

**City of  
Winnebago**

P.O. Box 35  
140 Main Street South  
Winnebago, MN 56098  
(507) 893-3217

**EMPLOYMENT APPLICATION**

It is our policy to provide equality of opportunity in employment. This policy prohibits discrimination on the basis of Protected 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 print in ink or fill complete electronically**

Position applied for:	Date of application:
Have you ever applied for employment with us before: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PERSONAL DATA**

Last Name	First Name	Middle	Home Phone Number With area code
Street Address			Work Phone Number With area code
City, State, Zip Code	E-mail Address		Cell Phone Number With area code

**EDUCATIONAL HISTORY**—Attach Resume or complete this section

	Educational Institutions	Years Completed	Did you Graduate?	Degree/Certificate Major or Course
High School	Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State:			
College or University	Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State:			
Other School	Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State:			
Other School	Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State:			

**EMPLOYMENT HISTORY**—Most recent 10 years - Attach resume or complete this section

Company Name:	Telephone with area code
Street Address:	Employed—(Month and year) From                      to
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Describe your work:	
Reason for Leaving:	

Company Name:	Telephone with area code
Street Address:	Employed—(Month and year) From                      to
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Describe your work:	
Reason for Leaving:	

Company Name:	Telephone with area code
Street Address:	Employed—(Month and year) From                      to
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Describe your work:	
Reason for Leaving:	

Company Name:	Telephone with area code
Street Address:	Employed—(Month and year) From                      to
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Describe your work:	
Reason for Leaving:	

**MILITARY EXPERIENCE**

Were you in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?
Years of Service?	Rank at separation?
Briefly describe any training you received relevant to the position for which you are applying.	

**OTHER EXPERIENCE**—Describe any other training, experience, or volunteer work that is relevant to the position for which you are applying. (Need more space? Feel free to attach an additional sheet)


**LICENSES/CERTIFICATIONS**—If relevant, list other current professional registrations, license or certificates you have.

License/Certificate/Registration	Date Issued	Date of Expiration

**SKILLS**—If relevant, list any skills you have.

Typing ability: <input type="checkbox"/> Yes <input type="checkbox"/> No WPM _____
Shorthand ability: <input type="checkbox"/> Yes <input type="checkbox"/> No WPM _____
Please indicate office equipment you can operate: Transcribing Machine <input type="checkbox"/> Yes <input type="checkbox"/> No      10-Key Calculator <input type="checkbox"/> Yes <input type="checkbox"/> No
List other office equipment you can operate:
List computer Software Applications you can operate:

**REFERENCES**—Please provide the name, address and phone number of three references who are **not** related to you and are **not** previous employers.

Name	Phone Number With area code
Address, City, State and Zip	Relationship
Name	Phone Number With area code
Address, City, State and Zip	Relationship
Name	Phone Number With area code
Address, City, State and Zip	Relationship

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 Winnebago is "at will," and that employment may be terminated by either the City of Winnebago or me at any time, with or without notice.

With my signature below, I am providing the City of Winnebago authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in this section, below, 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 Winnebago in writing of any changes to information reported in this application for employment.

May we contact your current employer? \_\_\_\_\_  Yes  No

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

Date:

# Veterans' Preference

**COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE**

**NOTE: COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE, MUST BE ATTACHED**

**(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 City of Winnebago 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 Winnebago.

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	
Address (Street)			(City)	(State) (Zip)
Closing Date:			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 Winnebago 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, or other documentation verifying service, 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, or other documentation verifying service, 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 Winnebago by the required application deadline.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# 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 Winnebago appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) for which you are applying:

Gender:  Male  Female

With which racial/ethnic group do you identify?

- Black or African American
- Hispanic or Latino
- American Indian or Alaskan Native through Tribal affiliation or community recognition
- Caucasian/White
- Asian
- Native Hawaiian or other Pacific Islander
- Two or more races

Disability status, defined as:

- 1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);
- 2) Has a history of a disability (such as cancer that is in remission);
- 3) Is regarded as having such an impairment.

Do you claim disability status ?  Yes  No

## TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Winnebago is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Minnesota Statutes §13.01 to §13.87 on Government Data Practices require that you be informed that the following information which you are asked to provide on the application for employment is considered private data:

1. Name
2. Home address
3. Home phone number
4. Social Security number
5. Date of birth
6. Conviction record
7. Sex
8. Age group
9. Disability type

We ask this information for the following reasons:

- To distinguish you from all the other applicants and identify you in our personnel files;
- To enable us to verify that you are the individual who makes the application;
- To enable us to contact you when additional information is required, send you notices, and schedule you for interviews;
- To determine whether or not your conviction record may be a job related consideration affecting your suitability for the position you applied for;
- To enable us to ensure your rights to equal opportunities;
- To meet federal and state reporting requirements;
- To make processing more efficient.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in the City of Winnebago and the policies, rules, and regulations promulgated pursuant thereto.

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 would mean that your application for employment might not be considered.

Private data is available only to you and to the other persons in the City offices who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process, which is not designated in this notice as private data.

If you are hired by the City of Winnebago, you will be legally required to supply your Social Security number and all applicable tax information. The information will be sent to federal and state tax authorities and to the Social Security Administration; and will enable us to compute your salary deductions. Insurance data which you will be required to furnish in order to participate in City health and life insurance plans will be classified as private as will payroll deduction dates.

In accordance with Minnesota Statutes §13.03 and §13.04, I have been informed of and understand my rights as a subject of data.

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

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