



Delano
MINNESOTA

City of Delano
234 2nd Street North
PO Box 108
Delano, MN 55328
763-972-0550
www.delanomn.gov

JOB APPLICATION

Position you are applying for: _____ **Date:** _____
Department: _____

1. NOTE TO APPLICANT.

We welcome you as an applicant for employment with the City of Delano! It is the City of Delano's policy to provide equal opportunity in employment. The City of Delano 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 submit 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 Delano 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 City Hall at 763-972-0550

2. APPLICANT INFORMATION

Applicant's Legal Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Is this your permanent address? ☐ Yes ☐ No

Permanent Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

- 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

3. EDUCATIONAL INFORMATION

High School Name: _____ **City/State:** _____

Course of Study: _____ **Highest Grade Level Completed:** _____

Did you graduate ☐ Yes ☐ No **Degree:** _____

College Name: _____ **City/State:** _____
Course of Study: _____ **Highest Grade Level Completed:** _____
Did you graduate: ☐ Yes ☐ No **Degree:** _____

Graduate School Name: _____ **City/State:** _____
Course of Study: _____ **Highest Grade Level Completed:** _____
Did you graduate: ☐ Yes ☐ No **Degree:** _____

Technical/Vocation School Name: _____ **City/State:** _____
Course of Study: _____ **Highest Grade Level Completed:** _____
Did you graduate: ☐ Yes ☐ No **Degree:** _____

Other: _____ **City/State:** _____
Course of Study: _____ **Highest Grade Level Completed:** _____
Did you graduate: ☐ Yes ☐ No **Degree:** _____

Please list any other courses, seminars, workshops or training that you have completed that may provide you with skills related to this position: _____

Please list any current licenses, registrations or certificates you possess which may be related to this position: _____

4. EMPLOYMENT EXPERIENCE

Please list present or most recent employer first. 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: _____ **Job Title:** _____
Street Address: _____
City: _____ **State:** _____ **Zip:** _____
Name of last supervisor: _____ **Phone:** _____
Start Date: _____ **End Date:** _____ **Hours/Week:** _____
Reason for leaving (please be specific): _____

Describe your work in this job: _____

May we contact this current/previous employer ? ☐ Yes ☐ No

Company: _____ **Job Title:** _____
Street Address: _____
City: _____ State: _____ Zip: _____
Name of last supervisor: _____ Phone: _____
Start Date: _____ End Date: _____ Hours/Week: _____
Reason for leaving (please be specific): _____

Describe your work in this job: _____

May we contact this current/previous employer ? ☐ Yes ☐ No

Company: _____ **Job Title:** _____
Street Address: _____
City: _____ State: _____ Zip: _____
Name of last supervisor: _____ Phone: _____
Start Date: _____ End Date: _____ Hours/Week: _____
Reason for leaving (please be specific): _____

Describe your work in this job: _____

May we contact this current/previous employer ? ☐ Yes ☐ No

Company: _____ **Job Title:** _____
Street Address: _____
City: _____ State: _____ Zip: _____
Name of last supervisor: _____ Phone: _____
Start Date: _____ End Date: _____ Hours/Week: _____
Reason for leaving (please be specific): _____

Describe your work in this job: _____

May we contact this current/previous employer ? ☐ Yes ☐ No

5. UNSALARIED EXPERIENCE

Please 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):

Description: _____	Dates: _____
Description: _____	Dates: _____
Description: _____	Dates: _____
Description: _____	Dates: _____

6. MILITARY EXPERIENCE

Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No

Describe your duties: _____

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 City of Delano by the application deadline date.

7. AUTHORIZATION

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 acknowledge that I have received a copy of the job description for the position (s) for which I am applying. I further acknowledge my understanding that employment with the City of Delano is "at will", and that employment may be terminated by either the City of Delano or me at any time, with or without notice.

My signature below, I am providing the City of Delano 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 Delano in writing of any changes to information reported in this application for employment.

Signature

Date

Information Regarding Claiming Veterans ' Preference

Are you applying for veteran's preference as part of your application? ☐ Yes ☐ *No - If no, skip this section.

Complete this form ONLY if you are claiming veterans' preference. Please note a 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 to substantiate the services information requested on the form.** Claims not accompanied by property 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 Delano 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).

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:

- 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.
- 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.
- 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 Delano. Please contact our office at 763-972-4420 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

Are you applying for veteran's preference? ☐ Yes ☐ *No – IF NO, DO NOT COMPLETE THIS FORM

Applicant's Legal Name: _____
Street Address: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
Daytime Phone: _____ **Cell Phone:** _____
Email: _____

Position for which you applied for: _____ **Closing date:** _____

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)

Honorable 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 Delano employment? ☐ Yes ☐ No

☐ **SPOUSE OF DECEASED VETERAN (10 points) (15 points if the veteran was disabled at the 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 of 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 stated job requirement?

Due to the Veteran's service-connected disability the veteran is unable to qualify for this position because: _____

I hereby claim Veteran's 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 Delano by the required deadline.

Signature

Date

APPLICANT DATA PRIVACY ADVISORY (For your records)

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of Delano. 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 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:

- 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;
- Your 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 Delano, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- Your 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 work 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 you in determining your suitability for the position for which you are applying. The optional data is used in summary form by the City to monitor protected class employment and meet federal, state and local reporting requirements. Furnishing the optional data is requested about you in voluntary.

Notice regarding social security numbers. 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 Delano Administrative Services Coordinator by phone: 763-972-4420 or in person: Delano City Hall, 234 2nd Street North, Delano MN 55328. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**