

CITY OF WELLS EMPLOYMENT APPLICATION INSTRUCTIONS

To ensure that your application will be accurately processed, please review the following:

1. Please print or type when completing this form.
2. Complete a separate application for each position you apply for, following instructions completely and signing your application where required.
3. Be specific and complete when filling out the Employment History section. Application forms that are incomplete will be removed from consideration. Please do not state, "SEE RESUME."
4. Applications must be received at City Hall by the advertised closing date.
5. Applicants will be notified by mail when the position has been filled.
6. The City of Wells strongly encourages City employees to live within the City they serve.

RETURN COMPLETED APPLICATIONS TO:

CITY ADMINISTRATOR

WELLS CITY HALL

125 S BROADWAY

WELLS, MN 56097

507-553-6371

cityhall@cityofwells.net

If you have any questions, please contact City Hall.



The City of Wells is an Equal Opportunity Employer

SKILLS

EQUIPMENT	COMPUTER/SOFTWARE	OTHER

SWIMMING POOL APPLICANTS ONLY (List current certificate year & attach copies for those that apply)

JUNIOR LIFE SAVING	SENIOR LIFE SAVING	WSI	CPR	FIRST AID	OTHER TEACHING EXP
SUMMER SCHEDULE CONFLICTS (please describe any planned vacations, special events, etc. that may conflict with your pool schedule)					

PROFESSIONAL REFERENCES (PROVIDE AT LEAST THREE PEOPLE WHO KNOW YOU PROFESSIONALLY - CANNOT BE RELATIVES OR FRIENDS)

NAME & ADDRESS	PHONE & EMAIL	OCCUPATION

EMPLOYMENT HISTORY (List most recent first and include at least the last ten years of history. Attach an additional sheets, if needed.)

NAME OF EMPLOYER			
STREET ADDRESS		CITY	STATE ZIP
PHONE NUMBER	SUPERVISOR'S NAME		MAY WE CONTACT?
YOUR JOB TITLE	EMPLOYED FROM (mo/yr) TO (mo/yr)		SALARY/HOURLY RATE:
DUTIES:			
REASON FOR LEAVING:			

NAME OF EMPLOYER			
STREET ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	SUPERVISOR'S NAME		MAY WE CONTACT?
YOUR JOB TITLE	EMPLOYED FROM (mo/yr)	TO (mo/yr)	SALARY/HOURLY RATE:
DUTIES:			
REASON FOR LEAVING:			

NAME OF EMPLOYER			
STREET ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	SUPERVISOR'S NAME		MAY WE CONTACT?
YOUR JOB TITLE	EMPLOYED FROM (mo/yr)	TO (mo/yr)	SALARY/HOURLY RATE:
DUTIES:			
REASON FOR LEAVING:			

CERTIFICATION & RELEASE

I certify that I have read and understand the "Applicant Note" on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of the facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the City and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said person, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If City policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature

Date

VETERAN'S PREFERENCE

The eligibility requirements for veteran's preference are listed below. Read them carefully to see if you qualify. If you do wish to receive preference, be sure to complete this section. Anyone eligible for receiving a monthly veteran's pension benefit based exclusively on length of military service is not eligible. Providing the information in this section is voluntary. You must do so if you wish to obtain the preference.

Veteran Eligibility for Open Competitive Position (10 Points)

Must be a U.S. Citizen or resident alien who has separated under honorable conditions:

- (1) After serving on active duty for 181 consecutive days, or
- (2) By reason of disability incurred while serving on active duty.

Disabled Veteran Eligibility for Open Competitive Position (15 Points)

Must have a compensable service connected disability as adjudicated by the United States Veteran's Administration or by the Retirement Board of the several branches of the armed forces and the disability must exist at the time preference is claimed.

Disabled Veteran Eligibility for Promotional Position (5 Points)

Must, at the time of election to use preference, be entitled to disability compensation for a permanent service-connected disability rated at 50% or more and the position for which you are applying must be the first promotion after entering public employment.

Eligibility as a Spouse of a Deceased or Disabled Veteran Eligibility as a Spouse of a Deceased or Disabled Veteran -Spouse of Disabled Vet (15 points), Widow of Vet (but not remarried) (10 points), Widow of Disabled Vet (but not remarried) (15 points)

Must be a spouse of either a deceased veteran or the spouse of a disabled veteran who, because of a disability, is unable to qualify for the particular position due to his/her disability and who would have or does meet the criteria for one of the above-listed preferences.

ALL APPLICANTS CLAIMING VETAN'S PREFERENCE MUST ATTACH A COPY OF THEIR FORM DD214. FAILURE TO DO SO MAY RESULT IN LOSS OF VETERAN'S PREFERENCE ELIGIBILITY.

City of Wells Veteran's Preference Claim Form		
Name of Veteran – (last – first – middle)		
Name of Applicant - if different than Veteran – (last – first – middle)		
Address	City	State
Classification		

To be completed by Veteran or Spouse of Deceased Veteran

- (1) Are you a U.S. Citizen or resident alien? YES NO
- (2) Were you honorably discharged from military service? YES NO
- (3) Were you separated from military service after active duty for at least 181 consecutive days? YES NO
- (4) Do you currently have a compensable service-related disability? YES NO
- (5) Are currently receiving a monthly pension based exclusively on length of military service? YES NO
- (6) Branch of service _____ Date of discharge _____ Serial Number _____

Type of separation _____ Date of entry _____ Date of death _____

If Spouse of Disabled Veteran, please answer the following: If spouse is disabled, please explain why your spouse does not qualify for this position:

Claim Number (if disabled)		State Claim is Filed in
Signature	SSN	Date

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Wells is required to inform you of your rights as they relate to the private information collected from you. Private data is information that is available to you, but not 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 with the City of Wells. All data collected is considered private except for the following:

- (1) Your veteran's status.
- (2) Relevant test scores
- (3) Your rank on our eligibility list
- (4) Your job history
- (5) Your education and training
- (6) Your work availability

Your name is considered 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 Wells. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, appropriate City employees, and others as provided by state and federal law 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.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the City of Wells in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the City of Wells to monitor protected class employment and to meet federal, state, and local reporting requirements.

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

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____