



## **NOTICE TO ALL APPLICANTS**

*An Equal Opportunity Employer*

We welcome you as an applicant for employment with the City of Winsted. It is the City of Winsted's policy to provide equal opportunity in employment. Winsted will not discriminate on the basis of race, age, genetic information, religion, national origin, marital status, disability, sex, sexual preference, status with regard to public assistance, or any other basis protected by law.

The information contained in this application is considered private data under the Minnesota Data Practices Act, and will be used only in conjunction with your possible employment. Your application will be evaluated in comparison to the requirements for that position. As an applicant for employment, your name is considered private until you become a finalist for employment. You are considered a finalist if and when you are selected to be interviewed by the City prior to selection.

If you have any questions regarding your rights as a subject of data please contact:

City of Winsted  
Box 126  
Winsted, MN 55395  
(320) 485-2366

## **APPLICATION FOR EMPLOYMENT**

*An Equal Opportunity Employer*

### **IMPORTANT EMPLOYMENT APPLICATION INSTRUCTIONS — PLEASE READ**

1. Be sure to include proof of education, licenses, certificates, training and veteran's eligibility (if required). Originals need not be submitted.
2. Read the Job Announcement carefully, if you are applying for a specific position, to be sure that you meet ALL the requirements.
3. Your application must be filled out completely. Applications that are not complete will not be processed.
4. If a section does not apply to your background, enter "None."
5. Do not state "see resume" when asked to describe your responsibilities and experience.

**RETURN TO: City of Winsted, Box 126, Winsted, MN 55395 (320) 485-2366**

**Position Applying For:** \_\_\_\_\_

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

Prefix (circle one): Miss Mr. Mrs. Ms. Dr. Social Security Number \_\_\_\_\_

Would you, in any of your education or experience, be known under another name? No Yes, if yes, under what name(s) and between what dates \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Other \_\_\_\_\_

**How Did You Learn About Us?**

- Advertisement                       Friend                       Walk-In  
 Employment Agency    Relative                       Other \_\_\_\_\_

Have you ever filed an application with us before?                       Yes                       No

1.                      *If Yes, give date* \_\_\_\_\_

Have you ever been employed with us before?                       Yes                       No

2.                      *If Yes, give date* \_\_\_\_\_

## EMPLOYMENT HISTORY

Please provide employment history for the past eight (8) years (attach additional forms if necessary)

If you are currently working, may we contact your current employer? YES NO

**(1) Employer** \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please provide a brief description of your specific job duties

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

Phone Number \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

Your Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**(2) Employer** \_\_\_\_\_ **Start Date** \_\_\_\_\_ **End Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Please provide a brief description of your specific job duties**

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

**Phone Number** \_\_\_\_\_ **Hours Worked Per Week** \_\_\_\_\_

**Your Job Title** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**(3) Employer** \_\_\_\_\_ **Start Date** \_\_\_\_\_ **End Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Please provide a brief description of your specific job duties**

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

**Phone Number** \_\_\_\_\_ **Hours Worked Per Week** \_\_\_\_\_

**Your Job Title** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**(4) Employer** \_\_\_\_\_ **Start Date** \_\_\_\_\_ **End Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Please provide a brief description of your specific job duties**

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

**Phone Number** \_\_\_\_\_ **Hours Worked Per Week** \_\_\_\_\_

**Your Job Title** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**Reason For Leaving** \_\_\_\_\_

Please disclose any prior employment terminations or other disciplinary action you have received for threats of violence.

If you need additional space, please continue on a separate sheet of paper.

## EDUCATION/TRAINING

School	Name and Mailing Address	Course of Study	Years Completed	Diploma / Degree
High School				
College				
Graduate / Professional				
Other (Specify)				

List any current licenses, registrations, or certificates, you possess which may be related to this position

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Describe any specialized training, apprenticeship, skills and extra-curricular activities

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List any professional trade, business, or civic activities and offices held. *You may exclude membership which would reveal race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status:*

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State any additional information you feel may be helpful to us in considering your application

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Are you a veteran? Yes No If yes, give dates of service: From \_\_\_\_\_ To \_\_\_\_\_

List any special skills or training \_\_\_\_\_

*To claim Veterans Preference you must complete the attached form and follow the instruction on that form in providing specifically requested information and documents. Also, to claim Disabled Veterans Preference you must provide a letter from the VA indicating you percentage of service connected disability. Your failure to provide this information may result in your not being qualified to receive veteran's preference points.*

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

State any additional information you feel may be helpful to us in considering your application.

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. \_\_\_\_\_ YES \_\_\_\_\_ NO

## PROFESSIONAL REFERENCES

Do not include family members or personal friends.

Name	Phone Number	Company/Organization	Relationship

SALARY EXPECTATIONS: \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby understand that this position is subject to the requirements of either state or federal (DOT) and drug testing rules that the Company may condition any offer of employment upon the successful passing of a drug and alcohol test.

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**CITY OF WINSTED**

**TENNESSEN WARNING**

**It is the City of Winsted's responsibility to inform potential employees of their privacy rights. Please carefully read the Tennessee Warning provided below. Sign and date the form and return it with your application. Your signature indicates that you have received information regarding your rights as they pertain to the Minnesota Government Data Practices Act.**

In accordance with the Minnesota Government Data Practices Act, the City of Winsted is required to inform you of your rights as they relate to the private information collected from your application. Private data is information that is available to you, but not to the public; the personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment at the City of Winsted. All data collected is considered private except for the following:

- Veteran status
- Relevant test scores
- Rank on eligibility list
- Job history
- Education and training
- Work availability

Your name is considered to be private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules, and regulations of the City of Winsted. Furnishing social security numbers is voluntary for applicants to the City of Winsted, but refusal to supply other requested information would mean that your application for employment might not be considered.

Private data is available only to you, to appropriate city employees, and others as provided by state and federal laws who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment that is not designated in this notice as private data.

The information you give about yourself is needed to identify you and to assist the City of Winsted in determining your suitability for the position for which you are applying.

**I have read and understand the information given above regarding the Minnesota Data Practices Act.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**CITY OF WINSTED  
201 1<sup>st</sup> Street North  
P.O. Box 126  
Winsted, MN 55395**

**GENERAL AUTHORIZATION AND RELEASE  
PURSUANT TO MINNESOTA STATUTE 13.05, SUBD.4  
MINNESOTA DATA PRACTICES ACT**

I hereby authorize and grant my informed consent to permit you to release and to make available to the Winsted Police Department and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minnesota Statutes 13.02, subd. 12, and has been collected by you as a result of contracts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form, which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the City of Winsted to have access to this information is to determine my suitability for employment with the City of Winsted. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the City of Winsted including verification of my records and analysis by consultants to the Winsted Police/City officials who may review my suitability for employment.

I hereby authorize and grant my informed consent to permit you to make photocopies for the City of Winsted of data which concerns me and is in your possession.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of Winsted or to you of that fact.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**CITY OF WINSTED**

**VETERAN'S PREFERENCE**

**COMPLETE THIS FORM ONLY IF YOU ARE A VETERAN AND ARE CLAIMING VETERAN'S PREFERENCE**

**NOTE: COPY OF DD214 MUST BE ATTACHED**

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 document will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at (651-644-4022).

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.

The City of Winsted 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 positions; fifteen (15) points are added if the veteran has a service connected compensability as certified by the Veterans Administration.

To qualify for preference on a promotional exam, a veteran must have 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 City employment.

To qualify for preference for an open, competitive position, 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 on active duty, or after having served the

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 your 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) (Middle)	SOCIAL SECURITY NUMBER	POSITION FOR WHICH YOU APPLIED
		Closing Date:

ADDRESS (STREET) (City) (STATE) (ZIP)	PHONE NUMBER	ARE YOU A US CITIZEN OR RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**Veteran (10 points)** (DD214 or DD215 must be submitted to receive points):

Honorably discharged veteran .....  YES  NO

**FOR DISABLED VETERANS (15 points):** (DD214 and Letter from VA of proof of disability must be submitted to receive points.)

Percent of Disability: \_\_\_\_\_%

Have you ever been promoted in the City of Winsted employment? .....  YES  NO

**FOR SPOUSES OF DECEASED VETERANS (10 points, 15 if the veteran was disabled):**

(Attach DD214 or DD215, photocopy of marriage certificate and spouse's death certificate 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

**FOR SPOUSES OF DISABLED VETERANS (15 points):**

(DD214 or DD215 and a letter from VA of proof of disability must be submitted to receive points.)

Due to the veteran's service-connected disability the veteran is unable to qualify for this position because:  
(be specific) \_\_\_\_\_

**AFFIDAVIT: I hereby claim Veteran's Preference for this position 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 Winsted.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## INFORMATION REGARDING CLAIMING VETERAN'S PREFERENCE

Preference points are awarded to qualified veterans and spouses of a deceased or disabled veteran subject to the provision of MN Statute 197.447.

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" is 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 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 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 Winsted. Please contact your local County Veterans' Service Office if you have any questions regarding veterans' preference in public employment.