least 181 consecutive days, OR
 - b) Have been discharged by reason of service-connected disability, OR
 - c) Have completed the minimum active duty requirements of federal law, as defined by CFR Title 38, section 3.12a, [i.e. the full period for which a person was federally ordered to active duty]. For example: National Guard persons federally ordered to Iraq. Note on DD214 the CFR Title or designation of Federal Orders and note the wording "completed orders." OR
 - d) Persons with service certified by Secretary of Defense as Active Military Service under Public Law 95-202. (Example: certain Merchant Marines in WW II). The local CVSO does have list of groups authorized by PL 95-202, which is limited.

CITY OF ST. CHARLES VETERANS' PREFERENCE APPLICATION

The information you provide on this form will be used to determine eligibility for veterans' preference points. If you choose to apply for veterans' preference points, you are required to supply the following information along with appropriate documentation.

VETERANS' PREFERENCE APPLICATION		
Last Name	First Name	MI
Position For Which You Applied:		
Street Address	City/State/Zip Code	Daytime Phone:
Do you wish to apply for Veterans' Preference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you answered yes, complete the rest of this application. If you answered no, please sign at the bottom of the application and return it with your application materials.		
Are you a US Citizen or Resident Alien? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Veteran (5 Points*) Were you honorably discharged? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Disabled Veteran (10 Points* or 5 Points**)		
Percentage of disability: _____%		
Have you ever been promoted within the City of St. Charles? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Spouse of Deceased Veteran (5 Points*) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Spouse of Disabled Veteran (10 Points*) Yes <input type="checkbox"/> No <input type="checkbox"/>		
* (Used for open hiring process.)		
** (Used for internal hiring process)		

- 1) You MUST Attach a copy of the DD214 or DD215. This copy must state the nature of discharge (i.e. honorable, general, medical, under honorable conditions, etc.)
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision in writing that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Note: Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per MN Statute 197.455.
- 3) A spouse of a deceased veteran applying for preference points must supply their marriage certificate, the veteran's DD214 OR DD215, a death certificate, verification of their marriage at the time of the veteran's death, and that the spouse has not remarried. Note: if you have remarried or were divorced from the veteran, you are ineligible to receive points.
- 4) All required documentation is required to be submitted within seven (7) days of the application deadline. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at: <http://mnveteranservice.org/documents/cvso.html> or the local County Veteran's Service Officer.

Thank you for your military service and for your interest in employment with the City of St. Charles. Please contact our office at (507) 932-3020 or your local Veterans' Service Office if you have any questions regarding veterans' preference in public employment.

AFFIDAVIT: I hereby claim Veterans' Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby authorize the Veterans Administration to release information necessary to process this application to the City of St. Charles, City Administrator.

SIGNATURE: _____ **DATE:** _____

SUBMIT THIS FORM AND REQUIRED DOCUMENTATION TO THE CITY ADMINISTRATOR



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 St. Charles 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 other Pacific Islander
- Two or more races

SPECIAL NOTICE TO DISABLED INDIVIDUALS:

If you are a disabled person, you are invited to volunteer information concerning any personal physical or mental disability. If you desire, please state below any personal disability and your suggestions on how it may be accommodated.

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

Suggestions for reasonable accommodations:

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APPLICANT DATA RECORD

Please return this form with your employment application.

This form, and any data submitted on the form, will be kept separate from your personnel file and will not be accessible by anyone involved with making decisions regarding your employment. While your reply will be most helpful to us in reporting accurate data, completing this form is entirely voluntary; refusal to complete the form will not adversely affect your employment.

You have made application with this agency for employment. The Minnesota Data Practices Act requires that you be advised of the following information: You are being asked to provide private and/or confidential data about yourself which will be used to check criminal histories, arrest records, and warrant information. You may refuse to provide this information; however, should you refuse, the investigation cannot be completed and will result in your application not being processed. The information that you provide will be used by the City of St. Charles to complete its background investigation.

Date of Application:		Position applied for:	
Last Name:		First Name:	
Middle Name:		Maiden, Alias or Former Name(s):	
Phone #:		Email:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number:	
Driver's License/ID Number:		Issuing State:	I have resided In Minnesota for the past five years: <input type="checkbox"/> Yes <input type="checkbox"/> No

City of St. Charles
 GENERAL AUTHORIZATION AND RELEASE
 Pursuant to MN Statute 13.04
 Subd. 4 Minnesota Data Practices

To: St. Charles Police Department

I hereby authorize the St. Charles Police Department to conduct a Criminal History Check on myself and to release the data collected to the St. Charles City Administrator.

I understand that the Criminal History Check will be performed by retrieving and reviewing data maintained by the Minnesota criminal justice information system (CJIS). If I have resided in Minnesota for less than five years, I hereby authorize the St, Charles Police Department to also conduct a search of the national criminal records repository, including the criminal justice data communications network.

The purpose of the Criminal History Check is to determine whether or not a conviction record may be a job-related consideration affecting my suitability for a position with the City of St. Charles, Minnesota, I understand that refusal to give my consent for a Criminal History Check may disqualify me from the City position I have applied for.

I understand that another "responsible authority" may have access to all or part of the information in the report, if the access is authorized or requested by Minnesota Statutes or Federal Law.

I understand that I will receive a copy of the Criminal History Check and shall have the right to challenge the accuracy or completeness of the information contained in the report under Minnesota Statutes Section 13.04, Subd. 4.

This authorization shall be valid for a period of one year, but I reserve the right to cancel this authorization at any time prior to its expiration by providing written notice to the St. Charles Police Department.

Signature of Applicant: _____ Date: _____
(Applicant must be in the presence of a notary before signing)

Notary Signature: _____ Date: _____

(Notary Stamp)