



# City of Ottertail Application for Employment

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:			
Type of Employment Desired	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal
Current Driver's License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	State_____ Class_____ (Position requires a current driver's license)
Date Available for work			

Are you legally eligible for employment in this country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with the City before?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Special Skills and Qualifications

Please summarize special job-related skills acquired from employment or other experience. Please include any licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for you are applying.

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**Educational Information**

Circle the highest grade completed			
1 2 3 4 5 6 7 8 Grade School	9 10 11 12 GED High School	13 14 15 16 College/Technical	MA MS PHD JD Graduate
Did you graduate: (Please circle)	Yes No <i>High School</i>	Yes No <i>College/Technical</i>	Yes No <i>Graduate JD</i>

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

**Other Applicant Information**

AN EQUAL OPPORTUNITY EMPLOYER, the City of Ottertail will hire and promote without regard to such non-job related distinctions as race, creed, color, age, religion, sex, marital status, status with regard to public assistance, national origin, physical or mental disability or sexual orientation.

DATA PRIVACY: The information on this application is necessary to identify you and to determine your suitability for this position. You must supply this information in order to be considered for employment. Background investigations may be conducted on the top candidates if needed to determine suitability for the position. If a background check is required, you will be notified and asked to sign a release.

Your name is considered private until you become a finalist for employment with the City of Ottertail. You are considered a finalist when and if you are selected to come to the final selection interview prior to selection.

### ***Employment Experience***

List your work history for the last five years. Start with your PRESENT or MOST RECENT position. Additional experience may be listed beyond five years. If included, do not list dates. Give length of employment only.

Employer ( )	Telephone	<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Job Title		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Supervisor				
Reason for Leaving				

May we contact this employer? \_\_\_ Yes \_\_\_ No

Employer ( )	Telephone	<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Job Title		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Supervisor				
Reason for Leaving				

May we contact this employer? \_\_\_ Yes \_\_\_ No

Employer ( )	Telephone	<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Job Title		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Supervisor				
Reason for Leaving				

May we contact this employer? \_\_\_ Yes \_\_\_ No

Employer  (    )	Telephone	<u>Dates Employed</u> From    To		Work Performed
Address				
Job Title		<u>Hourly Rate/Salary</u> Starting    Final		
Supervisor				
Reason for Leaving				

May we contact this employer?     Yes     No

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

If you are currently working, may we contact your PRESENT employer about your work?  
 Yes     No

***Membership in Civic and Professional Organizations***

Describe any unsalaried or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information that would reveal race, sex, religion, age, disability or other protected status).

Honors received (school and community):

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

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Give name, address, and telephone number of three (3) references who are not related to you.

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**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 the activities involved in the job or occupation for which you have applied: \_\_\_\_\_ No \_\_\_\_\_ Yes

***Military Experience***

Did you serve in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe your duties:
Do you wish to apply for Veterans' Preference points: Yes <input type="checkbox"/> No <input type="checkbox"/>
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 Ottertail 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 Ottertail is "at will," and that employment may be terminated by either the City of Ottertail or me at any time, with or without notice.

With my signature below, I am providing the City of Ottertail 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 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 Ottertail in writing of any changes to information reported in this application for employment.

*This authorization shall be valid for one year, but I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the City Council of the City of Ottertail. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that the photocopy shall be considered as valid as the original.*

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Signature

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Date

### Veterans' Preference

**Complete this form only if you are a Veteran and are claiming Veteran's Preference**

**You must submit a PHOTOCOPY of your "Member Copy 4" 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 "member Copy 4" of your DD214, contact your County Veterans' Service Office.**

The City of Ottertail awards preference points to qualified applicants for a competitive position in accordance with Minnesota Statutes. To be considered for veteran's preference, claims must be made on the form below and submitted with your application by the 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)	(MI)	Social Security Number	Position For Which You Applied
				Closing Date:
Address (Street)		(City)	(State)	Phone Number
Address (Zip)				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 must be submitted to receive points)

Honorably discharged veteran       Yes     No

**DISABLED VETERAN (15 points):**

("Member Copy 4" of DD214 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 Ottertail employment?       Yes     No

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

("Member Copy 4" of 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):**

("Member Copy 4" of 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 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 Ottertail 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. 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 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, 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 Ottertail. Please contact our office at (218)367-2250 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

***Applicant Statement:***

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to: (i) Cancel further consideration of this application, or (ii) Immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other person, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application for employment shall be considered active for a period of time not to exceed 45 days. At the conclusion of that time, if I have not heard from the employer, and wish to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

***DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.***

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature of Applicant:

Date: \_\_\_\_\_



**For Personnel Department Use Only**

Arrange for Interview:	
<i>Remarks:</i>	
Employed:	Date:
Job Title:	
Hourly Rate:	

NOTES:

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