

City of Hayfield
 18 West Main Street, PO Box 53
 Hayfield MN 55940
www.hayfieldmn.com
cityclerk@hayfieldmn.com
 507-477-3535 – Phone/507-477-2405 - Fax



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.

(Please Print)

Position Applied For _____	Date of Application _____
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First Name _____	Last Name _____	Middle Name _____	
Address _____	City _____	State _____	Zip _____
Telephone Number(s) (Home) _____			
(Cell) _____			

Best time to contact you at home is: _____	
Are you currently employed?	Yes _____ No _____
May we contact your present employer?	Yes _____ No _____
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? Yes _____ No _____ <i>Proof of citizenship or immigration status will be required upon employment.</i>	
Date available for work _____ / _____ / _____	
Are you available to work: _____ Full-time _____ Part-time _____ Temporary/Seasonal	

EDUCATION

	Name & Address of School	Course of Study	Number of Years Completed	Diploma/Degree
Elementary				
High School				
Undergrad College				
Graduate Professional				
Other (Specify)				

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

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

EMPLOYMENT EXPERIENCE - a RESUME is required to apply for this job.

List professional, trade, business or civic activities and offices held. *You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected statuses.*

Additional Information:

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.* _____

SPECIALIZED SKILLS (Check all that apply)

_____ PC _____ IT _____ Word Processing (WPM) _____

Equipment/Machinery Operated (list)

Licenses/Certificates/Awards (list)

REFERENCES

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Acquainted</u>
1.			
2.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 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.

Signature of Applicant

Date

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: VETERANS' PREFERENCE POINTS CANNOT BE CONSIDERED WITHOUT SUPPORTING DOCUMENTATION. ATTACH COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE. DOCUMENTATION MUST BE RECEIVED BY THE APPLICATION DEADLINE OF THE POSTING IN ORDER TO BE CONSIDERED. (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 proper 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 full 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 because of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

The City of Hayfield 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).

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 five (5) points. Disabled veterans eligible for such preference may use the five points preference only for the first promotion after securing employment with the City of Hayfield.

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

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 "Member Copy 4" DD214, or other documentation verifying service, 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) (MI)			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	

VETERAN (10 points):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, must be submitted to receive points)

Honorably 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 Hayfield employment?

Yes No

AFFIDAVIT: I hereby claim Veterans' 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 Hayfield by the required application deadline.

Signature

Date

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:

- 1) 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.
- 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 because of, active-duty service. Disability incurred while on, or because of, active duty for training purposes does not qualify for disabled veteran preference per Minn. Stat. §§ 197.455 and 197.447.

Thank you for your military service and for your interest in employment with the City of Hayfield. Please contact our office at 507-477-3535 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

Applicant Data Practices Advisory

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

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. Consultant, city staff and elected officials involved in the hiring process will have access to the data provided. Data may be shared upon court order or provided to the state or legislative auditor, upon request.

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.

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.

Minors submitting this application have the right to request that parental access to private data be denied. If you wish to make this request, please submit the request in writing to the city clerk-treasurer.

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 Hayfield 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 blank:

Gender: Male Female Transgender
 Non-binary/non-conforming Prefer not to respond

With which racial/ethnic group do you identify?

Asian
 Native Hawaiian or Other Pacific Islander
 Black or African American
 Hispanic or Latino
 American Indian or Alaska Native
 White
 Two or More Races – All persons who identify with more than one of the above
 Other (Please indicate: _____)

A person can show that he or she has a disability in one of three ways:

- A person may be disabled if they have a physical or mental condition that substantially limits a major life activity (such as walking, talking, seeing, hearing, or learning).
- A person may be disabled if they have a history of a disability (such as cancer that is in remission).
- A person may be disabled if they are believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if they do not have such an impairment).

Based on the above information, do you claim disability status?

Yes No