



City of Wadena
222 2nd St SE
Wadena, MN 56482
Phone: 218-631-7707
Fax: 218-631-7709

CITY OF WADENA APPLICATION FOR EMPLOYMENT

I. POSITION DESIRED

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

Title of position for which you are applying: \_\_\_\_\_

Date available to begin employment: \_\_\_\_\_

All applications must be completed and returned no later than \_\_\_\_\_ to the City Administrator's Office. Failure to do so will eliminate you from consideration of the position.

II. PERSONAL DATA

Name: \_\_\_\_\_

Last

Middle

First

Address: \_\_\_\_\_

Street

City

State

Zip

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

If hired, can you provide documents required to establish your eligibility to work in the United States?

[ ] Yes [ ] No

Minnesota P.O.S.T. #: \_\_\_\_\_ (If applicable)

Have you previously worked for the City of Wadena? [ ] Yes [ ] No

If Yes, position held/department: \_\_\_\_\_

If Yes, under what name(s) may your previous employment records be found: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of Resignation: \_\_\_\_\_

Do you have any special needs, which may necessitate accommodations in the application/interview process? [ ] Yes [ ] No

If Yes, please describe the type of accommodation requested: \_\_\_\_\_

List all other names under which you have been employed or under which your employment or educational records may be found: \_\_\_\_\_

If position involves driving, please provide valid Driver's License Number: \_\_\_\_\_

Class of License: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Have you had any moving violations within the past (5) years? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Your signature below authorizes release of your driving record to City Personnel to determine your employment eligibility.

Signature: \_\_\_\_\_

**III. WORK/VOLUNTEER EXPERIENCE**

List **most recent** work and volunteer experience, with most recent to be listed first. Please attach additional relevant work experience history sheets if necessary.

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment/Experience: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes  No

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Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment/Experience: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes  No

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Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment/Experience: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes  No

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**City of Wadena Application for Employment, continued**

**IV. LICENSES**

List current licenses, registrations, or certificates relevant to the position for which you are applying.

<u>Description</u>	<u>License No.</u>	<u>Issued By</u>	<u>Date Issued</u>	<u>Expiration</u>

All applicable licenses or certifications must be received by the City Administrator in the City Administrative Center prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

**V. EDUCATION**

List all schooling attended. Please attach additional education sheet if necessary.

**HIGH SCHOOL**

Name of High School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
Major/Minor: \_\_\_\_\_ Grade Point Average \_\_\_\_\_ out of \_\_\_\_\_

**HIGHER EDUCATION**

Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
Major/Minor: \_\_\_\_\_ Grade Point Average \_\_\_\_\_ out of \_\_\_\_\_

Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
Major/Minor: \_\_\_\_\_ Grade Point Average \_\_\_\_\_ out of \_\_\_\_\_

List/describe any other training and/or experience relevant to the position for which you are applying for:

\_\_\_\_\_

\_\_\_\_\_

**VI. REFERENCES**

These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. The City reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed on the next page.

**City of Wadena Application for Employment, continued**

Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

**VII. CRIMINAL BACKGROUND INFORMATION**

The City of Wadena will request information regarding criminal history in the event that you become a finalist for the position which you are applying. For certain positions, criminal background information will be requested during the application state. Further, the City of Wadena may conduct a criminal background check on individuals upon making a contingent job offer. Please refer to job description for this position to determine if such a check will be conducted. If the job description or other application material states that a criminal check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to the City of Wadena, and formal approval by the appointing authority.

**VIII. VETERAN STATUS**

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran’s Preference Points?  Yes  No

Do you wish to claim Veteran’s Preference Points?  Yes  No

If you are a disabled veteran and wish to claim additional points, please check here.

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD214 form or forward it within five (5) business days.

**IX. PERSONAL STATEMENT**

Please indicated why you are interested in the position and what you hope to accomplish if selected:

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

**X. EQUAL EMPLOYMENT OPPORTUNITY**

It is the policy of the City of Wadena to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, place of residence, political affiliation, sex, marital status, status with regard to public assistance, disability, sexual orientation, age, or activity in a local human rights commission.

**XI. DATA PRIVACY NOTICE**

The information requested on this application is intended to be used by the City of Wadena in determining suitability for employment for the position, which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the City of Wadena being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the City of Wadena may be unable to provide the necessary accommodations if you do not provide the information in Section II.

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**XII. CERTIFICATION, ACKNOWLEDGMENT AND RELEASE**

**I certify** that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the City of Wadena.

**I understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the City Council or the appointing authority referenced in the job description and that until such approval the City of Wadena shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application, **I hereby authorize** any and all current and former employers, organizations where I have volunteered (“volunteer organizations”) and references named in this application, or any agent of such a current or former employer or volunteer organizations, to release to the City of Wadena and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession.

**I hereby release** the City of Wadena and all current and former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of the City of Wadena, former employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.

- Notice to Applicant: If you do not agree with any portion of the acknowledgement, certification, authorization and release, cross out that section and initial it.
- Applications must be signed to be considered for employment. Complete all applicable areas. Do not mark your application “see resume”. An incomplete application may reduce your opportunity for employment with the City of Wadena. Applications must be received by the application deadline.

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

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**SUPPLEMENT TO CITY OF WADENA EMPLOYMENT APPLICATION**

Return to: City of Wadena  
222 2<sup>nd</sup> St SE / PO Box 30  
Wadena, MN 56482  
218-631-7707

**APPLICANT SURVEY: Please Read Carefully**

The information requested below will be used to meet Federal reporting requirements pertaining to equal employment opportunity and to determine the effectiveness of our recruitment efforts and our Affirmative Action Program.

Furnishing the information below is voluntary. It will not be kept in personnel files and will not be given to anyone making hiring decisions. We would appreciate your assistance in our efforts to provide equal opportunity in employment.

**Age Group**

- 16 – 25
- 26 – 39
- 40 - 54
- 55 - 69
- 70+

**What Race/Ethnic Group Do You Consider Yourself?**

- White
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Black
- Hispanic

**Gender**

- Female
- Male

**Disabilities**

Do you have a disability which substantially limits one of life’s major activities such as walking, caring for yourself, seeing, hearing, speaking, performing manual tasks, breathing, learning, working? (Do not answer yes to this question, for example, if you have a visual problem corrected by glasses)

- Yes     No

If “yes”, please describe \_\_\_\_\_

**How Did You Learn About This Job?**

- Newspaper Ad - Name of Newspaper: \_\_\_\_\_
- City Employee
- City Website
- Walk-in
- Employment Agency
- Other - Please explain: \_\_\_\_\_

## Equal Employment Opportunity Form

City of Wadena is an Equal Opportunity Employer and is required to have an Affirmative Action Plan. We make employment decisions without regard to race, color, creed, religion, national origin, sex, marital status, physical or mental disability, veteran/military status, age, status with regard to public assistance, sexual orientation, genetic information, place of residence, political affiliation, membership or activity in a local human rights commission, or any other legally protected status. Your employment is based upon your qualifications for the position.

Position Applied For: \_\_\_\_\_

Today's Date: \_\_\_\_\_ How did you learn about this position? \_\_\_\_\_

**This information is voluntary, it will be kept confidential and separate from your personnel file, and refusal to supply this information will not subject you to any adverse treatment.**

### Race/Ethnicity

**Hispanic**

A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin regardless of race

**Black**

(not of Hispanic origin)  
A person having origins in any of the black racial groups of Africa

**Asian or Pacific Islander**

A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa

**White**

(not of Hispanic origin)  
A person having origins in any of the original Peoples of Europe, North Africa, or the Middle East

**American Indian or Alaskan Native**

A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition

### Gender

**Male**

**Female**

### Covered Veterans

**Disabled Veteran**

Veteran who served on active duty and is entitled to disability compensation or was discharged or released from active duty because of service-connected disability

**Veteran of the Vietnam-era**

Served on active duty more than 180 days in Armed Forces in Republic of Vietnam between February 28, 1961 and May 7, 1975 or between August 5, 1964 and May 7, 1975 in all areas

**Other Protected Veteran**

Served on active duty in Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized; other than disabled veteran or recently separated veteran

**Recently separated Veteran**

Any veteran who separated from service during previous 3 year period beginning on date of discharge or release from active duty

### Disability

**Disabled**

Any person who has a physical or mental impairment that substantially limits one or more of such person's major life activities; has a record of such an impairment; or is regarded as having such an impairment.

**City of Wadena Application for Employment, continued**

**VETERAN'S PREFERENCE POINTS APPLICATION**

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43.11. To be eligible for veteran's preference points you must:

1. Be 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; and be a citizen of the United States or a resident alien; or be the surviving spouse of a deceased veteran (as defined above); or the spouse of a disabled veteran who because of the disability is not able to qualify; AND
2. Not be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it.

If you supply the supporting documentation by separate mail, your name and the position applying for must be included.

ARE YOU APPLYING FOR VETERAN'S PREFERENCE POINTS?  YES  NO

If you answered "yes" you're DD214 or other documentation must be submitted.

- Preference requested:
- Veteran
  - Disabled Veteran
  - Spouse of Deceased Veteran
  - Spouse of Disabled Veteran

Branch of Service: \_\_\_\_\_ Period of Active Duty  
From: \_\_\_\_\_ To: \_\_\_\_\_

Rank of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Date of Final Discharge: \_\_\_\_\_ Service Number: \_\_\_\_\_

Are you receiving or eligible for a military pension?  YES  NO

Do you have a compensable service rated disability?  YES  NO

Your preference points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than seven (7) calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

<b>FOR OFFICE USE ONLY</b>	<b>5 POINTS</b>	<b>10 POINTS</b>
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