



CITY OF THIEF RIVER FALLS

PO Box 528
Thief River Falls Minnesota 56701
Phone (218) 681-2943
Email: lengelstad@citytrf.net



EMPLOYMENT APPLICATION

The City of Thief River Falls appreciates your interest in a position with the City. The City of Thief River Falls is committed to a policy of equal opportunity in employment without regard to race, color, creed, religion, national origin, marital status, disability, status with regard to public assistance, sexual orientation, sex, age, or any other category protected by law. **Persons with disabilities who wish to apply for employment with the City of Thief River Falls and need reasonable accommodation in the application process may contact the City Administrator's Office at the address or phone number listed above.**

WORK PREFERENCE

Position for which you are applying:	Employment interest:
	Full-Time <input type="checkbox"/>
	Part-Time <input type="checkbox"/>
	Temporary <input type="checkbox"/>

PERSONAL INFORMATION

Name		Last		First		Middle	
Present address		Street		City		State Zip	
Permanent address		Street		City		State Zip	
Date of application		Date available to work		Phone number		Email	
Are you at least 18 years old?		Yes <input type="checkbox"/> No <input type="checkbox"/>		May we contact you at this number?		May we contact you at this email?	
If no, please give date of birth		____/____/____		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you legally eligible to work in the United States?		In accordance with the Immigration Reform and Control Act of 1986, the City only hires U.S. citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or a legalized alien program. Failure to provide said documentation will result in dismissal.					
Yes <input type="checkbox"/> No <input type="checkbox"/>							
Do you have any relatives working for the City of Thief River Falls?				Have you previously been employed by the City of Thief River Falls?			
Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, in what position: _____				If yes, date(s) _____ Position _____			
Do you wish to claim Veteran's Preference for this application process? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, you must complete a Veteran's Preference Claim Form and return it along with this application, and any other required supporting documentation.							

EDUCATION AND TRAINING

Type of School	Name & Location	Graduate	Degree, Diploma, or Certificates
High School or GED		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade/Business/ Vocational		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or University		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or University		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (Skilled Trade)		Yes <input type="checkbox"/> No <input type="checkbox"/>	

SPECIAL SKILLS/TRAINING/LICENSES/MEMBERSHIPS

Please list your current relevant professional memberships, licenses, training certificates, or registrations:

	CLASS	EXP.DATE
LICENSES (Driver's License, Water Operator's, etc.)		
JOB-RELATED TRAINING CERTIFICATES MEMBERSHIPS REGISTRATIONS		EXP.DATE
EQUIPMENT OPERATION EXPERIENCE (Please List)		
Please list any computer programs you are proficient in and indicate the numbers of years of experience you have with each:		

EMPLOYMENT HISTORY

Please list complete employment history with most recent first. Do not specify the dates for employment over ten years ago; however, do indicate the total number of years and months your worked at that job. Also include relevant volunteer work experience.

Employing Firm:	Length of Employment:
Address	From (mo/year)
Phone Number:	To (mo/year)
Your Title:	Hrs worked per week:
Responsibilities:	Last Salary:
	May we contact <input type="checkbox"/> Yes
	this employer? <input type="checkbox"/> No
	If no, explain:
Reason for Leaving:	
Employing Firm:	Length of Employment:
Address	From (mo/year)
Phone Number:	To (mo/year)
Your Title:	Hrs worked per week:
Responsibilities:	Last Salary:
	May we contact <input type="checkbox"/> Yes
	this employer? <input type="checkbox"/> No
	If no, explain:
Reason for Leaving:	
Employing Firm:	Length of Employment:
Address	From (mo/year)
Phone Number:	To (mo/year)
Your Title:	Hrs worked per week:
Responsibilities:	Last Salary:
	May we contact <input type="checkbox"/> Yes
	this employer? <input type="checkbox"/> No
	If no, explain:
Reason for Leaving:	

Please attach additional sheets if necessary

REFERENCES

Please provide the name, address, and telephone number of three work-related references. City staff may contact these references at any point in the selection process.

Name	Address	Phone
1		
2		
3		

DATA PRACTICES ADVISORY/TENNESSEN WARNING

The information requested on the application is necessary, either to identify you or to assist in determining your suitability for the position for which you are applying. You may legally refuse, but refusal to supply the requested information will mean that your application for employment may not be considered.

Information requested on your application that is defined by State Statute as public that may be released on request includes job history, education and training, rank on our eligibility list, relevant test scores, veteran's status, and work availability.

Your name is private except when you are certified as eligible for appointment to a vacancy or selected as a finalist for the position. Certain other information requested on your application is private and may be released only to you or to entities authorized access by law (MS 13.02, Subd 12.).

Private data being requested above includes:

NAME: Used to identify you in relation to other applicants. You are legally required to provide your name. Failure to provide this information may result in a delay in processing or rejection of your application.

PRESENT/PERMANENT ADDRESS/HOME TELEPHONE: Used to contact you regarding your application's status. You are not legally required to provide this information. Failure to provide this information may result in a delay in processing or notifying you of your application status.

AGE RANGE: Used to accurately certify applicants for certain types of work according to State law. You are legally required to provide this information. Failure to provide this information may result in your rejection as an applicant for this position.

WORK ELIGIBILITY: Used to certify applicants for work in the United States as determined by laws of the United States Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application.

LICENSE INFORMATION: Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in your rejection as an applicant for this position.

The information that is classified as private under State law may not be provided to members of the public except to: 1) persons authorized to have access to the information under state or federal law; 2) persons authorized by court order to have access to the information; 3) persons to whom you consent in writing to have access to the information; and 4) all individuals in the City, and its agents, who need to know the information.

I authorize investigation of all statements contained in this employment application as may be necessary to arrive at an employment decision. I certify that all answers given here are true and I understand that any false information on or omission of information from this application will be cause for rejection of this application or termination of employment without notice or benefits.

APPLICANT SIGNATURE: _____ **DATE:** _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The City of Thief River Falls is an equal opportunity employer. It is the policy of the City of Thief River Falls to provide equality in employment to all persons. This policy expressly prohibits discrimination because of race, creed, color, religion, national origin, sex, sexual orientation, marital status, status with regard to public assistance, disability, membership, or activity in a local human rights commission, age, or any other basis protected by law, except where there is a bona fide occupational qualification. This policy applies to all phases of employment including, but not limited to: recruitment, hiring, placement, promotion, demotion, transfer, layoff, recall, discharge, rates of pay or other forms of compensation, and selection for training. This policy also applies to the use of all facilities and participation in all city-sponsored employee activities.

The information asked of you below will be used to evaluate our overall efforts in achieving diversity in the recruitment and selection of City of Thief River Falls employees. 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 Thief River Falls appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Please indicate the position(s) for which you are applying: _____

Please indicate how you heard about this position: _____

Please place a check in the appropriate blanks:

Gender: _____ Male _____ Female

With which racial/ethnic group do you identify?

- _____ Asian or Pacific Islander
- _____ African American (Black)
- _____ Hispanic
- _____ Native American or Alaskan Eskimo
- _____ Caucasian (White)
- _____ Other (Please indicate: _____)

Based on the definition below, do you claim Disability status?

_____ Yes _____ No

Disability status is defined as:

- (1) Has a physical, sensory or mental impairment which materially limits one or more life activities;
- (2) Has a record of such an impairment; or
- (3) Is regarded as having such an impairment

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VETERANS' PREFERENCE

COMPLETE THIS FORM **ONLY** IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: COPY OF VETERAN'S DD214 MUST BE ATTACHED (Veteran is defined by MN Statute 197.447)

You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the form. 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 (651) 430-6895.

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 5 points. Disabled veterans eligible for such preference may use the 5 points preference only for the first promotion after securing County employment.

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

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 DD214 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)	(M)	SOCIAL SECURITY NUMBER	POSITION FOR WHICH YOU APPLIED
ADDRESS (STREET)			(CITY)	(STATE) (ZIP)
PHONE NUMBER			Closing Date:	
ARE YOU A US CITIZEN OR RESIDENT ALIEN?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

VETERAN (10 points):

(DD214 or DD215 must be submitted to receive points.)

Honorably discharged veteran ☐ YES ☐ NO

DISABLED VETERAN (15 points):

(DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

Percent of Disability: _____ %

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):

(DD214 or DD215, 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):

(DD214 or DD215 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 for the application 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 Thief River Falls by the required application deadline date.

Signature

Date

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by MN Statute 197.477, and to certain spouses of deceased or disabled veterans subject to the provisions of MN Statute 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 DD214 or DD215. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
(DD214 "Member-1" copy will not be accepted)
- 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 qualify for disabled veteran preference per MN Statutes 197.455 and 197.447.
- 3.) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's DD214 or DD215, 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.