



# Application for Employment

**Austin Utilities**  
 1908 14<sup>th</sup> 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.

PERSONAL INFORMATION				
Name:	Last	First	Middle	
Present Address:	Street	City	State	Zip Code
Permanent Address: <i>(If different from above)</i>	Street	City	State	Zip Code
Home Phone Number	Cell Phone Number		Email Address	
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"/> (Verification will be required.)				
WORK PREFERENCE				
Type of work you are interested in or position for which you are applying:				
Employment Condition desired:				
<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Other <i>(Please explain)</i> :				
Date Available:	Have you previously been employed by Austin Utilities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date(s) _____ position _____			

## EDUCATION AND TRAINING

### Highest Grade Completed:

Last High School: <b>Name</b> _____ <b>Address</b> _____	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
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### SCHOOLS

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

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

### Complete this section if position requires a valid driver's license.

Please indicate whether you have any of the following licenses.

- Minnesota Class A Driver's License No. \_\_\_\_\_
- Minnesota Class B Driver's License No. \_\_\_\_\_
- Minnesota Class D Driver's License No. \_\_\_\_\_
- Other (List State, Class and No.) \_\_\_\_\_
- Expiration Date \_\_\_\_\_

If relevant, list other current registrations, licenses or certificates you have. Include date first issued and expiration of current license.

Registration, Licenses, Certificates	Date of Issue	Date of Expiration

### To be completed by applicants for clerical positions only.

Typing ability:  Yes  No \_\_\_\_\_ WPM

Personal Computer:  Yes  No

Please list computer applications that you are familiar with:

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 organization (show offices held)

Current:

Past:

### EMPLOYMENT HISTORY – Please list past employers beginning with your most recent employment.

Are you presently employed?      Yes      No      May we contact your present employer?      Yes      No

Employer      Address      Fulltime?  
 Yes  
 No

Supervisor: Name      Title      Telephone Number

Job Title      Date Employed: From      To  
(month/year)

Nature of Duties:

Reason for leaving or seeking change of position:

Employer      Address      Fulltime?  
 Yes  
 No

Supervisor: Name      Title      Telephone Number

Job Title      Date Employed: From      To  
(month/year)

Nature of Duties:

Reason for leaving or seeking change of position:

Employer      Address      Fulltime?  
 Yes  
 No

Supervisor: Name      Title      Telephone Number

Job Title      Date Employed: From      To  
(month/year)

Nature of Duties:

Reason for leaving or seeking change of position:

Employer      Address      Fulltime?  
 Yes  
 No

Supervisor: Name      Title      Telephone Number

Job Title      Date Employed: From      To  
(month/year)

Nature of Duties:

Reason for leaving or seeking change of position:

## ADDITIONAL WORK EXPERIENCE

*Relating to the type of employment you are seeking. Include fulltime, temporary and part-time positions. Indicate dates, employer and job titles.*


## UNSALARIED EXPERIENCE

Volunteer Organization	Street	City	State
Position Held	Duties Performed		
Immediate Supervisor	Phone Number		
Dates of Participation	Hours per Week	Skills Learned	
Volunteer Organization	Street	City	State
Position Held	Duties Performed		
Immediate Supervisor	Phone Number		
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

Applicants who are finalists may be subject to a criminal background investigation. A conviction will not automatically disqualify you from employment. Each case is considered on its individual merits and the type of work for which you are applying. However, making false statements or withholding information will cause you to be barred from employment, or removed 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.

**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 <input type="checkbox"/> Self <input type="checkbox"/> 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 military pension? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preference requested: <span style="margin-left: 100px;"><input type="checkbox"/> Veteran</span> <span style="margin-left: 100px;"><input type="checkbox"/> Disabled Veteran</span> <span style="margin-left: 100px;"><input type="checkbox"/> Spouse of Disabled Veteran</span> <span style="margin-left: 100px;"><input type="checkbox"/> Spouse of Deceased Veteran</span>			

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 OFFICE 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 responsibility to notify Austin Utilities in writing of any changes to information reported on this application.

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Signature

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Printed Name

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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 <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Application
With which racial/ethnic group do you identify (Please check only ONE of the following)		
<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 (if required)? ( <i>Explain</i> ):		
Do you need an interpreter to assist you in taking the examination (if required)? ( <i>Specify</i> ):		

## RECRUITMENT INFORMATION

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

- 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?*) \_\_\_\_\_
- 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.

\* 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 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.



Supplement to Austin Utilities  
Employment Application  
Relief Dispatch & System Operations Controller

To all job applicants: Completion of this supplement is required as part of Austin Utilities' employment process in order to more accurately evaluate your qualifications for the position of Relief Dispatch & System Operations Controller.

- |   |     |    |
|---|-----|----|
| A) High School Diploma or GED   | YES | NO |
| B) Do you have a <b>valid</b> Minnesota Driver's License?   | YES | NO |
| D) Do you have two years' experience in utility infrastructure; SCADA Monitoring and control; dispatching service; facility or building Maintenance, or equivalent? | YES | NO |
| E) Do you have ability to work various shifts and ability to meet last minute shift changes (Days, evenings, nights, weekends, holidays, etc).                      | YES | NO |
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A) Describe your job experience as it relates to utility infrastructure; SCADA monitoring and control;

B) Describe your experience with taking customer calls, dispatching, and dealing with emergency situations.

C) Describe your ability and experience in working various shifts for a 24/7 operation.

**Please complete both sides of this form**

## Supplement to Austin Utilities Employment Application

D) Describe your working knowledge of electricity, natural gas and water distribution systems.

E) List the types of tools and equipment you are skilled in operating (please include computers and social media).

F) Describe your knowledge and skills to effectively utilize a customer information system, outage management system, and/or supervisory control and data acquisition system (SCADA).

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete both sides of this form**