



CITY OF HALLOCK  
163 3<sup>rd</sup> St SE PO BOX 336  
Hallock, MN 56728  
Phone (218) 843-2737

## APPLICATION FOR EMPLOYMENT

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

The City of Hallock 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 call 218-843-2737.

### Personal Information

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

City of Hallock is an equal opportunity provider and employer.

**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? <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
Are you under 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 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 check)	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>High School</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>College/Technical</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Graduate JD</i>

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

List present or most recent employer first. 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. Please give accurate, complete employment information.

## Present or Most Recent Employer

Employer: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Supervisor's name & title: \_\_\_\_\_

Your title: \_\_\_\_\_

Number and types of positions you supervised: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Major duties or responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact this employer regarding your work record?  Yes  No Phone number \_\_\_\_\_

## Length of Employment:

Complete this boxed in area only if the experience is within the past 5 years.

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month & Year) (Month & Year)

Hours Per Week: \_\_\_\_\_

Complete the following area only if the experience was more than 5 yrs. ago. Total number of years & months only (do not give specific dates).

\_\_\_\_\_ Years

\_\_\_\_\_ Months

## Previous Employer

Employer: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Supervisor's name & title: \_\_\_\_\_

Your title: \_\_\_\_\_

Number and types of positions you supervised: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Major duties or responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

May we contact this employer regarding your work record?  Yes  No Phone number \_\_\_\_\_

## Length of Employment:

Complete this boxed in area only if the experience is within the past 5 years.

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month & Year) (Month & Year)

Hours Per Week: \_\_\_\_\_

Complete the following area only if the experience was more than 5 yrs. ago. Total number of years & months only (do not give specific dates).

\_\_\_\_\_ Years

\_\_\_\_\_ Months

**Previous Employer**

Employer: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Supervisor's name & title: \_\_\_\_\_

Your title: \_\_\_\_\_

Number and types of positions you supervised: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Major duties or responsibilities: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

May we contact this employer regarding your work record?  Yes  No Phone number \_\_\_\_\_

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(do not give specific dates).

\_\_\_\_\_ Years

\_\_\_\_\_ Months

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Employer: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Supervisor's name & title: \_\_\_\_\_

Your title: \_\_\_\_\_

Number and types of positions you supervised: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Major duties or responsibilities: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

May we contact this employer regarding your work record?  Yes  No Phone number \_\_\_\_\_

**Length of Employment:**

Complete this boxed in area only if the experience is within the past 5 years.

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Month & Year) (Month & Year)

Hours Per Week: \_\_\_\_\_

Complete the following area only if the experience was more than 5 yrs. ago. Total number of years & months only

(do not give specific dates).

\_\_\_\_\_ Years

\_\_\_\_\_ Months

## 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 the city of Hallock by the application deadline of the position for which you are applying.

## Authorization

**Before signing this application, read the following waiver carefully.**

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

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

I understand that providing false or misleading information on this application may result in dismissal from any position gained on the basis of that false information.

I understand that this application is not, and is not intended to be, a contract of employment.

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

\_\_\_\_\_  
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.

The city of Hallock 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	
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):**

(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):

**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 Hallock 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 Codet, 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 Hallock. Please contact our office at 218-843-2737 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 Hallock 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



# Applicant Data Practices Advisory

## NOTICE TO CITY OF HALLOCK EMPLOYMENT APPLICANTS IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION

Minnesota Statutes Section 13.04 on data privacy requires that you be informed that the following information which you will be asked to provide in the employment process, is considered private data:

- Home address
- Home phone number
- Social Security number
- Date of birth
- Conviction record
- Sex
- Age group
- Racial/ethnic group
- Disability type

We ask for this information for the following reasons:

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

The data supplied may be used for other purposes as may be determined to be necessary in the administration of the Civil Service Act and the rules and regulations promulgated pursuant thereto.

Furnishing Social Security numbers, dates of birth (unless a minimum age is required), sex, age group, racial/ethnic group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you and to other persons in the City or City-related programs who have a bona fide 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.

With respect to a position that is subject to the Civil Service Act, if you pass the examination, your name, score, and standing will become public information and may be provided to anyone.

If you are hired by the City of Hallock, you will legally be required to supply your Social Security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration, and will enable us to complete 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 data.

I have read and understand the information given above regarding the Minnesota Data Practices Act.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name