



# City of Zimmerman

## Application for Employment

|                       |               |             |
|-----------------------|---------------|-------------|
| Position Applied For: |               | Date:       |
| Last Name             | First Name    | Middle Name |
| Mailing Address       |               |             |
| Telephone             | Email Address |             |

If you are under 18, and it is required, can you furnish a work permit?  Yes  No

If no, please explain \_\_\_\_\_

Have you ever filed an application with us before?  Yes  No

Have you ever been employed with us before?  Yes  No

If yes, give dates and positions \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Date available for work: \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Type of employment desired  Full-time  Part-time  Temporary  Seasonal  Educational Co-op

Driver's License number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

### Special Skills and Qualifications:

Please summarize special job-related skills and qualifications acquired from employment or other experience. Please include any licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

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### Other Activities:

List professional, trade, business or civic activities and offices held. You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

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|---------------------|-------------------|---|
| 3. Employer:        | Length of Service | May we contact for reference?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address:            |                   | Telephone:  |
| Job Title:          |                   | Supervisor:   |
| Reason for leaving: |                   |   |
| Work Performed:     |                   |   |
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|---------------------|-------------------|---|
| 4. Employer:        | Length of Service | May we contact for reference?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address:            |                   | Telephone:  |
| Job Title:          |                   | Supervisor:   |
| Reason for leaving: |                   |   |
| Work Performed:     |                   |   |
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**Educational Background:**

| Name and Location  | Number of years completed | Course of Study | Degree?   |
|--------------------|---------------------------|-----------------|---|
| High School or GED |                           |                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| College            |                           |                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Other              |                           |                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**References:**

Give name, address and telephone number and number of years known of three references that are not related to you and are not previous employers.

| Name/Address | Telephone | Number of years known |
|--------------|-----------|-----------------------|
|              |           |                       |
|              |           |                       |
|              |           |                       |

**Applicant Statement:**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to: (i) Cancel further consideration of this application, or (ii) Immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other person, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application for employment shall be considered active for a period of time not to exceed 45 days. At the conclusion of that time, if I have not heard from the employer, and wish to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

***DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.***

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature of Applicant: \_\_\_\_\_

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

# VETERANS' PREFERENCE

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE NOTE: COPY OF "MEMBER COPY 4" VETERAN'S DD214 MUST BE ATTACHED (Veteran is defined by Minn. Stat. § 197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "member Copy 4" of your DD214, contact the Sherburne County Veterans' Service Office at 763-765-3100.

The City of Zimmerman operates under a point preference system, which awards points to qualified veterans to supplement their application. 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, who died on active duty or as a result of active duty, 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 for the first promotion after securing employment with the City of Zimmerman.

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 "Member Copy 4" DD214 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)    | Social Security Number | Closing date of position applied for:   |
| Address (Street) | (City)  | (State) | (Zip)                  | Phone Number  |
|                  |         |         |                        | Are you a US Citizen or Resident Alien?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

**VETERAN (10 points):** ("Member Copy 4" of DD214 or DD215 must be submitted to receive points)

Honorably discharged veteran     Yes     No

**DISABLED VETERAN (15 points):** ("Member Copy 4" of DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points)

Percent of Disability: \_\_\_\_\_%

Have you ever been promoted within the City of Zimmerman employment?     Yes     No

**SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):**

("Member Copy 4" of DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty 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):**

("Member Copy 4" of DD214 or DD215 and USDVA letter of disability rating decision of 10% or more 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):

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**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 by the required application deadline.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **INFORMATION REGARDING CLAIMING VETERANS' PREFERENCE**

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, 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 service-connected disability, or
  - iii. have completed the minimum active-duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, 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 the "Member Copy 4" of your DD214 or DD215. This copy must state the nature of discharge, i.e., honorable, general, medical, under honorable conditions. ("DD214 "Member-1" copy will not be accepted.)
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active-duty service. Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per Minn. Stat. §§ 197.455 and 197.447.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, USDVA verification that veteran died on or as a result of active duty, 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 Zimmerman. Please contact our office or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.