

Application for Employment

We welcome you as an applicant for employment with the city of Gilbert. It is the city of Gilbert's policy to provide equal opportunity in employment. The City of Gilbert 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 details 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.

The city of Gilbert 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 City Clerk at 218-748-2232.

Personal Information

Name:	(Last)	(First)	(MI)	
	. ,	, ,	, ,	
Street Address				
Oli CCL / Iddi CSS				
City, State, Zip				
Phone Number			Alternate Phone	
Email				
Email				
Please print in INK or	type when completing	this applica	ation	
T:41 f :4:	6			
Title of position apply	ina tor:			

Are you legally eligible to work in the United States in the position for which \Box Yes \Box No					
you are applying?					
Proof of citizenship or w	ork eligibility will be re	quired as a condition of			
employment.					
Will your continued emp	ployment require emplo	oyer sponsorship?"		□ _{Yes} □ _{No}	
Are you at least 18 year	rs old? * [*Cities will wa	ant to ensure they are only	/	☐ Yes ☐ No	
asking this question if the	ne law requires that the	e job be performed by an			
individual [or employee]	who 18 years of age i	s or older].			
		I Information			
Circle the highest grade	-				
12345678	9 10 11 12 GED	13 14 15 16	MA MS PHD JD		
Grade School	High School	College/Technical	Graduate		
Did you graduate:	☐ Yes ☐ No	□ Yes□No	□ Yes□No		
(Please check)	High School	igh School College/Technical		Graduate JD	
School Name	Address	Course of study	Degr	ee	
High School:					
College:					
Graduate School:					
Technical/Vocational:					
Other:					
Other:					

List any other courses,	, seminars,	workshops,	or training	you have	that may	provide	you	with
skills related to this pos	sition:							

List any current licenses, registrations, or certificates you possess which may be related to this position:

Employment Experience

List present or most recent employer first. Please note "see resume" is <u>not</u> an acceptable response for any entries on this application. (Please list relevant experience for last 5-10 years)

*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?	☐ Yes ☐ 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?] Yes □ 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?]Yes □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? Y□s N□
Describe your duties:
Do you wish to apply for Veterans' Preference points: Ye⊡ No □
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 Gilbert 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 Gilbert is "at will," and that employment may be terminated by either the City of Gilbert or me at any time, with or without notice.

With my signature below, I am providing the city of Gilbert with 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 (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 Gilbert in writing of any changes to information reported in this application for employment.

Signature						Date
Oignature						Date
	V	eteran	ıs' l	Preferenc	е	
COM	MPLETE THIS FO	RM ONLY IF	YOU AF	RE CLAIMING VETER	ANS' PREFEREI	NCE
DOCUMEN	TATION. ATTACH	H COPY OF "\	/ETER/	NOT BE CONSIDERE AN'S DD214 COPY 2, OCUMENTATION M	4 or 6), OR OTH	ER
				R TO BE CONSIDEREI		
MINN. STAT. § 19					(
or other documentation substantiate the service Claims not accompany processed. For assist	HOTOCOPY of your Di on verifying military s ices information reque ided by proper docume tance in obtaining a co on verifying military s vice Office.	ervice to ested on the form entation will not b opy of your DD21	<u>.</u> oe 4,	the full period called c be a United States cit preference may be us deceased veteran, an who is unable to quali	izen or resident alie sed by the surviving d by the spouse of	en. Veteran's spouse of a a disabled veteran
The city of Gilbert 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 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.			
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			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)	1	Position For Which You	Applied	
Address (Street)	(City)	(State)	(Zip)	Closing Date: Phone Number	Are you a US (Alien?	Citizen or Resident
VETERAN (10 point) (DD214 or DD215, c		her documenta	tion veri	ifying military service, m	ust be submitted t	o receive points)

DISABLED VETERAN (15 points):

Honorably discharged veteran: $\hfill \square$ Yes $\hfill \square$ No

(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?
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):
<u>AFFIDAVIT</u> : 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 for obtaining the required Veterans' Preference verification documents and submitting them to the city of Gilbert 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 Cadet, 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 the city of Gilbert. Please contact our office at 218-748-2232 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

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 Gilbert 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				
\square American Indian or Alaskan Native through Tribunal affiliation or community recognition				
☐ Caucasian/White				
☐ Asian				
☐ Native Hawaiian or other Pacific Islander				
☐ Two or more races				
Disability status, defined as:				
 Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning); Has a history of a disability (such as cancer that is in remission); Is regarded as having such an impairment. Do you claim disability status?				

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:

The city collects this information for the purpose of selecting a candidate for hire. Your data will be used to verify information submitted on your application. For public safety positions or in the event you are selected for hire, your data will be used to perform a criminal background check, including using the BCA's website. Consultant, city staff and elected officials 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 the city 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 City of Gilbert, P.O. Box 548, Gilbert, MN 55741 or by email info@gilbertmn.org.