

Application for Employment

Austin Utilities 1908 14th Street NE Austin, MN 55912 507-433-8886 507-433-5045 FAX www.austinutilities.com

Date Received (Internal Use Only)	

We welcome your application for employment. Please furnish us with complete information to assist us in giving you full consideration. Additional information, which you believe qualifies you for the position for which you are applying, may be attached to this application.

Austin Utilities is an affirmative action employer. It is our policy to provide equal employment opportunities to all. Austin Utilities does not discriminate on the basis of race, color, creed, religion, national origin, sex, disability, age, marital status, or status with regard to public assistance. Individuals are evaluated and selected on the basis of merit.

		PERS	ONAL INFORMATI	ON		
Name:	Last	First		Middle		
Present Addres	S:	Street	C	State State	Zip Code	
Permanent Add (If different from		Street	C	City State	Zip Code	
Home Phone N	umber	Cell Phone I	Number	Email Address		
Are you under 1	18? Yes □ No □	If yes, state date	of birth:			
Are you willing t	to work overtime if require	d? Yes ☐ I	No 🗆			
Are you a Unite (Verification will	d States citizen OR if not, be required.)	do you have permissio	n to work in this country?	Yes No		
WORK PREFERENCE						
Type of work yo	ou are interested in or posi	tion for which you are a	applying:			
, , , , , , , , , , , , , , , , , , ,	·	•	, 0			
Employment Co	ondition desired:					
☐ Fulltime	☐ Part-time	☐ Tem	porary/Seasonal	☐ Other (Please explain):		
Date Available:		На	ve you previously been em	ployed by Austin Utilities?	Yes No	
		If y	es, date(s)	position		
		L.				

		ATION AND TR	AINING					
Highest Grade	e Completed: Name Address			1				
Last High School: N	rame Address			Did you gr	aduate? Yes	No		
		SCHOOLS						
TYPE	NAME/LOCATION	NUMBER (NUMBER OF CREDITS D		MAJOR / MINOR		AVERAGE GRADE	
		QUARTER	SEMESTER					
COLLEGE/ UNIVERSITY								
COLLEGE/ UNIVERSITY								
GRADUATE								
TECHNICAL								
	e courses, special courses, seminars, workshops ar	ind training programs you	attended that mig	ht be related to	this position.			
Please review the job de	escription before responding.							
	Complete this section if	position require	es a valid o	driver's lic	cense.			
Please indicate whether	you have any of the following licenses.		other current reg d expiration of cu		ses or certificates you	u have.	Include date	
☐ Minnesota Class A D	Oriver's License No		a expiration of co	irrent license.				
☐ Minnesota Class B Driver's License No		Registra	Registration, Licenses, Certificates		Date of Issue		Date of Expiration	
☐ Minnesota Class D □	Oriver's License No.	=					·	
☐ Other (List State, Cla	ass and No.)					<u> </u>		
Expiration Date								
	To be completed by a	applicants for c	lerical pos	itions on	y.			
Typing ability:	Yes		•		-			
Personal Computer:	☐ Yes ☐ No							
Please list computer app	olications that you are familiar with:							
Other office equipment y	ou can operate:							
	To be completed by applicar	nts for labor and	d skilled tr	ade posit	ions only.			
Apprenticeship(s) serve	d or trades learned:							
Capable of operating the	e following equipment:							

ACTIVITIES – wit	h a direct bearing o	n your quali	fications for the pos	ition.	
Exclude organizations indicating race, creed, reli	gion, color, sex, national origi	n, marital status, po	olitical affiliation, age or disabili	ity in their name or cha	aracter.
Membership in Ci	vic, Professional, Social	l or other organi	ization (show offices held	i)	
Current:					
Past:					
EMPLOYMENT HISTORY - Please	list past employers	beginning v	vith your most recer	t employment	•
Are you presently employed? Yes No		May we contact y	our present employer?	Yes No	
Employer		Address			Fulltime?
Supervisor: Name	Title		Telephone Number		Yes No
Job Title	Date Employed: From (month/year)	То			1 10
Nature of Duties:					
Reason for leaving or seeking change of position:					
-					
Employer		Address			Fulltime?
Supervisor: Name	Title	<u> </u>	Telephone Number		☐ Yes No
Job Title	Date Employed: From (month/year)	То	L		110
Nature of Duties:					
Reason for leaving or seeking change of position:					
Employer		Address			
Supervisor: Name	Title		Telephone Number		Fulltime? Yes
Supervisor: Name			relephone Number) N
Job Title	Date Employed: From (month/year)	То			
Nature of Duties:					
Reason for leaving or seeking change of position:					
Employer		Address			Fulltime o O
Supervisor: Name	Title		Telephone Number		Fulltime? Yes
Job Title	Date Employed: From	То			□ No
	(month/year)	10			
Nature of Duties:		<u></u>			
December for leaving a second of the second					
Reason for leaving or seeking change of position:					

		VORK EXPERIENCE					
Relating to the type of employment you a	are seeking. Include fulltime	e, temporary and part-time positions. Indicat	te dates, employer and job titles.				
		ED EXPERIENCE					
Volunteer Organization	Street	City	State				
Position Held	Duties Performed						
Immediate Supervisor		Phone Number					
Dates of Participation	Hours per Week	Skills Learne	∍d				
Volunteer Organization	Street	City	State				
Position Held	Duties Performed						
Immediate Supervisor		Phone Number					
Dates of Participation	Hours per Week	Skills Learne	ed				
Was any of your education or experience ur	nder another name?	Yes No If yes, what name?					
	CONVICTIO	N INFORMATION					
	CONVICTIO	NINFORMATION					
		round investigation. A conviction will no					
making false statements or withholding	ered on its individual me i information will cause yo	rits and the type of work for which you a ou to be barred from employment, or re	are applying. However, moved from employment.				
REFERENCES							
Please list below the names of three or four people who are not related to you.							
Name and Occupation	Years Acquainted	Address	Phone Number				

VETERAN'S PREFERENCE POINTS

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 provisions of Minnesota Statutes 43A.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 resident alien; or be the surviving spouse of a deceased veteran (as defined by above) or the spouse of a disabled veteran who because of the disability is not able to qualify.

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.

You must supply a copy of your DD214. Disabled veterans must also supply form FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate, the veteran's DD214 and FL-802 or death certificate.

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

Veteran's Preference Points Application							
Veteran Self Spouse	If spouse, veteran's name:						
Branch of Service		Period of Active Duty From:	То:				
Rank at Discharge	Type of Discharge	Date of Final Discharge	Service No:				
Are you receiving or eligible for n	nilitary pension? _ Yes No	Do you have a compensable ser	vice-related disability? Yes No				
Preference requested:	Veteran Spouse of Disabled Veteran	Disabled Veter Spouse of Dec					
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 7 calendar days after the application deadline for the position in order to guarantee points awarded in a timely manner.							
Supporting documentation: is attached will be submitted within 7 days of application deadline.							

FOR OFFI	CE USE ONLY
5 points 10 points 15 points	

Please be sure to sign this application and read the following statements carefully:

- 1. I have read and understand the job announcement for the position for which I am applying.
- 2. I certify that all the information I have provided on this application is correct and that I have not omitted any information. I understand that giving false information or omitting requested information may disqualify me from further consideration for employment or result in dismissal, if discovered at a later date.
- 3. I authorize Austin Utilities to verify this information to determine whether or not I am qualified for the position for which I am applying.
- 4. I hereby authorize all current and previous employers to release job-related information to Austin Utilities. However, I understand that if, in the Employment Record section, I have answered "no" to the question, "May we contact your present employer?" contact with my current employer will not be made without my specific authorization.
- 5. I understand that criminal history checks may be conducted and that conviction of a crime related to this position may result in my being disqualified for this job opening.
- 6. I hereby authorize Austin Utilities to conduct a criminal history check and have access to such records for purposes of determining my eligibility for employment with Austin Utilities.

7.	I understand that it is my responsib application.	oility to notify Austin Utilities in writing	g of any changes to information re	ported on this
	Signature	Printed Name	 Date	

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The following is voluntary and confidential. It will not adversely affect your employment candidacy with Austin Utilities or your status as an employee after the appointment. All additional information requested, as it relates to your disabled status, will be maintained as separate and confidential medical records.

The remaining voluntary information you provide will be used to determine how effective our recruitment efforts are in reaching all segments of the population and to validate our selection and placement methods. We would appreciate your cooperation in our efforts to ensure Affirmative Action and Equal Employment Opportunity.

Position for which you are applying	Gender ☐ Female ☐ Male	Date of Application				
With which racial/ethnic group do you identify (Please check only ONE of the following)						
☐ American Indian or Alaskan Eskimo ☐ Asian or Pacific Islander ☐ Black ☐	Hispanic					
Several conditions qualify an individual for disabled status. Do you have any of the fo	ollowing disabilities?					
☐ A. No ☐ B. Amputee ☐ C. Visually impaired ☐ D. 0	Cardiac	☐ F. Diabetes				
☐ G. Epilepsy ☐ H. Paralysis ☐ I. Back Problems ☐ J. O	ther (Explain):					
Do you need special testing accommodations (if required)? (Explain):						
Do you need an interpreter to assist you in taking the examination (if required)? (Spe	ecify):					
RECRUITMENT INFOR	RMATION					
How did you hear about the position for which you are ap	pplying?					
☐ Austin Utilities Website						
☐ From Austin Utilities employee						
College, technical or high school (Which one?)						
☐ Minority group referral source (Which one?)						
☐ Women's referral source (Which one?)						
☐ Disabled referral source (Which one?)	☐ Disabled referral source (Which one?)					
Bulletin board postings (Which one?)						
Minnesota State Employment Agency						
☐ Newspaper (Which one?)						
Other (Specify)						

NOTICE TO APPLICANT

The Minnesota Government Data Practices Act (Minnesota Statutes 13.01-13.90) has two sections that affect applicants seeking employment with the Austin Utilities.

First, under "Rights of Subjects of Data," (Minnesota Statute 13.04) when an applicant is asked to provide personal data, Austin 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 consequence 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" (Minnesota Statute 13.43) the following data 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;
- 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 in public employment.*

If you are hired, the following data about you will be public;*

- * Your name:
- Your city and county of residence;
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer-paid benefits, including the basis for and the amount of any added remuneration, including expense reimbursement to your salary;
- Your job title 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 Austin Utilities, whether or not they 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:
- Honors and awards you have received;
- * Payroll time sheets or other comparable data that are only used to account for your work time for payroll purposes;
- * Your previous work experience; and
- * Your badge number.

All data concerning you which is placed in your personnel file and which is not listed above is private data. This private data will be available to you and to those members of Austin Utilities staff needing it to process Austin Utilities records. In addition, the following persons or organizations are authorized by State and Federal Law to receive this data if they so request:

- * The Bureau of Census
- * Federal, State, and County Archive
- * 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 date requested, the data you provide is needed to identify you and to assist in determining your suitability for the position for which you are applying. The optional data is used in summary form by Austin Utilities' Affirmative Action Program to monitor protected class employment and meet Federal, State and local reporting requirements. Furnishing the optional data requested about yourself is voluntary.

NOTICE TO MINORS: Minors from whom private or confidential data is collected have the right to request that parental access to the private data be denied.

^{*} This data is private if the candidate is applying for or is hired for an undercover law enforcement position.