

City of Plainview

Application for Employment



We welcome you as an applicant for employment with the City of Plainview. It is the City of Plainview's policy to provide equal opportunity in employment. The City of Plainview 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 furnish 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 guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

The City of Plainview 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 507-534-2229.

Please print in INK or type when completing this application.

PERSONAL INFORMATION

Name (Last) (First) (MI)

Street Address City, State ZIP

Phone Number Alternate Phone

Email

Title of position applying for:

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

EDUCATIONAL INFORMATION

What is your highest grade completed?

Grade School	High School	College/Technical	Graduate
1 2 3 4 5 6 7 8	9 10 11 12 GED	13 14 15 16	MA MS PHD JD
Did you graduate?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

School Name/Address	Course of Study	Degree
High School		
College		
Graduate School		
Technical/Vocational		
Other		

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

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

EMPLOYMENT EXPERIENCE

List present or most recent employer first. Please 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. Please provide a minimum of 10 years of relevant experience.

Company	Supervisor	
Address	City, ST ZIP	
Last job title		
Phone Number	May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	
Start Date	End Date	Hrs./Week
Reason for leaving (be specific):		
Describe your work in this job:		

Company	Supervisor	
Address	City, ST ZIP	
Last job title		
Phone Number	May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	
Start Date	End Date	Hrs./Week
Reason for leaving (be specific):		
Describe your work in this job:		

Company	Supervisor	
Address	City, ST ZIP	
Last job title		
Phone Number	May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	
Start Date	End Date	Hrs./Week
Reason for leaving (be specific):		
Describe your work in this job:		

Attach additional pages as necessary.

UNPAID EXPERIENCE

Describe any unpaid 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).

MILITARY EXPERIENCE

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

Describe your duties:

Do you wish to apply for Veterans' Preference points: ☐ Yes ☐ No

If you answered "yes," you must complete the enclosed application for Veterans' Preference points, and submit the application and required documentation to the City of Plainview by the application deadline of the position for which you are applying.

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 summary for the position/s for which I am applying. I further acknowledge my understanding that employment with the City of Plainview is "at will," and that employment may be terminated by either the City of Plainview or me at any time, with or without notice.

With my signature below, I am providing the City of Plainview 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 have read the included Applicant Data Practices Advisory, and 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 Plainview in writing of any changes to information reported in this application for employment.

Signature

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 this 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 City of Plainview 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 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 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 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 Plainview.

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

Address

C/S/Z

Position for Which You Applied

Closing Date:

Are you a US Citizen or Resident Alien? ☐ Yes ☐ No

Honorably Discharged Veteran (10 points) ☐ Yes ☐ No

Disabled Veteran (15 points) Percent of Disability _____ %

Have you ever been promoted within the City of Plainview employment? ☐ Yes ☐ No

Spouse of Deceased Veteran (10 pts) Date of Death _____ Have you remarried? ☐ Y ☐ N

Spouse of Disabled Veteran (15 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). (attach response)

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 Plainview 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 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.
- 3) 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 Plainview. Please contact our office at 507-534-2229 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

GENERAL INFORMATION ON THE MINNESOTA GOVERNMENT DATA PRACTICES ACT FOR APPLICANTS, EMPLOYEES, AND VOLUNTEERS.

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of Plainview. 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 Plainview, 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 in determining your suitability for the position for which you are applying. The optional data is used in summary form by the city's Affirmative Action Program to monitor protected class employment and meet federal, state and local reporting requirements. Furnishing the optional data requested about you is voluntary.

NOTICE REGARDING SOCIAL SECURITY NUMBER: 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 Plainview City Administrator at 241 West Broadway, Plainview, MN 55964. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**

NOTICE REGARDING REQUEST FOR MARRIAGE CERTIFICATE FOR VETERANS' PREFERENCE DOCUMENTATION: This information will be used for documentation purposes for verifying marital status for requesting applicable spousal Veterans' Preference credits.

Applicant Data Practices Advisory

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

A. Purpose and intended use of the data:

The city collects this information for purposes of selecting a candidate for hire. Your data will be used to evaluate your qualifications for employment. 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.

B. 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.

C. 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.

AUTHORIZATION FOR RELEASE OF DATA

I authorize the City of Plainview (City) and its representatives to make an investigation of any information contained in my application and/or supplemental materials I have submitted in consideration for the position of _____. I authorize and request that my past and present employers and educational institutions release any data concerning my employment and educational background to the City that the City requests verbally or in writing.

The data obtained will be used by the City to evaluate my qualifications for employment and may be disclosed to elected and appointed officials and employees of the City whose work assignments reasonably require access during the hiring process; enforcement agencies with legal authority; and persons/entities authorized by law or court order.

To the fullest extent permitted by law, I release my past or present employers and educational institutions from responsibility for any harm or damages that I may experience as a result of their good faith compliance with this authorization.

I understand that I am voluntarily asking my past or present employers and educational institutions to release the data and I am not legally required to sign this authorization, but if I do not do so, the City may be unable to adequately evaluate my qualifications for employment.

I also understand that although the data may be classified as private at my past or present employers and educational institutions, the classification and treatment of the data at the City may not be the same and is dependent on laws or policies that apply to the City.

This authorization is valid for one year from the date below or until the purpose has been fulfilled, whichever occurs first. This authorization may be withdrawn by notifying the City in writing, but such withdrawal does not affect the validity of disclosures made prior to the withdrawal notice. A photocopy of this release is valid for all purposes as an original.

Full Legal Name

Signature

Date

NOTICE AND CONSENT OF BACKGROUND CHECK

In order to further my evaluation as a candidate for employment with the City of Plainview, I hereby authorize it to conduct a comprehensive background check directly related to the position for which I am applying, which may include a criminal, driver's license, and motor vehicle record review. The information requested below will be used to perform the background check. I authorize any agency or person contacted in pursuit of this background check to release any and all information requested by authorized representatives of the City of Plainview. The information obtained will be used by the City of Plainview to evaluate my qualifications for employment and may be disclosed to elected and appointed officials and employees of the City of Plainview whose work assignments reasonably require access during the hiring process; enforcement agencies with legal authority; and persons/entities authorized by law or court order.

To the fullest extent permitted by law, I release any agency or person contacted in pursuit of this background check responsibility for any harm or damages that I may experience as a result of their good faith compliance with this authorization.

I understand that I am not legally required to sign this authorization, but if I do not do so, the City of Plainview may be unable to adequately evaluate my qualifications for employment.

I also understand that if the City of Plainview denies me a position of employment, solely or in part because of my prior conviction of a crime, the City of Plainview will notify me in writing of the following, except as otherwise provided in Minnesota Statutes, section 364.09:

- The grounds and reasons for the denial;
- The applicable complaint and grievance procedure set forth in Minnesota Statutes, section 364.06;
- The earliest date the applicant may reapply for employment; and
- All competent evidence of rehabilitation will be considered upon reapplication.

This authorization is valid for one year from the date below or until the purpose has been fulfilled, whichever occurs first. This authorization may be withdrawn by me by notifying the City of Plainview in writing, but such withdrawal does not affect the validity of disclosures made prior to the withdrawal notice. A photocopy of this release is valid for all purposes as an original.

Signature	Date
Full Legal Name	
AKA/Maiden/Previous Name(s)	
Social Security #	Date of Birth
Driver's License #	State Issued

A copy of this completed form will be provided upon your request.

Office Use Only

Type of Employment	Completed By
Background Check Results	Date

This instrument was acknowledged before me on this date by the above-named party.

(Notary Seal)

Notary
Sign./Date