



## Application for Employment

We welcome you as an applicant for employment with Elk River Municipal Utilities. It is Elk River Municipal Utilities' policy to provide equal opportunity in employment. Elk River Municipal Utilities will not discriminate on the basis of race (including traits associated with race, including, but not limited to, hair texture and hair styles such as braids, locs and twists) 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.

Elk River Municipal Utilities 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 Human Resources at (763) 441-2020.

### Personal Information

|                  |        |                 |      |
|------------------|--------|-----------------|------|
| Name:            | (Last) | (First)         | (MI) |
| Street Address   |        |                 |      |
| City, State, Zip |        |                 |      |
| Phone Number     |        | Alternate Phone |      |
| Email            |        |                 |      |

**Please print in INK or type when completing this application**

|                                 |
|---------------------------------|
| Title of position applying for: |
|---------------------------------|

|                                                                                                                                                                                                      |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Are you legally eligible to work in the United States in the position for which you are applying?<br><i>(Proof of citizenship or work eligibility will be required as a condition of employment)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will your continued employment require employer sponsorship?                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Educational Information

| Place an "X" in front of the highest grade completed |                                            |                                          |                                          |
|------------------------------------------------------|--------------------------------------------|------------------------------------------|------------------------------------------|
| __1 __2 __3 __4 __5<br>__6 __7 __8<br>Grade School   | __9 __10 __11<br>__12 __GED<br>High School | __13 __14 __15 __16<br>College/Technical | __MA __MS __PHD<br>__JD<br>Graduate      |
| Did you graduate:<br>(Please check)                  | __Yes __No<br><i>High School</i>           | __Yes __No<br><i>College / Technical</i> | __Yes __No<br><i>Graduate / PhD / JD</i> |

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

Provide the last ten (10) years of work history below. List present or most recent employer first. If you require additional pages to list past employment experience, please attach to your application. 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.

|                                                                                        |                         |           |
|----------------------------------------------------------------------------------------|-------------------------|-----------|
| Company                                                                                | Name of last supervisor | Hrs./Week |
| Address                                                                                | Start Date              |           |
| City, State, Zip                                                                       | End Date                |           |
| Phone Number                                                                           | Last job title          |           |
| Reason for leaving (be specific):                                                      |                         |           |
| Describe your work in this job:                                                        |                         |           |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |           |

|                                                                                        |                         |           |
|----------------------------------------------------------------------------------------|-------------------------|-----------|
| Company                                                                                | Name of last supervisor | Hrs./Week |
| Address                                                                                | Start Date              |           |
| City, State, Zip                                                                       | End Date                |           |
| Phone Number                                                                           | Last job title          |           |
| Reason for leaving (be specific):                                                      |                         |           |
| Describe your work in this job:                                                        |                         |           |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |           |

|                                                                                        |                         |           |
|----------------------------------------------------------------------------------------|-------------------------|-----------|
| Company                                                                                | Name of last supervisor | Hrs./Week |
| Address                                                                                | Start Date              |           |
| City, State, Zip                                                                       | End Date                |           |
| Phone Number                                                                           | Last job title          |           |
| Reason for leaving (be specific):                                                      |                         |           |
| Describe your work in this job:                                                        |                         |           |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |           |

|                                                                                        |                         |           |
|----------------------------------------------------------------------------------------|-------------------------|-----------|
| Company                                                                                | Name of last supervisor | Hrs./Week |
| Address                                                                                | Start Date              |           |
| City, State, Zip                                                                       | End Date                |           |
| Phone Number                                                                           | Last job title          |           |
| Reason for leaving (be specific):                                                      |                         |           |
| Describe your work in this job:                                                        |                         |           |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |           |

|                                                                                        |                         |           |
|----------------------------------------------------------------------------------------|-------------------------|-----------|
| Company                                                                                | Name of last supervisor | Hrs./Week |
| Address                                                                                | Start Date              |           |
| City, State, Zip                                                                       | End Date                |           |
| Phone Number                                                                           | Last job title          |           |
| Reason for leaving (be specific):                                                      |                         |           |
| Describe your work in this job:                                                        |                         |           |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |           |

## 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 Elk River Municipal Utilities 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 Elk River Municipal Utilities is "at will," and that employment may be terminated by either Elk River Municipal Utilities or me at any time, with or without notice.

With my signature below, I am providing Elk River Municipal Utilities 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 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 Elk River Municipal Utilities 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 "VETERAN'S DD214 COPY 2, 4 or 6), OR OTHER DOCUMENTATION VERIFYING MILITARY 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 DD214 (Copy 2, 4, or 6) or other documentation verifying military 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 DD214, or other documentation verifying military service, contact your County Veterans' Service Office.

Elk River Municipal Utilities operates under a point preference system, which awards points to qualified veterans to supplement their application. After receiving a passing score, 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, 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 once when applying for the first promotion after securing public employment.

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 DD214 Copy 2, 4 or 6), or other documentation verifying military 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: |                                                                                                     |
|                                       | Closing Date:                   |                                                                                                     |
| Address (Street) (City) (State) (Zip) | Phone Number:                   | Are you a US Citizen or Resident Alien?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

**VETERAN (10 points):**

(DD214 or DD215, Copy 2, 4, or 6, or other documentation verifying military service, must be submitted to receive points)  
Honorably discharged veteran: ☐ Yes ☐ No

**DISABLED VETERAN (15 points):**

(DD214, Copy 2, 4 or 6, or other documentation verifying military service, and USDVA Summary of Benefits Letter showing a compensable service connected disability rating decision, usually 10% or more must be submitted to receive points)  
Percent of Disability: \_\_\_\_\_ %  
Have you ever applied for promotion in public employment? ☐ Yes ☐ No

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

(Veteran's DD214 or DD215, or other documentation verifying military service, photocopy of marriage certificate, spouse's death certificate and proof veteran is deceased 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):**

(Veteran's DD214 or DD215, Copy 2, 4, or 6, or other documentation verifying military service, photocopy of marriage certificate, and USD VA Rating Decision showing a compensable service connected disability rating decision, usually of 10% or more, and which shows the nature of the disability, 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):

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**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 Elk River Municipal Utilities by the required application deadline.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.447, 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 disability incurred while serving on active duty, or
  - iii. have completed the minimum active duty requirement of federal law, as defined by Code of Federal Regulations title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty under Title 10 of the United States Code, 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 your DD214 or DD215, Copy 2, 4, or 6, or other documentation verifying military service. This copy must state the character 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 or Summary of Benefits Letter that supports/verifies the fact that the veteran has a compensable Service connected disability.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's DD214 or DD215 Copy 2, 4, or 6, or other documentation verifying military service, 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 Elk River Municipal Utilities. Please contact our office at (763) 441-2020 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

# **Applicant Data Practices Advisory**

According to Minn. Stat. § 13.04, the city must advise you of the following.  
Purpose and intended use of the data:

Elk River Municipal Utilities collects this information for the purpose of selecting a candidate for hire. Your data will be used to evaluate your education, skills, and experience for the purpose of determining job applicant finalists and ultimately a candidate of choice for the position in which you have applied. In the event you are selected for hire, your data will be used to perform a criminal background check. Those involved in the hiring process will have access to the data provided. Data may be shared upon court order or provided to the state or legislative auditor, upon request.

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.

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 Elk River Municipal Utilities 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.

Minors submitting this application have the right to request that parental access to private data be denied. If you wish to make this request, please submit the request in writing to Human Resources, (763) 441-2020.

# **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 Elk River Municipal Utilities. First, under “Rights of Subjects of Data” (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, Elk River Municipal Utilities 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 Elk River Municipal Utilities, regardless of 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 may be used by Elk River Municipal Utilities’ human resources department or General Manager in summary form 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 Elk River Municipal Utilities Human Resources Department at 13069 Orono Parkway, Elk River, MN 55330. **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.