

Application for Employment

Austin Utilities
400 4th Street NE
Austin, MN 55912
(507) 433-8886

Date Received

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.

PERSONAL INFORMATION

Name:	Last	First	Middle	Social Security Number	
Present Address:	Street		City	State	Zip Code
Permanent Address: <i>(if different from above)</i>	Street		City	State	Zip Code
Home Phone Number			Business Phone Number		
Are you under 18? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state date of birth: _____					
Are you willing to work overtime if required? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you a United States citizen OR if not, do you have permission to work in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>					

WORK PREFERENCE

Type of work you are interested in or position for which you are applying:

- Full Time Part Time Temporary/Seasonal
 Other *(Please explain):*

Date Available:

EDUCATION AND TRAINING

Highest Grade Completed: High School College Graduate School
 (Please Circle) 9 10 11 12 13 14 15 16 1 2 MA PHD JD

Last High School: Name Address Did you graduate? Yes No

SCHOOLS

TYPE	NAME / LOCATION	DATES ATTENDED		NUMBER OF CREDITS		DEGREE	MAJOR/MINOR	AVERAGE GRADE
		FROM	TO	QUARTER	SEMESTER			
COLLEGE/ UNIVERSITY								
COLLEGE/ UNIVERSITY								
GRADUATE								
TECHNICAL								
TECHNICAL								

List any correspondence courses, special courses, seminars, workshops and training programs you attended that might relate to this position. Please review the job description before responding.

Complete this section if position requires a valid drivers license.

Please indicate whether you have any of the following licenses. <input type="checkbox"/> Minnesota Class A Driver's License No. _____ <input type="checkbox"/> Minnesota Class B Driver's License (Chauffer's) No. _____ <input type="checkbox"/> Minnesota Class C Driver's License No. _____ <input type="checkbox"/> Other (List State, Class and No.) _____ Expiration Date _____ Have you had any moving violations in the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____	If relevant, list other current registrations, licenses or certificates you have. Include date first issued and expiration of current issuance: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Registrations, Licenses, Certificates</th> <th style="width: 20%;">Date of Issue</th> <th style="width: 20%;">Date of Expiration</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Registrations, Licenses, Certificates	Date of Issue	Date of Expiration									
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To be completed by applicants for clerical positions only.

Typing ability: Yes No _____ WPM Shorthand ability: Yes No _____ WPM

Can you operate dictating equipment: Yes No Speedwriting: Yes No _____ WPM

Personal Computer/Word Processor: Yes No _____

Other office equipment you can operate: _____

To be completed by applicants for labor and skilled trade positions only.

Apprenticeship(s) served or trades learned: _____

Capable of operating the following equipment: _____

ACTIVITIES—with a direct bearing on your qualifications for the position.*Exclude organizations indicating race, creed, religion, color, sex, national origin, marital status, political affiliation, age or disability in their name or character.***Membership in Civic, Professional, Social or other organizations (show offices held)**

Current:

Past:

EMPLOYMENT HISTORY—Please list past employers beginning with your most recent employment.Are you presently employed? Yes NoMay we contact your present employer? Yes No

Employer

Address

Full Time

 Yes No

Supervisor: Name

Title

Telephone Number

Job Title

Dates Employed: From
(month/year)

To

Base Salary/Wage: Start

Current or End

Nature of Duties:

Reason for leaving or seeking change of position:

Employer

Address

Full Time

 Yes No

Supervisor: Name

Title

Telephone Number

Job Title

Dates Employed: From
(month/year)

To

Base Salary/Wage: Start

Current or End

Nature of Duties:

Reason for leaving or seeking change of position:

Employer

Address

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(month/year)

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Base Salary/Wage: Start

Current or End

Nature of Duties:

Reason for leaving or seeking change of position:

ADDITIONAL WORK EXPERIENCE

Relating to the type of employment you are seeking. Include full time, temporary, and part time positions. Indicate dates, employer and job title.

UNSALARIED EXPERIENCE

VOLUNTEER ORGANIZATION	STREET	CITY	STATE
POSITION HELD	DUTIES PERFORMED		
IMMEDIATE SUPERVISOR	PHONE NO.		
DATES OF PARTICIPATION	HOURS PER WEEK	SKILLS LEARNED	
VOLUNTEER ORGANIZATION	STREET	CITY	STATE
POSITION HELD	DUTIES PERFORMED		
IMMEDIATE SUPERVISOR	PHONE NO.		
DATES OF PARTICIPATION	HOURS PER WEEK	SKILLS LEARNED	

Was any of your education or experience under another name? Yes No If yes, what name?

CONVICTION INFORMATION

No person shall be disqualified from public employment solely or in part because of prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly relate to the position of employment sought. In determining the effect of a conviction, Austin Utilities shall consider the requirements of Minnesota Statutes, Chapter 364. Applicants who are finalists will be subject to a criminal background investigation.

Have you ever been convicted as an adult for a criminal violation? Yes No

If yes, date and place	Nature of Offense	Disposition
If yes, date and place	Nature of Offense	Disposition

REFERENCES

Please list below the names of three persons not related to you.

Name and Occupation	Address	Phone Number

VETERAN'S PREFERENCE POINTS

APPLICATION INSTRUCTIONS

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 the provisions of Minnesota Statutes 43A.11. To be eligible for veterans 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 above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

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 the position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? YES NO

If you answered "yes," your DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

Veteran's Preference Points Application

Veteran ___ Self ___ Spouse	If spouse, veteran's name:		
Branch of Service	Period of Active Duty From:		To:
Rank at Discharge:	Type of Discharge:	Date of Final Discharge:	Service No.:
Are you receiving or eligible for a military pension ___ Yes ___ No		Do you have a compensable service-related disability? ___ Yes ___ No	
Preference Requested:			
___ Veteran		___ Disabled Veteran	
___ Spouse of Disabled Veteran		___ Spouse of Deceased Veteran	

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 are awarded in a timely manner.

Supporting documentation: ___ is attached ___ will be submitted within 7 days of application deadline.

FOR OFFICE USE ONLY

5 points _____

10 points _____

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

1. 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.
2. I authorize Austin Utilities to verify this information to determine whether or not I am qualified for the position for which I am applying.
3. 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.

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 nor your status as an employee after 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.

Name: Last	First	Social Security Number	Date of Birth
Address: Street	City	State	Zip Code
Position for which you are applying			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Date of application
With which racial / ethnic group do you identify <i>(Please check only ONE of the following)</i> :			
<input type="checkbox"/> American Indian or Alaskan Eskimo <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White (Caucasian)			
Several conditions qualify an individual for disabled status. Do you have any of the following disabilities?			
<input type="checkbox"/> A. No <input type="checkbox"/> B. Amputee <input type="checkbox"/> C. Visually Impaired <input type="checkbox"/> D. Cardiac <input type="checkbox"/> E. Hearing Impaired <input type="checkbox"/> F. Diabetes <input type="checkbox"/> G. Epilepsy <input type="checkbox"/> H. Paralysis <input type="checkbox"/> I. Back Problems <input type="checkbox"/> J. Other <i>(Explain)</i> :			
Do you need special testing accommodations? <i>(Explain)</i> :			
Do you need an interpreter to assist you in taking the examination? <i>(Specify)</i> :			

RECRUITMENT INFORMATION

How did you hear about the position for which you are applying?

- From Austin Utilities employee
- College, technical or high school
- Minority group referral source *(Which one?)* _____
- Women's 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 Practices Act (Minnesota Statutes 13.01-13.90) has two sections that affect applicants seeking employment with 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 "Personal 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 for a position in public employment.*

If you are hired, the following additional 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.

*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 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 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 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 REGARDING SOCIAL SECURITY NUMBER: This information will be used for payroll taxes, insurance purposes, and kept in the employee's data record.

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.